



Equipment Funding Allocation Subcommittee Manual

A Resource for Health Authority Renal Programs

Updated May 2025



Table of Contents

Definitions	1
Introduction and Overview.....	1
Renal Capital Funding Sources.....	3
Restricted Capital Grant (RCG) Funds	3
Non-Restricted Capital Grant (non-RCG) Funds	3
Capital Assets.....	4
Annual Planning Cycle	5
Guiding Principles for the Renal Equipment Planning Processes.....	6
EFAS Renal Equipment Annual Planning Process	7
Spreadsheet Overview	7
Replacement Plan and Inventory Needs Spreadsheet.....	7
Growth Equipment Spreadsheet.....	7
Funding	8
Approval Timeline	8
Final approval	8
How to Access Restricted Capital Grants	8
How to Access Non-Restricted Capital Grants.....	9
Reconciliation Process.....	10
Appendix A – Terms of Reference.....	11
Appendix B – Water Treatment System Business Case	12

Appendix C – EFAS Financial Tool.....	15
Appendix D – Funding Process Stages	
Process Overview	17
Project Submission	18
Project Review & Approval.....	19
Appendix E – Exceptional Request Protocol.....	20
Appendix F – Exceptional Request Form.....	22
Appendix G- Replacement and Growth Spreadsheets	
Replacement and Inventory Spreadsheet	24
Growth Equipment Spreadsheet.....	25
References	26

LAND ACKNOWLEDGEMENT

BC Renal plans and monitors the delivery of kidney care services to a diverse population living in various settings and communities across BC. As a provincial network, we operate on the unceded traditional and ancestral land of many Indigenous peoples, including First Nation, Métis and Inuit people. Our main office is located on the traditional and ancestral territories of the Coast Salish peoples – xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations, and the Métis Chartered Community of the Lower Mainland Region.

We acknowledge the health inequities caused by the current and historical colonization of this territory, and we humbly listen and learn from the resilience and strength of Indigenous peoples. We will endeavor to provide culturally safe care and practice throughout our work.

IMPORTANT INFORMATION

This BC Renal guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.BCRenal.ca for the most recent version.

For information about the use and referencing of BC Renal provincial guidelines/resources, refer to bcrenal.ca/health-info.



BC Renal

200-1333 West Broadway
Vancouver, BC
V6H 4C1

Phone: 604-875-7340
Email: bcrenal@bcrenal.ca
Web: BCRenal.ca

Facebook.com/BCRenal
 Youtube.com/BCRenal
 LinkedIn.com/company/bc-renal

Definitions

“**BCR**” means BC Renal

“**EFAS**” means Equipment Funding Allocation Subcommittee

“**HA**” means Health Authority

“**HARP**” means Health Authority Renal Program

“**MoH**” means Ministry of Health

“**non-RCG**” means Non-Restricted Capital Grant

“**PHSA**” means Provincial Health Services Authority

“**RCG**” means Restricted Capital Grant

Introduction and Overview

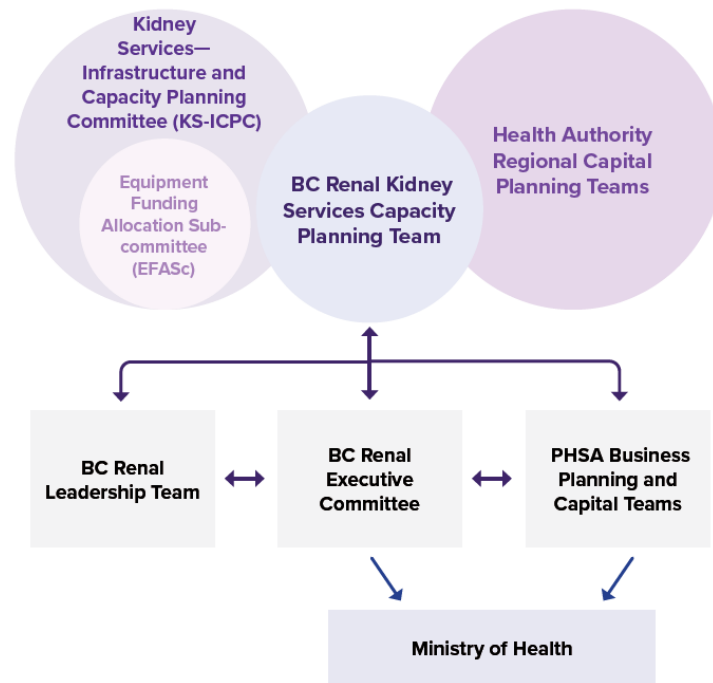
Chronic kidney disease (CKD) is prevalent in our aging population, with approximately 10% of British Columbians affected—a portion will go on to requiring renal replacement treatment. Supporting patients’ modality choices, whether it be home-based therapies, or facility-based hemodialysis care, requires that the appropriate infrastructure and equipment is in place to support the decision.

[BC Renal \(BCR\)](#) is part of the Provincial Health Services Authority (PHSA) and coordinates health-care services for kidney disease patients throughout BC. Acting as a resource for renal programs across regional health authorities, BCR oversees province-wide planning, funding, and monitoring of kidney services.

The capacity planning process in BC is a collaborative effort involving BC Renal and the six-health authority renal programs. BC Renal serves as a central resource, overseeing province-wide planning, funding, and monitoring of kidney services.

Two BC Renal (BCR) planning committees, alongside an internal capacity planning team, work together to ensure adequate infrastructure for kidney care. The Kidney Services - Infrastructure and Capacity Planning (KS-ICPC) Committee streamlines growth planning for renal facilities, while the Equipment Funding Allocation Subcommittee (EFAS) manages equipment planning, reviews funding requests, submits recommendations for approval, and efficiently manages equipment funding. Both committees prioritize enhancing provincial partnerships and fostering regional collaboration. While BC Renal oversees the allocation of fixed annual capital funding for equipment, BCR does not manage or allocate funds for facility development. All funding for health authority facilities should be accessed through their respective health authority capital planning teams.

Image 1: Capacity Planning for Kidney Care in BC



This document outlines the role and purpose of the Equipment Funding Allocation Subcommittee (EFAS). The subcommittee’s primary function is to facilitate the planning of provincial renal equipment needs, prioritize equipment requests, recommend approvals, and manage funding allocations. Provincial partnership and collaboration with all health authority renal programs is crucial to ensuring fair and equitable distribution of funds for:

1. Hemodialysis equipment – replacement and growth
2. Main and portable water treatment systems and associated projects – replacement and growth
3. Vascular flow measurement devices – replacement and growth

BC Renal works closely with the regional health authority authorities to:

- Facilitate the processes for planning provincial renal equipment needs.

