

HARP	RRP/PD	Title	Objective	Key Accomplishments and Learnings	Benefits	Outcomes Application within HARP and BCR Network	Strategic Alignments
BCCH	RRP	Clinical Pathway Projects Development and Support	Empower pediatricians and families to deliver equitable, informed care and improve long-term health outcomes in children with kidney-related conditions.	Launched a "Family Perspectives in Hypertension" study to leverage lived experiences into family-focused information handbooks, and developed tools like the nephrotic syndrome dashboard and point-of-care risk stratification guide.	Supports earlier diagnosis, optimized care delivery, and reduction in long-term cardiac and kidney risks for children.	Outcomes guide care delivery, identify priority interventions, and enable community-based support across the province.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care
BCCH	RRP	Graphic Design; Clinical Pathway; Development, Reprints, Tools	Develop, enhance, and distribute clinical pathways and educational materials that enhance patient care and provider education across the healthcare network.	Successfully improved patient comprehension and adherence to clinical pathway recommendations through educational materials while managing significant budget constraints.	Enhanced patient comprehension, adherence to clinical pathways, and improved educational resources for patients, families, trainees, and pediatricians across all provincial health authorities.	Clinical pathways and booklets are available on the hospital website, distributed to patients and practitioners across the province, and shared with other programs across Canada.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care
BCCH	RRP	Ambulatory Blood Pressure Monitoring (ABPM) Program	Achieve optimal blood pressure targets in pediatric kidney patients to support better long-term kidney health.	Enabled province-wide access to ABPM through couriered equipment, ensuring accurate diagnosis and improved hypertension management.	Enhances BP management, potentially reducing future kidney failure and cardiovascular risks.	Supports province-wide care improvements through consistent BP monitoring and management strategies in renal patients.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
BCCH	PD	Staff Education and Training	Ensure the highest quality of care for pediatric kidney patients by equipping the BC team with the latest clinical evidence.	Funding enabled staff to attend the Annual Dialysis Conference (ADC) and Neonatal & Infants Course for Kidney Support (NICKS) Conference. Staff gained current knowledge on pediatric kidney care and fostered collaboration with national and international peers.	Improved provider knowledge leads to better care outcomes and creates opportunities for broader collaboration.	Outcomes enhanced provider knowledge within BCCH and support provincial collaboration through shared learnings.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Capacity (People, Funding & Facilities)
BCCH	PD	Patient Education and Training Materials	Enable optimal home-based care through development and distribution of patient, family, and provider education materials on PD and peritonitis management.	Increased education among physicians, patients, and families contributed to earlier and safer PD care.	Improved early intervention and long-term peritoneum preservation in young patients with chronic kidney disease.	Province-wide teaching supports ongoing optimal care at home and helps preserve peritoneal function in young patients.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
FHA	RRP	Supporting Family Planning for CKD Patients	Create a specialized, coordinated care model that ensures CKD patients receive appropriate nephrology and obstetric care during pregnancy planning and throughout pregnancy	Established a centralized hub clinic in Abbotsford with dedicated RN and nephrologist, developed detailed workflows, created new referral forms integrated into clinic workflows, provided education to all KCC teams, established partnerships with internal medicine obstetricians, and enrolled over 18 patients with very positive feedback including successful deliveries for patients previously told pregnancy might not be possible.	Improved patient outcomes through specialized collaborative care, successful pregnancies for previously discouraged patients, enhanced communication between nephrology and obstetrics teams, and prevention of patients falling through care gaps.	All KCC and home modality teams regionally are aware of the specialized clinic with plans to present patient cases to FH nephrologists, and outcomes will be shared within BC Renal KCC Committee and through poster presentations at future BC Kidney Days, while collaborating with SPH Nephrology Obstetrics group.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
FHA	RRP	KidneyFit: Boosting Kidney Health through Exercise	Encourage and support physical activity as part of CKD management by integrating exercise into clinic workflows and patient education.	Developed exercise education sessions, personalized prescriptions, and piloted in-clinic movement tools through partnerships and adaptive planning.	Improved patient engagement, increased awareness of exercise benefits, and opened pathways to collaborate with existing programs for sustainable support.	Outcomes shared with Fraser Health renal leadership and will be presented to the BC Renal KCC Committee and potentially at BC Kidney Days.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
FHA	RRP	Evaluation of Environmental Hygiene, Interventions and Sustainability Measures in 8 HD units using Adenosine Triphosphate (ATP) Bioluminescence Technology	Evaluate and improve environmental hygiene standards in hemodialysis units through systematic monitoring and intervention implementation.	Collected 3758 environmental samples across all FH In-center and community Hemodialysis settings over two years, demonstrating significant improvements in environmental hygiene through various interventions.	Enhanced patient safety through improved environmental hygiene with potential to reduce preventable infections in hemodialysis settings.	Improvements achieved have potential to enhance patient safety, particularly for preventable infections, with plans to correlate data with patient outcomes and share findings at BC Renal committee meetings.	Foundational Principles: Planetary Health Strategic Priorities: Technology & Innovation
FHA	RRP	Target Weight Correction Protocol for Hemodialysis Patients at the Abbotsford Community Dialysis Unit Guided by Bio-impedance Analysis (BIA)	Develop and implement an evidence-based protocol for accurate fluid status assessment and safe, gradual fluid removal in hemodialysis patients using objective body composition measurements (BCM).	Phase 1 revealed only 43% of prescribed goal weights at In-centre Unit and 27% at Community Dialysis Unit matched BCM measurements, highlighting arbitrary nature of current prescriptions; Phase 2a enrolled 43 patients with preliminary observations showing reduced blood pressure medication use and increased awareness of gradual fluid removal importance.	Improved patient outcomes through informed, consistent care with enhanced patient understanding of fluid management, reduced dialysis-related symptoms, and potential reduction in hospitalizations due to fluid overload or dehydration.	Sustainment plan includes knowledge exchange sessions for renal nurses on BCM use with implementation package, proposal for dedicated Fluid Nurse position, and collaboration with nephrologists to adopt TWCP across Fraser Health Authority renal sites and broader BC renal network.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
FHA	RRP	Physician Leadership Support	Test whether financial recognition increases physician engagement in HARP initiatives and leadership positions through monetary acknowledgment.	Physicians who received stipends for 6 months felt acknowledged and grateful, though they noted the support was brief and unsustainable.	Physicians felt recognized and appreciated for their leadership contributions, providing evidence that acknowledgment matters for engagement.	More time would be needed to determine if monetary stipends increase physician engagement in HARP initiatives and leadership positions, and similarly assess impact on provincial committee and project participation.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Capacity (People, Funding & Facilities)
FHA	PD	Supporting New Nurses for PD	Create a standardized educational framework that enhances new nurse preparation for PD practice and augments the BCIT Nephrology Nursing 7425 course.	Developed a comprehensive curriculum in partnership with BCIT including online theory content, 2-day simulation skills lab, structured framework, and guidelines for practicum experience, with completion surveys planned to identify gaps.	Enhanced preparation of new nurses for PD practice through structured curriculum delivery, skills development, and systematic competency building in PD care.	New nurses will follow BCIT course completion with 2-day skills lab at BCIT and 4-6-week practicum in PD units, with first intake scheduled for September 2025 and one FH nurse currently registered.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Capacity (people, Funding & Facilities); Partnering for Improvement

FHA	PD	The Lived Experience of Peritoneal Dialysis Patients and Their Families; Fostering People-Centered Care	Understand and document the lived experiences of PD patients and their families to improve people-centered care delivery.	Interviewed 19 patients from the SMH PD unit, revealing that patients value meaningful staff connections, effective communication matters significantly, and care should address emotional needs while recognizing that patient attitude influences their ESKD experience.	Enhanced understanding of patient needs leading to optimized PD services and improved patient experience through better communication and emotional support.	Project outcomes presented to FH PD leadership team with priority action items highlighted, learnings will be communicated at FH PD Education Day, and Phase 2 is underway examining caregiver experiences.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
FHA	PD	Diabetes Care in Peritoneal Dialysis, Part 2	Improve diabetes care and education for PD patients through comprehensive educational resources and enhanced staff knowledge.	Created three patient handouts (Starting CAPD, Changing from CAPD to APD, and Hybrid HD/PD), collaborated with BCIT renal lead on diabetes education integration, worked with Kidney Wellness Hub on diabetes management videos, and provided diabetes education to all 3 FH KCC units.	Enhanced support and education for PD patients with diabetes through accessible handouts and improved staff understanding of diabetes-related barriers to PD.	PD nurses can access handouts via FH Patient Education Catalogue for printing and patient review to support education when diabetes educators with renal knowledge are unavailable. Materials presented to the provincial PD nurses group in June 2025.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
IHA	RRP	Nelson KCC Services	Bring kidney care services closer to patients in the Nelson area through outreach clinics.	Successfully organized 3 well-attended outreach KCC clinics that reduced travel burden for patients in the Nelson region and rural communities.	Reduced travel burden for KCC patients in the Nelson region, including those in rural communities.	Both HARP and the BC renal network can apply the lessons learned about planning and logistics for establishing temporary outreach clinic operations.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