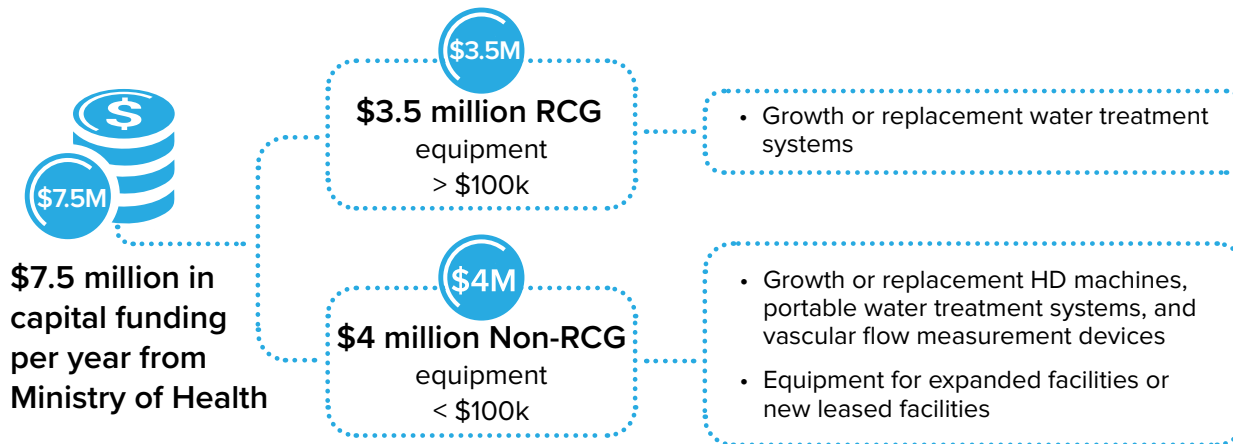
- Review and prioritize renal equipment requests.
- Track and reconcile associated funding approvals.
- Ensures equitable funding allocation to each health authority.
- Submit recommendations to the BC Renal Executive Committee for approval.

A set of provincial renal program guidelines endorsed by the Ministry of Health provides a methodology and set of principles for health authorities and institutions to follow in the management and ongoing development of care programs. The guideline supports equitable distribution of high-quality renal care to patients across BC. These guidelines are posted on the [BC Renal](#) website.

The EFAS **Terms of Reference** (TOR) can be found in [Appendix A](#).

Renal Capital Funding Sources

The Ministry of Health (MoH) normally provides BC Renal \$7.5 million of capital funding per year towards renal equipment. \$3.5 million is allocated for RCG expenditures (for renal equipment costing more than \$100K) and the remaining \$4.0 million is for non-RCG expenditures (renal equipment less than \$100K)



Main funding types:

next year. Permission from the Ministry of Health (MoH) is required for any exceptions.

Restricted Capital Grant (RCG) Funds

The RCG funds provided to the Health Authority Renal Programs via BC Renal are restricted to the following uses:

- New or replacement main water treatment systems or stages of water treatment system replacement costing more than \$100,000.
- Ad-hoc/special renal equipment projects.

RCG Terms

- EFAS cannot contribute the entire \$3.5M RCG funds to one renal equipment project for multiple years. If there are no other requests for RCG funds, then the entire \$3.5M can be contributed to one project for **that year only**.
- Funding requests from each health authority will be evaluated annually by the EFAS. Funding allocation may vary yearly depending on the number of submissions each year.
- Funding must be fully utilized by the end of the fiscal year, as it cannot be rolled over into the

Non-Restricted Capital Grant (non-RCG) Funds

The non-RCG funds provided to the Health Authority Renal Programs via BC Renal are restricted to following uses:

- New or replacement water treatment systems, portable water systems or stages of water treatment replacement costing less than \$100,000.
- New or replacement hemodialysis machines costing less than \$100,000.
- New or replacement vascular flow measurement devices.
- Renal equipment for expanded facilities.
- Renal equipment for NEW leased facilities.

Non-RCG Terms

Funding requests from each health authority will be evaluated annually by the EFAS. Funding allocation may vary yearly depending on the number of submissions each year

Table 1 describes the RCG and non-RCG funds and the details of each fund.

Funding Type	Purpose	Allocation	Usage Restrictions	Payment Distribution	Items not included
RCG Funds (Restricted Capital Grant Funds)	High-cost renal equipment Debt funding provided by the province for renal equipment exceeding \$100,000.	\$3.5 Million/Year	Water treatment systems > \$100K for both HA owned and leased facilities and installation costs.	<ul style="list-style-type: none"> Accessed through the Certificate of Approval (COA) program. Money flows from the MOH (Ministry of Health) to the HA. Health Authorities must notify BC Renal to update records 	<ul style="list-style-type: none"> Moving costs and project management are considered operating in nature and are therefore expenses using operating funds.
Non-RCG Funds (Non - Restricted Capital Grant Funds)	Various renal equipment Used for health capital asset investments between \$10,000 and \$100,000, upgrades and minor medical equipment.	\$4.0 Million/Year	<ul style="list-style-type: none"> Water treatment systems (such as portable ROs) or stages of replacement less than \$100K Hemodialysis machines less than \$100K Equipment including bedside vascular flow measurement devices 	<ul style="list-style-type: none"> Money flows directly from the MOH to the HA 	<ul style="list-style-type: none"> Warranty, maintenance, and training are considered operating in nature and are therefore expensed using operating funds. For software upgrades, reach out to the Health Authority Capital Planning team to clarify whether they fall under operating or capital expenses.