IHA	RRP	Enhancing Clinical Resources: Document Refinement and Toolkit Development	Modernize and systematize clinical documentation through platform migration and development of tracking tools.	Successfully evaluated, updated, and migrated all existing documents to M365 platform, increasing the percentage of documents updated within 5 years from 3% at the start of the project to 40%. Developed an evidence-based dynamic clinical resource platform with tracking and accountability tools.	Improved access to up-to-date, evidence-based clinical resources with enhanced tracking and accountability systems.	All updated policies and procedures have been operationalized within HARP, and specific resources like the Blood Transfusion Environmental Scan and Emergency termination procedure have been shared with BCR for provincial guideline development.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
IHA	RRP	Development of Renal Program Serious Illness Conversation Train the Trainer Model	Build internal capacity for SIC training by developing trainers who can provide ongoing education to renal and IH staff.	Completed current state analysis, enrolled interested staff in SIC training, coordinated with IH palliative care team to establish trainer education, launched ongoing classes, and incorporated a QI project exploring facilitated "death cafés" to increase death literacy and staff comfort.	Sustainable SIC training capacity with competent trainers, increased staff comfort with death and dying discussions, and broader reach through "death café" initiatives.	Trained facilitators will support ongoing SIC training for renal and other IH staff while building organizational capacity, and "death café" work will be shared beyond the renal program due to growing interest and attendance.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Capacity (People, Funding & Facilities)
IHA	RRP	Nephrology in CareConnect	Establish standardized nephrology documentation in CareConnect and improve inter-site communication across health authorities.	Created a "Nephrology Clinic Note" document in CareConnect that improved communication between transplant clinic and hospitals, completed training and communication between IHA Transplant and Lower Mainland sites, and operationalized the change management process.	Enhanced communication between transplant clinics and hospitals, streamlined information sharing through centralized CareConnect notes, and improved coordination between IHA Transplant and Lower Mainland sites.	Nephrologists can dictate directly into the Nephrology Clinic Note, and other health authorities can be directed to CareConnect notes for patient information, while BCR is encouraged to help connect or share EMRs across the network.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Technology & Innovation
IHA	RRP	Virtual Reality in Home Therapy	Create innovative virtual reality educational tools and platforms for kidney care delivery and patient education.	Developed Virtual Care Toolkit with CDSTs, created patient-facing education page on IH website, established 3D training Metaverse, conducted environmental scan and assessment of delivery platforms, built learning Metaverse mock-up with staff trials, and engaged with multiple technology vendors and developers.	Enhanced educational delivery through immersive VR technology, improved patient engagement through interactive learning platforms, and potential for scalable virtual care solutions.	The virtual toolkit, CDSTs, and education modules for virtual care will be evaluated for pilot implementation using current technology within HARP, and successful hybrid VR platform development may be adapted for use by other health authorities and programs across the BC renal network.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
IHA	RRP	Patient Education Enhancement	Provide a centralized, accessible platform for kidney health education to support both patients and clinical staff.	Completed a gap analysis, created a patient-facing kidney health webpage, developed internal toolkits, and ensured materials followed best practices for adult learning and health literacy.	Streamlined education delivery, improved health literacy, and aligned resources with provincial standards and patient needs.	Website and toolkit serve as centralized hubs for internal and external use, contributing to improved provincial health quality indicators.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
IHA	RRP	Dashboard for Quality Improvement and Operations Monitoring	Enable data-driven decision-making and identify quality improvement opportunities through centralized visual data tools.	Built and piloted dashboards and scorecards with KPIs by site and modality; trained staff in Power BI to support ongoing, flexible monitoring.	Enhanced ability to track and analyze site-specific performance, promote collaborative planning, and streamline project development.	Dashboards are being used for QI projects in IH and will be shared provincially, including with the Renal Quality Council.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
IHA	RRP	Enhancing Palliative Care: Measuring Quality of Death	Standardize evaluation of end-of-life care quality to inform improvements in palliative care delivery.	Created and refined a QoD "Death APGAR" tool through collaborative working groups, feedback, and finalized a pilot-ready implementation plan.	Enables consistent assessment of QoD and identifies opportunities for site-specific quality improvement.	Pilot site learnings will inform broader implementation in IH and findings will be shared across the BC renal network once validated.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