Capital Assets

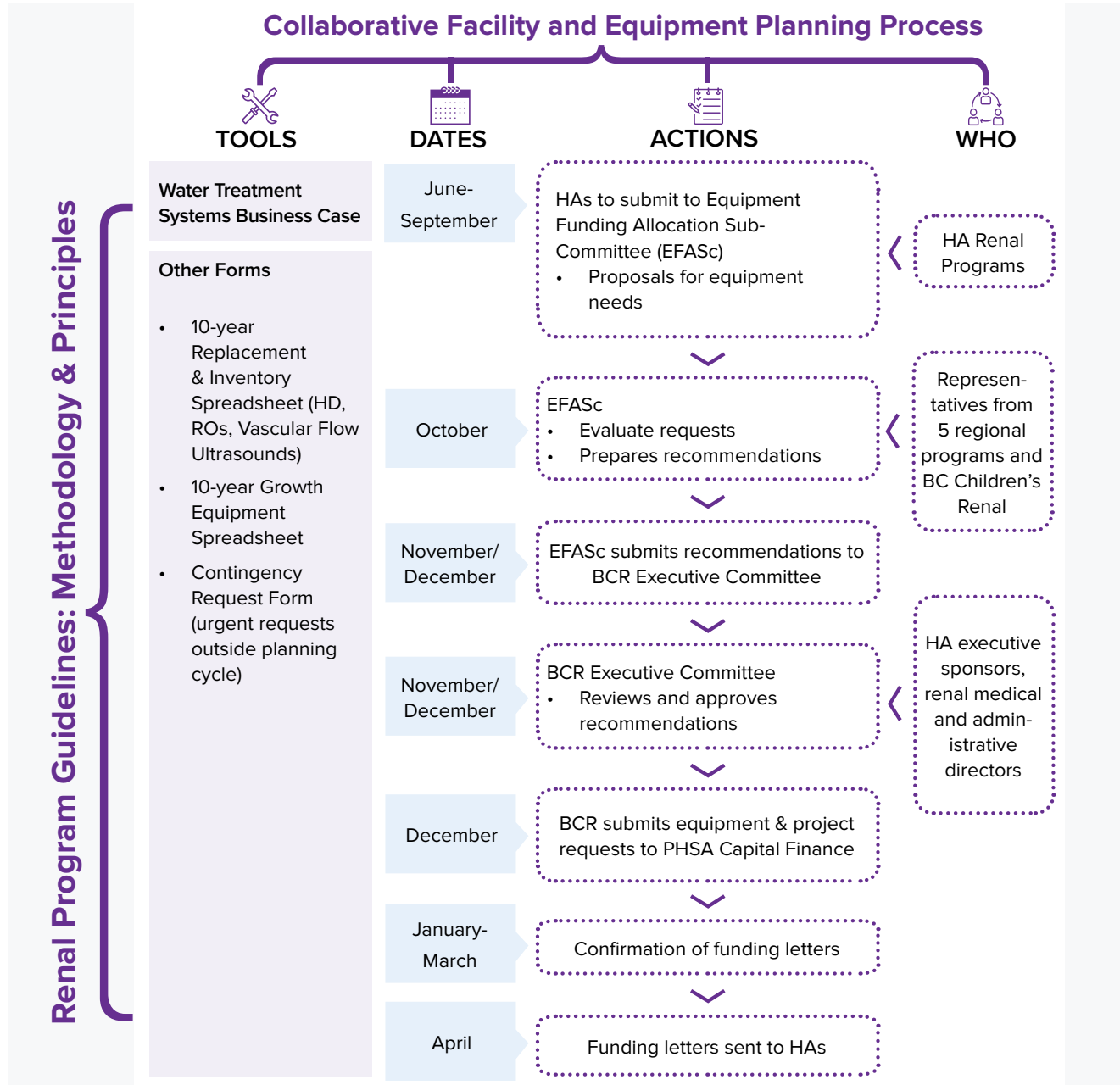
The cost of capital assets includes the purchase price and other acquisition costs such as installation costs, freight charges, transportation, net taxes, duties, exchange rate. Minimum capitalization thresholds for renal equipment is set at \$10,000.

Health authorities should collaborate closely

with their financial and capital planning teams to differentiate between capital and non-capital assets. Prior to submission, all water treatment system quotes to the Equipment Funding Allocation Committee should be evaluated by the health authority’s capital planning and finance teams to assess their eligibility for capitalization.

Annual Planning Cycle

Each year, BC Renal works with the health authorities to gather all requests and relevant information for the renal equipment needs of each renal program. The planning cycle timeline is described below:



*This timeline is coordinated with the provincial government capital cycle.

Guiding Principles for the Renal Equipment Planning Processes

Renal equipment falls into three categories:

1. Hemodialysis machines for both replacement and growth expansion.
2. Main and portable water treatment systems for dialysis facilities for both replacement and growth expansion.
3. Vascular flow measurement devices for both replacement and growth expansion.

The Equipment Funding Allocation Subcommittee prioritizes fiscal responsibility while integrating principles of equitable and optimal, people-centered care, Indigenous wellness, and sustainable practices for planetary health. Our commitment involves advancing resilient strategies that honour and safeguard the environment for future generations. To this end, EFAS incorporates the following principles into its decision-making process:

- 1. Communication and Collaboration**
Regular communication and collaboration among health authority renal programs are crucial throughout the equipment replacement process.
- 2. Transparency and Documentation**
All decisions regarding equipment replacement will be thoroughly documented to ensure accountability and transparency across the province.
- 3. Criteria for Replacement Frequency**
 - Hemodialysis Machines: Replacement requests will be evaluated based on criteria such as machine use exceeding 30,000 hours or 10 years of service.
 - Main and Portable Water Treatment Systems: Replacement requests will be considered after 10 years of service.
 - Vascular Flow Measurement Devices:

Replacement requests will be considered after 10 years of service.

4. Criteria for Renal Equipment Escalation of Replacement, Changes to Approved Capital Spending or Contingency Requests

Exceptional requests for priority replacement outside the regular cycle or guiding principles will be evaluated based on operational criticality, age, condition, technological relevance, safety compliance, cost-effectiveness, strategic alignment, and environmental impact.

Urgent requests or changes regarding renal equipment falling within the EFAS mandate and unable to wait for the next planning cycle, must be submitted to EFAS for consideration. For exceptional requests, following the protocol in [Appendix E](#), and documentation using the Exceptional Request Protocol form in [Appendix F](#). Submissions will be reviewed. If appropriate funding is available, then any such request will be reviewed and approved by the EFAS, BCR Executive Committee, PHSA, and Ministry of Health. The decision will be then communicated back to the submitting program.

5. Capitalization Thresholds for Equipment Parts

Replacement or spare parts (e.g., ultrasound probes) will be expensed using health authority operating funds, irrespective of cost.

6. Decommissioning Protocol

Replaced machines will be decommissioned according to vendor contracts, with responsibility lying with the Health Authority Renal Program. Machines that have been replaced should not be included in future replacement requests.

EFAS Renal Equipment Annual Planning Process

As part of the annual planning process, replacement and growth spreadsheets are sent out to the programs requesting that the tables be updated with any changes to the program’s needs.

Documents required for the annual planning meeting include:

Submission Requirements	Equipment Type	
	Water Treatment (installed) Systems	Hemodialysis Machines, Vascular Flow Measurement Devices, Portable Reverse Osmosis (RO) Systems
Replacement and Inventory Spreadsheet (Appendix G)	✓	✓
Growth Equipment Spreadsheet (Appendix G)	✓	✓
Water Treatment System Business Case (Appendix B)	✓	

**All documents are found on SharePoint site.*

The updated spreadsheets and business cases are then returned to the EFAS, and a summary version is created with all the updates from all the programs for non-RCG funding requests for hemodialysis machines, portable water treatment systems and vascular flow measurement devices, plus it identifies the RCG funding requests for facility water treatment system replacements.

The EFAS then meets in the fall of each year to review and prioritize renal equipment requests, submits recommendations for approval to BC Renal Executive Committee, and tracks and reconciles associated funding approvals.

Spreadsheet Overview

The health authorities will update their submission process by providing two comprehensive

spreadsheets for the upcoming fiscal year: one detailing replacement and inventory needs, and the other outlining growth projections.

Replacement Plan and Inventory Needs Spreadsheet

For the **existing** equipment, EFAS keeps a **replacement and inventory** spreadsheet that shows all the existing hemodialysis machines, water treatment systems, vascular flow measurement devices by facility for each of the renal programs. This spreadsheet shows the make, model, year of purchase, hours of use, the planned year of replacement, and required budget. With this spreadsheet, EFAS can forecast the funding required each year for equipment replacement. Existing equipment spreadsheet example can be found in [Appendix G](#).

Although the funding comes from MOH, the machines become and need to be accounted for as Health Authority assets. Thus, for in-centre and community dialysis unit machines, the renal programs must follow their Health Authority Capital guidelines regarding recognizing the assets, amortizing subsequent disposal, and requesting replacement if required.