IHA	RRP	Digital Enhancement: Digital Booking and Hemodialysis Electronic Charting	Develop digital solutions for hemodialysis booking and electronic charting to replace manual processes.	Completed environmental scanning for existing solutions, workflow mapping for hemodialysis orders and charting, form content updates based on learning and content experts, and identified risk concerns requiring collaboration with IH Digital Health and privacy teams.	Streamlined digital workflows for hemodialysis charting and booking, improved data accuracy and accessibility, and enhanced integration between clinical systems.	The HARP will continue work toward a digital solution for hemodialysis charting, and the BC renal network will benefit from integration between Meditech and PROMIS systems.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care
IHA	PD	PD and Home Health Synergy	Establish collaboration between PD services and Home Health to better identify and support patients requiring both PD and long-term care (LTC).	Conducted collaborative data analysis with Home Health for upstream identification of patients needing PD and LTC services.	Enhanced upstream patient identification process enabling better care coordination between PD services and LTC facilities for improved patient outcomes.	Quarterly reports will be provided to Home Health to identify patients on LTC trajectory for communication with local LTC sites to plan admission.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Partnering for Improvement

IHA	PD	Continued PD Renal Education	Promote knowledge sharing and collaboration to support ongoing quality improvement in PD care.	Funds enabled staff to attend provincial events such as the PD Nurses Group and the PD Committee in-person meetings in Vancouver. Improved awareness of PD-specific initiatives and strengthened connections among PD clinicians province-wide.	Encouraged idea exchange and highlighted new project opportunities through shared experiences at events.	Ideas from events will inform future HARP projects and help connect PD clinicians across the BC renal network.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Capacity (People, Funding & Facilities)
ISLH	RRP	Palliative Dialysis in Long Term Care, South Island	Explore and develop palliative dialysis approaches for patients in long-term care facilities.	Completed literature review exploring previous research on long-term care patients receiving dialysis and reviewed current patients in the Summit long-term care dialysis unit.	Enhanced understanding of palliative dialysis practices through comprehensive literature review and current patient assessment.	Literature review is completed and available for future project continuation if possible.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Technology & Innovation
ISLH	RRP	Maintaining Capacity & Patient Safety through MST, South Island	Maintain patient care capacity and safety during significant system transformation to electronic health records.	Successfully implemented electronic health record system across most renal clinics and the largest dialysis unit, identified staff champions, and brought in experienced nurses from Nanaimo to support the transition.	Enhanced staff preparedness for future EHR rollouts, improved patient care documentation, and successful adaptation to new technology across multiple clinic sites.	Project outcomes have been shared through staff meetings and will benefit areas where EHR has not yet been implemented by providing valuable learning experiences.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Capacity (People, Funding & Facilities); Technology & Innovation; Partnering for Improvement
ISLH	RRP	Indigenous Liaison for Renal Patients, South Island	Advance anti-racism and cultural safety in renal care environments by centering collective accountability for closing gaps between current state and responsibilities within the BC Cultural Safety and Humility Standard.	Developed and administered a program self-assessment tool based on the BC Cultural Safety and Humility Standard to identify gaps in knowledge, structures, processes, and resources that create barriers to culturally safe care.	Enhanced understanding of specific training gaps, systemic barriers, and strengths across the program, enabling prioritized actions for delivering culturally safe care and providing measurable progress tracking.	Provided trauma-informed practice workshops for staff, disseminated findings through Quality Structure and staff meetings, and willing to meet with other HARPs to share knowledge as needed.	Foundational Principles: Equitable & Optimal, People-Centred Care; Indigenous Wellness Strategic Priorities: Early Intervention & Safer Care; Capacity (People, Funding & Facilities)
ISLH	RRP	Health Human Resource Support in a Community Dialysis Unit	Enhance staffing capacity and support in community dialysis units through strategic LPN integration and role development.	Successfully implemented LPNs in community dialysis units with established policies, procedures, permanent staffing line, and appropriate RN to LPN ratios, plus hired a full-time LPN at the Duncan CDF.	Improved staffing ratios, established permanent LPN positions, and created sustainable workforce model with clear policies and procedures for LPN integration in dialysis care.	Increased awareness for LPN implementation across other community dialysis units and shared project learnings with colleagues across the province via committees and conferences.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care; Capacity (People, Funding & Facilities)