Growth Equipment Spreadsheet

For the growth equipment, EFAS keeps a second spreadsheet that shows all the additional hemodialysis machines, portable and main water systems, vascular flow measurement devices required by facility for each of the renal programs. This spreadsheet shows the make, model, the year required, and required budget. With this spreadsheet, EFAS can forecast the funding required each year for equipment growth. Growth spreadsheet example can be found in [Appendix G](#).

Funding

Approval Timeline

Upon the EFAS's collection of health authority requests, submissions are forwarded to the BC Renal Executive Committee for review and approval.

Approved costs for the project may commence in the upcoming fiscal year. Funding for equipment not covered by non-RCG, as well as any RCG funding for the water treatment system, will be allocated in the subsequent year's budget unless an earlier

allocation is specified. Requests for water treatment systems are directed to PHSA Finance and the Ministry of Health for final approval, with formal confirmation conveyed via a funding letter. While health authorities have the flexibility to initiate projects prior to funding letter receipt, they assume accountability for any funding shortfalls.

The funding approval timeline for water treatment system projects aligns with their typical completion duration. Should a health authority wish to expedite a project, they assume associated funding risks. PHSA can arrange a notional letter indicating tentatively approved funding if necessary.

Final approval

Once approved by the Ministry of Health, funding letters are issued by the PHSA Chief Financial Officer to the respective health authority's Chief Financial Officer/Program President, Renal Directors, Managers, and Leads.

Off-Cycle Requests

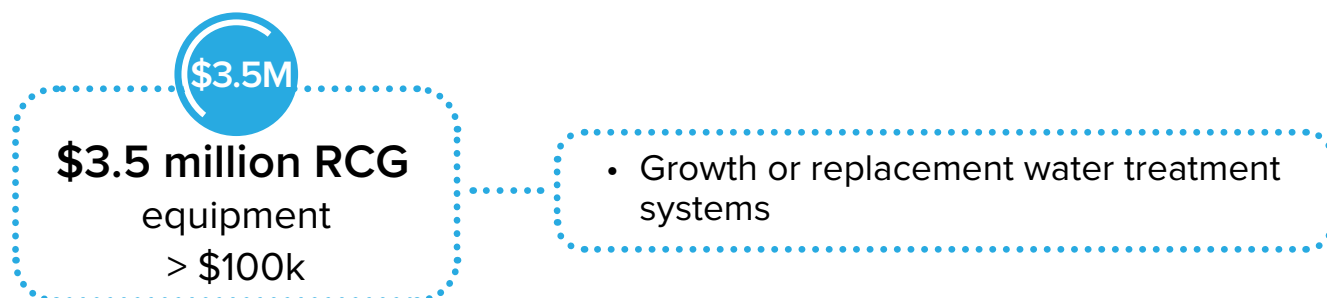
Any requests outside the funding cycle timeline must adhere to the Exceptional Request Protocol outlined in [Appendix E](#).

How to Access Restricted Capital Grants

Once funding letters have been issued, the \$3.5 million Restricted Capital Grants (RCG) are accessed by the health authority renal programs. The HA submits requests to the Ministry of Health through

the Web Capital Assessment & Planning System (Web CAPS)¹. The Ministry then provides the funds through a Certificate of Approval².

Upon use of the funds, the HAs (Health Authorities) must provide BC Renal with the purchase details to ensure records are updated.



Summary – Step by step:

1. RCG funded requests approved by BC Renal Executive Committee.
2. Requests sent to PHSA Capital Finance, then Ministry of Health.
3. Approval letter to HAs if funding covers requests; specifies project and amount.
4. EFAS reviews if funding is insufficient; revises allocation if needed.
5. RCG requests not approved until funding confirmed, risk in early action.
6. HAs access funds via Ministry of Health after approval.
7. Process involves obtaining Certificate of Approval (COA) defining budget and completion.
8. HAs claim expenditures with COA; Ministry keeps track of any unused portion of the approved amount.

How to Access Non-Restricted Capital Grants

Once the MoH has reviewed and approved the request, the \$4.0 million non-RCG funds flows from the MOH directly to the health authority through its bi-weekly payments. The HAs are required to provide BC Renal with the details of the purchase so BCR can update their records. This information feeds into the annual funding reconciliation to monitor and track unused funds that could be reallocated to future years.

¹ WebCAPS: is an online custom Oracle application used by health authorities and the Ministry of Health for capital planning and reporting purposes.

² In 2003, each health authority entered a tri-partite COA Memorandum of Understanding with the Ministry of Health and Provincial Treasury, which established roles and responsibilities and the terms and conditions for accessing capital funding through the COA program, used to monitor and report expenditures related to health authorities' approved capital projects.

\$4M
\$4 million Non-RCG
equipment
< \$100k

- Growth or replacement HD machines, portable water treatment systems, and vascular flow measurement devices
- Equipment for expanded facilities or new leased facilities

Summary – Step by step:

1. Non-RCG funding requests approved by BC Renal Executive Committee.
2. Annual reconciliation of past non-RCG amounts done before submitting list to PHSA.
3. BC Renal Finance collaborates with HAs to reallocate residual funds.
4. Non-RCG funds come from Ministry of Health to HAs and can only be used by the renal program for the projects indicated in the funding letter.
5. Approved non-RCG funds for Renal specified in HA capital funding approval letter.
6. Ministry of Health transfers non-RCG amounts to HAs post-approval

Reconciliation Process

As part of the annual planning cycle, each renal program will need to finalize the reconciliation of non-RCG funding still unused at each health authority. This process will be initiated by BC Renal, and the available unused portion will be applied to subsequent year's approved non-RCG requests.

For RCG funding, where health authorities claim capital funds directly with Ministry of Health, the health authorities are required to report on actual spending to EFAS. Since RCG funds are required to be spent within the fiscal year approved, health authorities should provide regular updates of unspent funds.

Appendix A – Terms of Reference

BC Renal Equipment Funding Allocation Subcommittee (EFAS) Terms of Reference

Revised April 2024, Approved by the EFAS Committee June 2024

Category	Description
Purpose	<p>The purpose of the Infrastructure and Capacity Planning Committee (ICPC) is to serve as a provincial forum to facilitate and inform kidney care facilities planning across health authority renal programs in collaboration with key health authority (HA) and government partners – supporting alignment and consistency in processes, advocacy for capital funding where appropriate, and ensuring the availability of services to meet patient needs.</p>
Responsibilities	<ol style="list-style-type: none"> 1. To establish “provincial guiding principles” upon which facility planning is based. 2. To regularly review and update these principles in accordance with overall directions and goals established by BC Renal, PHSA and the Ministry of Health. 3. To foster dialogue and mutual understanding regarding supply and demand for kidney services in each health authority renal program, as well as interdependencies and sustainability of services. 4. To have oversight on facilities planning activities across health authority renal programs to ensure alignment of plans within and between regions. 5. To compile recommend growth planning to the appropriate MoH division and the 10-year planning requirements. 6. Act as a forum to report to BC Renal, PHSA, and each health authority any issues or opportunities related to facility planning that may need to be addressed at the provincial level. 7. To validate and support advocacy efforts led by the health authority renal programs for capital funding requests. 8. To work with the Equipment Funding Allocation Sub-committee (EFASc) and other associated committees within BC Renal to ensure growth needs are identified. 9. To exercise, by delegation, the quality-of-care functions of the BC Renal Executive Committee – a regional Quality Committee approved and authorized by the Boards of the Provincial Health Services Authority and the BC Health Authorities and Providence Health Care – in respect of quality-of-care matters within the scope of the BCR Infrastructure and Capacity Planning Committee.