ISLH	RRP	CCDF Remote Care Coordination – Evaluation	Evaluate the impact of remote care coordination on patient travel/accessibility, communication effectiveness, and working relationships through data collection and stakeholder feedback.	Collected and analyzed local clinic data on huddle frequency and efficiency, created staff/physician satisfaction surveys, conducted 18 team huddles with nephrologists, and achieved approximately 1000 km reduction in patient travel per year.	Reduced patient travel burden, decreased in-centre assessment runs at NRGH, improved staff and nephrologist satisfaction, and enhanced non-urgent care coordination through regular team huddles.	Project learning and process redesign will be shared across other CDUs in Island Health for regional standardization, as well as shared with colleagues across the province via committees and conferences.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
ISLH	RRP	Diabetes Management in Renal Disease – Understanding the Unmet Needs, Central Island	Identify gaps in diabetes care for renal patients and develop targeted improvements for provider education, care pathways, patient education, and risk assessment screening.	Completed literature review, comprehensive chart audit and analysis, developed and distributed patient and provider surveys across renal and non-renal care areas, and identified improvement opportunities at local and system levels.	Enhanced understanding of care gaps, identified specific opportunities for local renal program improvements including augmented assessment processes and resource development, and highlighted system-level collaboration needs.	Project learnings will inform Phase 2 implementation priorities and be shared with both renal and non-renal care providers, with findings shared across the province via committees and conferences.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care
ISLH	RRP	Harmonizing Home Hemodialysis Transitions (Phase 2)	Standardize and improve home hemodialysis transition processes by harmonizing patient intake, assessment, and referral procedures across different clinic areas.	Implemented redesigned processes across all renal program areas, engaged clinical staff and nephrologists in new processes, developed referral forms and training materials, established communication pathways, and created data collection tools for monitoring.	Standardized Navigator framework across clinics, improved staffing sustainability through reconfigured HHD RN FTEs, enhanced workflow integration through EHR mapping, and established systematic tracking for effectiveness evaluation.	HHD program will centrally track and report on all intakes through the revised process to evaluate effectiveness and efficiency, with feedback from referring programs contributing to ongoing quality improvement and sustainability.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
ISLH	RRP	NIKCC Remote Care Coordination	Create process efficiencies, role clarity, and optimized capacity while addressing facility limitations for increasing patient volumes at NIKCC.	Reviewed and redesigned patient appointment booking and scheduling processes in consultation with nephrologists, and completed needs assessment for clinic space requirements over the next 5-10 years based on patient growth projections.	Streamlined information flow and coordination of scheduling changes, standardized clinic booking process for all Island Health KCCs, and identified specific future clinic space needs to support patient growth.	Standardized clinic booking process will be utilized across all three Island Health KCCs, with the remote care coordination model designed to meet all service deliverables identified in provincial KCC Best Practices Guidelines.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
ISLH	PD	PD Staff Education, South Island, Central Island	Provide educational opportunities for PD staff to maintain professional development and strengthen inter-provincial collaboration.	Enabled staff members to attend the CANNT conference and provincial face-to-face meetings in Vancouver, allowing PD staff to maintain professional education obligations and key networking links.	Enhanced professional development for PD staff, strengthened networking connections, improved knowledge and skills sharing across BC PD teams.	Staff who attended will share their learnings with patients and teams, ensuring all staff and applicable patients benefit either directly or indirectly.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
NHA	RRP	Peripheral Vascular Disease (PVD) Screening in High-Risk HD Patients	Establish systematic PVD screening protocols for high-risk HD patients to enable early identification and timely clinical interventions.	Raised awareness among clients and staff about peripheral neuropathy and trained nurses to be superusers for PVD screening in different renal units within Northern Health.	Early PVD identification enables timely interventions reducing complications and limb amputations, screening data allows risk stratification for tailored care plans, and supports quality improvement goals through targeted education and intervention.	The project serves as a model for province-wide implementation with standardized PVD screening protocols, aggregated data supports provincial surveillance, and results shared through BCR's quality improvement collaboratives fostering continuous learning.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Capacity (People, Funding & Facilities)
NHA	PD	Multidisciplinary Staff Education	Provide specialized education and certification opportunities for multidisciplinary staff members, including dietitians, nurses, and pharmacists.	NKF membership and journal access were secured to support renal dietitians, a PD nurse attended CANNT conference, and two PD nurses achieved certification in nephrology.	Current evidence-based education for the PD team increases knowledge and competence in caring for PD patients.	PD team is better prepared to provide competent, evidence-based care for PD patients.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