For details, please refer to [Equipment Funding Allocation Subcommittee’s term of reference](#)

Appendix B – Water Treatment System Business Case

Water Treatment System Business Case

WORKING PAPER

This document serves as a guide for proposed Water Treatment System projects, offering key insights for the Equipment Funding Allocation Subcommittee’s decision-making process. Please follow the instructions in each section carefully to ensure the business case is completed thoroughly and accurately.

Health Authority	<input type="checkbox"/> BCCH <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> NHA <input type="checkbox"/> PHC <input type="checkbox"/> VGH <input type="checkbox"/> VIHA						
Contact Name				Site			

Replacement Scope (✓ all that applies)	<input type="checkbox"/> Water Pre-treatment System <input type="checkbox"/> RO System <input type="checkbox"/> Heat Disinfection System <input type="checkbox"/> RO Water Distribution Loop
Replacement Description	(Explain the current system that is being replaced and outline the potential benefits of the replacement)
Comparison to Current Model	(Compared to the existing water treatment system, describe the improvements or additional features that the replacement system will provide. Highlight how these improvements would increase the overall effectiveness and quality of water treatment)
Project Timeline	(Outline the timeline for the project’s implementation and completion. State the duration for each phase of the project)
Urgency	(Describe how urgent the replacement is. Highlight the importance of completing the replacement within the specified project timeframe. Explain the potential impact on operations if it is not performed as scheduled)
Safety and Risk Considerations	(Address staff and patient health and safety concerns. Explain how the replaced system will ensure reliability and minimize risk)
Return on Investment/ Operating Cost Benefit	(Describe any expected ROI or operating cost benefits resulting from the replacement. Highlight how it could reduce or eliminate costs over the long term)

Financial Implications

The table below outlines the general costs, descriptions, and sub-costs associated with both new and replacement RO systems. It allows for distinguishing which costs are eligible for coverage by the EFAS and which must be covered by the Health Authority.

Item	Description	Specific Costs Included	Covered by HA	Covered by EFAS
Water Treatment System Costs	Obtain detailed quotes from vendors for all necessary water treatment equipment and related components. Ensure each quote specifies the costs and quantities of each item.	Costs for replacement membranes, new piping, system retrofitting, filtration units and any other components directly related to the water treatment system.		X
Third-Party Contractor Costs	Acquire detailed quotes from third-party contractors for specialized services that are not covered by the primary vendors, such as electrical and plumbing work.	Costs for electrical system upgrades, plumbing retrofitting, contractor labor charges, materials required for installations and any additional third-party services essential to the project.		X
Contingency Costs	Allocate contingency budget to cover unexpected expenses or changes during the project's implementation.	Funds for unforeseen expenses such as emergency repairs, price fluctuations in materials and any other unexpected costs that may occur.	X	
Project Management Costs	If applicable, include project management costs. This includes all expenses related to overseeing and coordinating the project.	Fees for project managers, administrative expenses and any other expenses associated with managing the project.	X	
Architecture/Engineering Costs	Include costs for architectural and engineering services. These costs should cover design and technical planning necessary for the project.	Fees for architectural design, engineering analysis, structural assessments and any other costs related to architectural and engineering work.	X	
Other costs	Capture any additional costs that are related to the project's execution but do not fit into the above categories.	Safety equipment, legal fees, miscellaneous supplies, and any other project-related costs not previously listed.	X	

EFAS Financial tool

The EFAS financial tool is designed to identify and calculate the costs required for the project's development. Please ensure the tool is completed and submitted with the business case.

A copy of the tool can be found in the Capacity Planning SharePoint portal.

Secure approval from the Health Authority Capital Planning team for asset capitalization prior to submission to EFAS.

- Approved
- Not approved

Date Approved by HA Capital Team: _____

Section B: To be completed by the Equipment Funding Allocation Subcommittee (EFAS)

Record of EFAS Decision (To be updated following the submission presentation, and uploaded to permanent records site)

Date: MM/DD/YYYY

EFAS Score: (Votes & Score)

- Approved** Ready for approval from BCR Executive.
- Not approved** Denied for EFAS funding due to misalignment with the EFAS mandate.
- On hold** Recognizes the proposal while addressing other current priorities.

- Withdrawn** Reflects the decision request being withdrawn by the proponent.
- Revision required** Indicates the need for further refinements before proceeding. The revised request should be resubmitted after revisions.

EFAS Funding Dollar Amount: _____

Funding Source:

- Restricted Capital Grant (RCG)
- Non-Restricted Capital Grant (Non-RCG)

Additional comments:

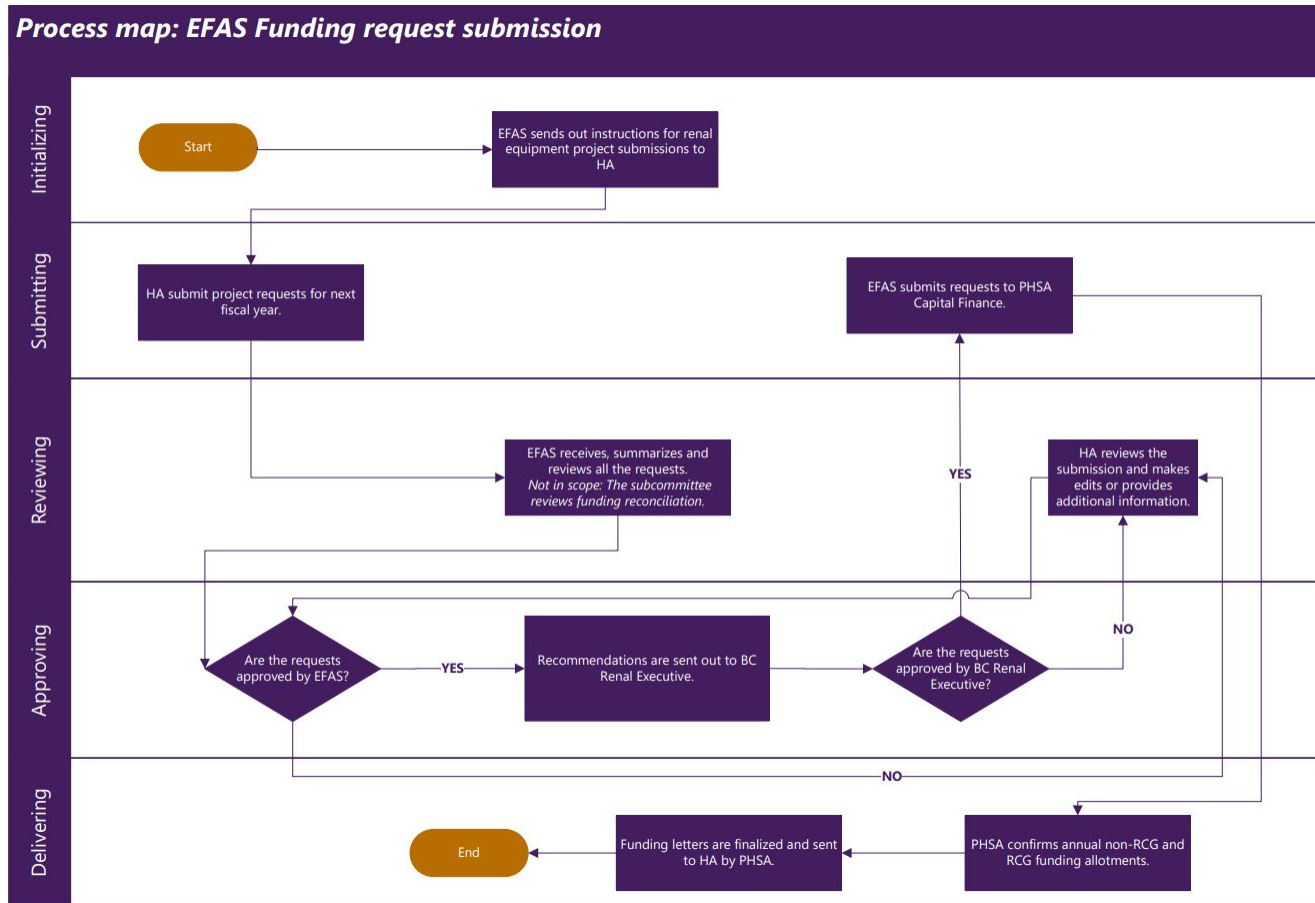
Appendix C – EFAS Financial Tool

Water Treatment System Cost Estimate		Project Name:				
		Health Authority:				
Project Type						
Item Number	Item	Add dollar value (Pre-Tax)	GST	Totals (Include. Tax)	Who is Responsible for Covering These Costs? (Please refer to the checklist in the business case instructions)	How Did You Obtain This Cost Estimate? (e.g., CWT quotation) Please attach any quotes, estimates, or supporting documents with your submission.
*Add additional rows as needed.						
1	Water Treatment System Costs	\$ -	\$ -	\$ -	EFAS	
2	Third-Party Contractor Costs (e.g., installation, including plumbing and electrical work)	\$ -	\$ -	\$ -	EFAS	
3	Project Management Costs	\$ -	\$ -	\$ -	HA	
4	Architecture & Engineering Costs	\$ -	\$ -	\$ -	HA	
5	Other Costs. Please provide details below:	\$ -	\$ -	\$ -	HA	
	Project Cost			\$ -		
	Contingency costs		15%	\$ -	HA	
	Total Project Cost (+Contingency)			\$ -		
Total Covered by Health Authority				\$ -		
Total Covered by EFAS				\$ -		

Water Treatment System Cost Estimate		Project Name:				
		Health Authority:				
Project Type						
Item Number	Item	Add dollar value (Pre-Tax)	GST	Totals (Include. Tax)	Who is Responsible for Covering These Costs? (Please refer to the checklist in the business case instructions)	How Did You Obtain This Cost Estimate? (e.g., CWT quotation) Please attach any quotes, estimates, or supporting documents with your submission.
*Add additional rows as needed.						
1	Water Treatment System Costs	\$ -	\$ -	\$ -	EFAS	
2	Third-Party Contractor Costs (e.g., installation, including plumbing and electrical work)	\$ -	\$ -	\$ -	EFAS	
3	Project Management Costs	\$ -	\$ -	\$ -	HA	
4	Architecture & Engineering Costs	\$ -	\$ -	\$ -	HA	
5	Other Costs. Please provide details below:	\$ -	\$ -	\$ -	HA	
	Project Cost			\$ -		
	Contingency costs		15%	\$ -	HA	
	Total Project Cost (+Contingency)			\$ -		
Total Covered by Health Authority				\$ -		
Total Covered by EFAS				\$ -		

Appendix D – Funding Process Stages

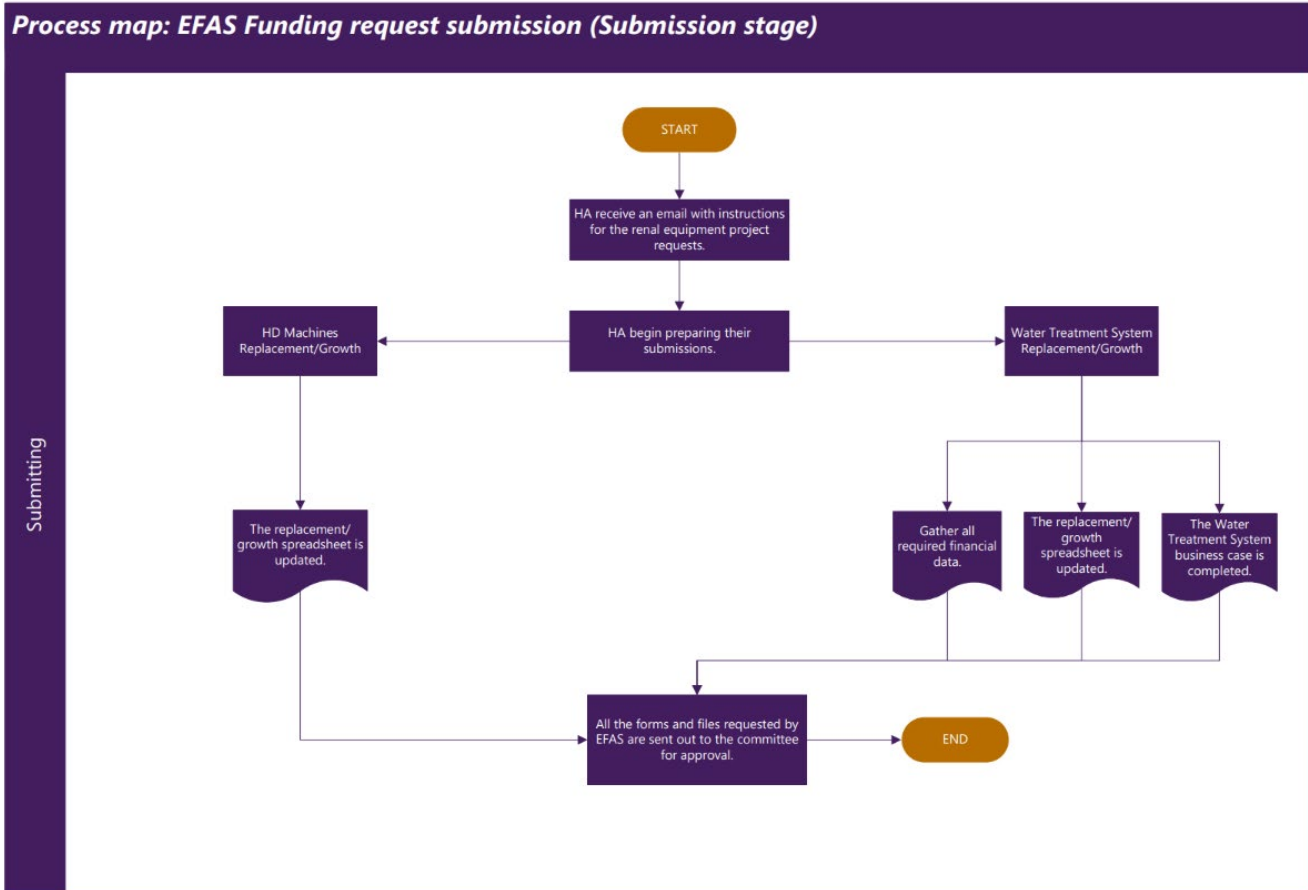
Process Overview



Detailed steps

1. **Initializing:** every year in June, the EFAS administrative initiates the process by sending comprehensive instructions to Health Authorities regarding the submission of renal equipment projects.
2. **Submitting:** In September, the Health Authorities submit all applications to the EFAS.
3. **Reviewing:** the subcommittee receives, reviews, and evaluates each submission. Following this, it proceeds to approve those identified as priorities, before forwarding a comprehensive document to the BC Renal Executive Committee in October.
4. **Approving:** In November, upon receiving the submissions, the Executive committee gives its final approval, which is then forwarded to the PHSA Capital Finance department.
5. **Delivering:** Finally, in April of next year, the Ministry of Health sends funding letters to each of the health authorities, confirming their access to the requested funds.

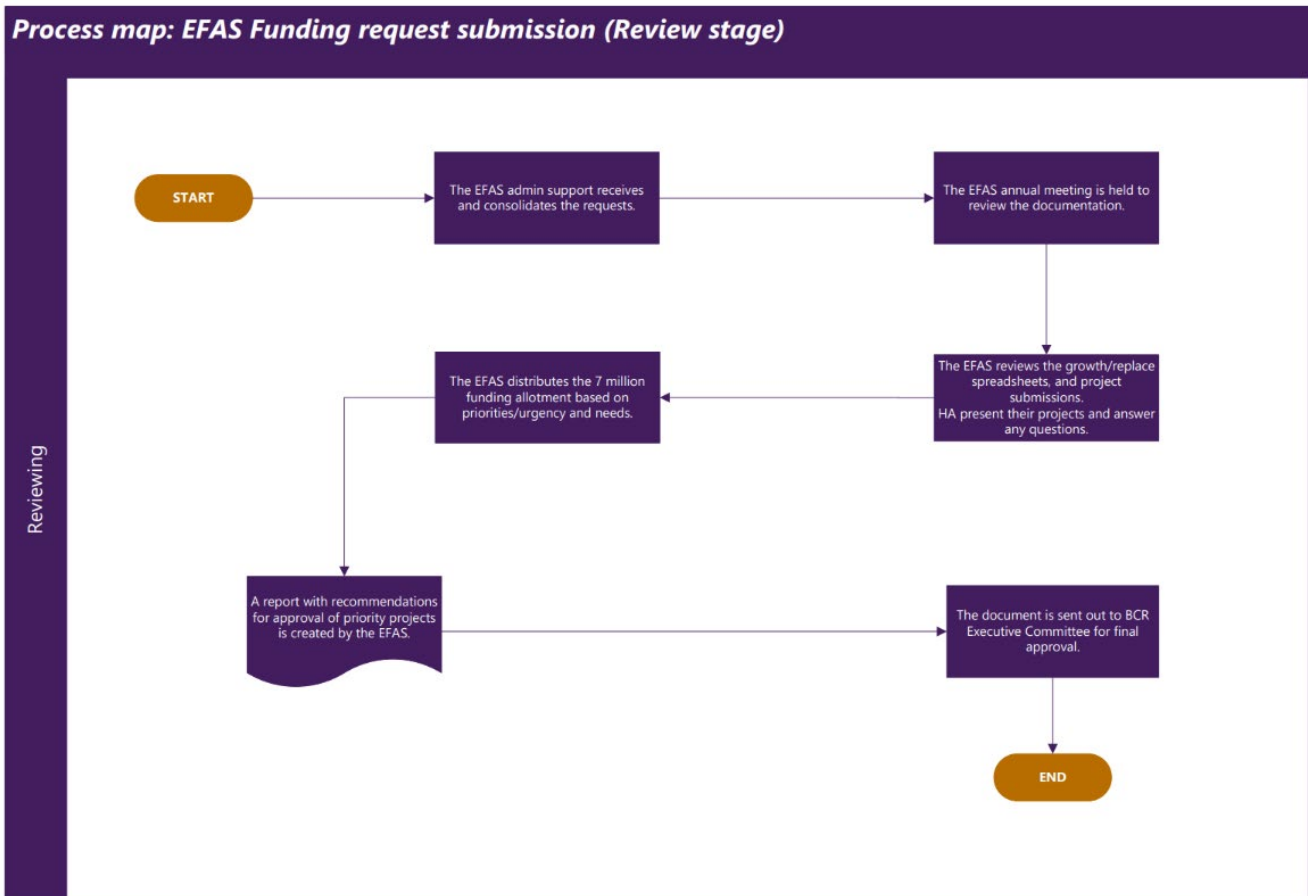
Project Submission



Detailed steps

1. After receiving the instructions from the EFAS administrative coordinator, the Health Authorities start preparing their project proposals.
2. Depending on the nature of the project they seek funding for, they need to consider documents and information:
 - a. HD Machines Replacement/ Growth:
 - In this case, only the updated replacement/growth spreadsheet needs to be provided.
 - b. Water Treatment System Replacement/Growth:
 - Financial documentation corresponding to the project.
 - The updated replacement/growth spreadsheet.
 - The completed Water Treatment System Business Case.
3. After ensuring all information is accurate and complete, the health authorities forward it to the EFAS for funding approval.

Project Review & Approval



Detailed steps

1. After gathering and organizing the information from the Health Authorities, the EFAS administrative coordinator schedules the annual meeting.
2. The subcommittee reviews spreadsheets and project submissions presented by Health Authorities during the annual meeting.

The EFAS generates a report containing recommendations for approval and submits it to the BCR Executive Committee for the final approval of funding distribution.

Appendix E – Exceptional Request Protocol

Purpose

Exceptional requests for capital may arise subsequent to the approval and allocation of renal equipment funding. This protocol is designed for situations where additional resources are needed urgently, necessitating immediate action rather than waiting for the next planning cycle. Requests must be submitted to EFAS for consideration in the following cases:

- Urgent or emergent need for a hemodialysis machine.
- Urgent or emergent need for main or portable water treatment system.
- Urgent or emergent need for vascular flow measurement devices.

Exceptional requests for priority replacement outside the regular cycle or guiding principles will be evaluated based on operational criticality, age, condition, technological relevance, safety compliance, cost-effectiveness, strategic alignment, and environmental impact. The following matrix will support decisions when required.