NHA	PD	Education to Rural Health Care Sites and Patient Home Visits	Provide specialized PD education and support to healthcare providers and patients in rural communities through site and patient home visits.	PD education was successfully delivered in Chetwynd, Dawson Creek, and Fort St. John with 7 education sessions attended by 28 RNs, LPNs, and GPs, plus 5 home visits completed, demonstrating that ongoing PD education is essential for supporting patients in rural areas.	Targeted support for PD patient and care provider needs in rural communities.	Improved identification of learning and support needs in rural communities, strengthened connections, online PD education promotion.	Foundational Principles: Equitable & Optimal, People-Centred Care; Indigenous Wellness; Planetary Health Strategic Priorities: Early Intervention & Safer Care

PHC	RRP	Incentre HD Unit – “What Matters to You Campaign”	Implement a systematic approach for capturing and documenting patient priorities and values in their care planning.	The project strengthened physician-provider relationships with patients, prioritized patient goals and needs, created a system within Cerner to capture “What matters to you” conversations for newly admitted patients, and improved culturally safe care throughout the year.	Initial “WMTY” conversations occur between physicians and dialysis patients, with follow-up conversations conducted by social workers every 3 months, and all conversations are documented in Cerner for continuity of care.	This work can be highlighted as a way to engage patients in their own care plans while creating space for them to highlight needs that matter most, improving their overall experience while receiving care.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care
PHC	RRP	Renal Quality and Safety Program Support	Strengthen quality improvement processes through structured case review and analysis to identify system-level issues affecting patient safety.	A project coordinator was able to provide support to Dr. Myriam Farah for conducting morbidity and mortality rounds to systematically review patient cases and safety issues.	By analyzing cases, M&M rounds can uncover system-level issues that need to be addressed to improve patient safety, leading to better patient care, reduced complications, and improved outcomes.	M&M rounds are able to uncover system-level issues requiring attention for improvement in patient safety, as well as provide a platform for staff to learn from adverse events, identify systemic issues, implement changes to prevent future harm while fostering open discussion and collaboration, promoting a culture of continuous improvement, and enhancing healthcare professional training.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care
PHC	RRP	Evaluation of Nurse Led Warfarin Dosing Nomogram in CDUs	Evaluate the effectiveness of implementing a nurse-led warfarin dosing protocol in community dialysis settings.	The warfarin nomogram has been successfully implemented in the CDUs, which improved the impact on on-call providers by reducing the need for nurses to call to adjust warfarin doses and allowing for more time dedicated to patient-related nursing activities.	Nurses now have the resources for managing warfarin doses efficiently and providing patients with improved time in the therapeutic range.	Warfarin nomogram success was shared with the Renal Quality and Safety Committee, with an opportunity to share learnings during the upcoming Quality Day in Fall 2025.	Foundational Principles: Equitable & Optimal, People-Centred Care Strategic Priorities: Early Intervention & Safer Care
PHC	PD	PD/HHD Patient Experience Survey	Develop a comprehensive understanding of patient experiences during the transition to independent dialysis training and treatment.	A structured process was created to collect, analyze, and report patient experience data after patients received training and started home-based dialysis therapy.	With improved understanding of patient successes and challenges during independent dialysis training and treatment, the PD and HHD teams can identify areas for improvement that can be shared provincially.	The information gathered can provide valuable insight into patients’ perspectives, leading to targeted improvements in care.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care
VCH	RRP	Knowledge to Action Gap, A Quality Improvement Project	Improve operational efficiency and interdisciplinary communication to enhance patient care across KCC and transplant services.	Updated on-boarding materials and educational resources for new employees, implemented sustainable digital workflows to reduce environmental impact, enhanced coordination between KCC and transplant team, introduced early-stage advanced care planning conversations with RPACE support, and explored opportunities for improving communication in care transitions.	The patient Chartlet clean-up is actively underway with staff organizing and optimizing the physical environment to enhance both patient care and operational efficiency, while improving connections between KCC, transplant team, and other renal areas to support education, relationship building, and reduce communication gaps.	Advanced care planning in VGH KCC uptake requires further investigation for interdisciplinary implementation, EMR integration and workflow optimization needed to reduce paper usage, and coordination improvements sought for transplant and care transitions between KCC and chosen modalities.	Foundational Principles: Equitable & Optimal, People-Centred Care; Planetary Health Strategic Priorities: Early Intervention & Safer Care