Use	Other	Best Practice	Operation Critical	Life-Sustaining
Lifespan	Less than expected	At expected lifespan	1 year passed lifespan	2+ years passed lifespan
Repair Cost	None	<5% cost of machine in two years	5-10% cost of machine in two years	>10% cost of machine in two years
Downtime	No repairs in 2 years	One repair in two years	2-4 repairs	Extensive downtime or > 4 repairs
Spare	More than one spare on-site.	One Spare on-site.	Possible spare in region.	No Spares in region.
Standardization		Standardize by SITE (model can vary if each site is the same)		Standardize REGION (must match other requests that year)
Capacity Need	Can defer 3 years	Can defer 2 years	Can defer 1 year	High need to meet capacity next fiscal.

Protocol

1. The requestor must:

- Complete an Exceptional Request Form and forward it to EFAS Chair.
- Notify the Equipment Funding Allocation Subcommittee (EFAS) by EMAIL

2. The EFAS Chair will:

- Review request for completeness.
- Check funding availability.
- Forward request to EFAS members for comment.
- Seek a recommendation for approval or rejection from EFAS members.
- Advise the requestor of the final recommendation of EFAS when it is made. All Exceptional Requests will be considered promptly, appropriate to the emergency level. The Chair of EFAS will specify a timeframe within which a decision will be made.
- Forward EFAS's recommendation on to the BC RENAL Executive Committee.

3. In making a recommendation, the EFAS will:

- Review the request and make one of the following recommendations:
 - Reject the request.
 - Approve the request as a substitute for an item already approved for the requestor's program, but not yet purchased.
 - Approve the request from contingency or surplus funds.
 - Approve the request as an early purchase for the following year.
 - Recommend the requestor find alternative funding.
- Provincial input will be done via email, or an ad-hoc EFAS meeting, as determined by the Chair.
- Reach final recommendations by a simple majority of the members that participate in the decision.

4. Final approval to proceed with the purchase will be sent by the EFAS Chair or delegate.

Appendix F – Exceptional Request Form

EXCEPTIONAL EQUIPMENT REQUEST FORM			
Section A: To be completed by the Health Authority.			
Date of Request			
Requested By			
Phone Number		Email	
Renal Program		Health Authority	
Section A: Equipment Description			
Item Requested	<input type="checkbox"/> Water Pre-treatment System <input type="checkbox"/> Main Water Treatment System <input type="checkbox"/> RO Water Distribution Loop <input type="checkbox"/> Heat Disinfection System <input type="checkbox"/> Portable RO System <input type="checkbox"/> Hemodialysis Machine <input type="checkbox"/> Vascular Flow Measurement Devices		
Quantity			
Location			
Reason for Request			
Age of Replacement			
Section B: Background Rationale			
Section C: Operating Cost Impact			
Section D: Impact if Not Acquired Now			
Section E: Alternatives			

Section F: Impact of Alternatives

--

Section G: Capital Costs

COSTS MUST BE IN CANADIAN FUNDS

Equipment Cost	
Installation	
Subtotal	
TAXES:PST	
GST	
TOTAL	

Section H: Additional One-Time Costs

--

Section B: To be completed by the Equipment Funding Allocation Subcommittee.

EFAS Decision

Date: MM/DD/YYYY

Approved	Ready for approval from BCR Executive Committee.
Not approved	Denied for EFAS funding due to misalignment with the EFAS mandate.
On hold	Recognizes the proposal while addressing other current priorities.
Withdrawn	Reflects the decision request being withdrawn by the proponent.
Revision required	Indicates the need for further refinements before proceeding. The revised request should be resubmitted after revisions.

EFAS Funding Dollar Amount: _____

Additional comments:

Appendix G - Replacement and Growth Spreadsheets

Replacement and Inventory Spreadsheet

Below is an excerpt from the replacement and inventory spreadsheet for hemodialysis machines, water treatment systems, vascular flow ultrasounds. The spreadsheet is updated each year and shows a 10-year plan for when the existing equipment will need to be replaced as well as the annual budget required for those replacements

BC RENAL HEMODIALYSIS MACHINES, WATER TREATMENT SYSTEMS, AND VASCULAR FLOW MEASUREMENT DEVICES

2024/25 - 2034/35

Replacement Plan & Inventory

Last Updated October 2022

Facility	Mfr	Model	Serial #	PO Year	Hrs. of Use	2022/23	2023/24	2024/25	2025/26	2026/27
Royal Inland Hosp	Baxter/ Gambro	Artis A10	FX014066	2015	11806				\$ 28,000	
Royal Inland Hosp	Baxter/ Gambro	Artis A12	FX022957	2016	11029					\$ 28,000
Royal Inland Hosp	Baxter/ Gambro	Artis A13	FX023011	2016	11870					\$ 28,000
Royal Inland Hosp	Baxter/ Gambro	Artis A14	FX022960	2016	10973					\$ 28,000
Royal Inland Hosp	Baxter/ Gambro	Artis A15	FX022955	2016	10209					\$ 28,000
Royal Inland Hosp	Baxter/ Gambro	Artis A16	FX023015	2016	11287					\$ 28,000
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P17	FX027886	2018	5684					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P18	FX027888	2018	4737					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P19	FX027885	2018	5925					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P20	FX027887	2018	6059					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P21	FX027897	2018	6474					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P22	FX027902	2018	5312					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P23	FX027891	2018	5762					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P29	FX028195	2018	5336					
Royal Inland Hosp	Baxter/ Gambro	Artis Physio P30	FX027893	2018	6246					
Royal Inland Hosp	CWT	CWTSDH DSSHD- 200	2057SDS 1	2019	1257					

Growth Equipment Spreadsheet

An excerpt from the growth plan spreadsheet is shown below for additional hemodialysis machines, water treatment systems and vascular flow measurement devices. This spreadsheet is updated each year and shows a 10-year plan for when additional equipment will be needed to meet the demands from increasing patient numbers. The spreadsheet also provides the annual budget required to purchase the additional equipment.

ISLAND HEMODIALYSIS MACHINES, WATER TREATMENT SYSTEMS, AND VASCULAR FLOW MEASUREMENT DEVICES

2024/25 - 2034/35

Growth Plan

Last Updated October 2022

Region	Facility	Mfr	Model	2022/23	2023/24	2024/25	2025/26	2026/27
Island	Nanaimo Reg Gen Hospital	Fresenius	Portable RO			\$30,000		
Island	Royal Jubilee Hospital	Fresenius	Portable RO			\$30,000		
Island	Campbell River CDF HSDA 43 (8 ST, 12 DM, 10 WB)	CWT	Water System					\$644,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	Campbell River CDF HSDA 43	Fresenius	5008					\$28,000
Island	NRGH Expansion (6 ST, 10 DM, 8 WB)	CWT	Water System					\$520,000
Island	NRGH Expansion	Fresenius	5008					\$28,000
Island	NRGH Expansion	Fresenius	5008					\$28,000

References

- [Budget Transparency and Accountability Act](#)
- [Balanced Budget and Ministerial Accountability Act](#)
- [Capital Asset Management Framework Guidelines](#)
- [Core Policy and Procedures Manual](#)
- [Financial Administration Act](#)