

Regional Renal Programs (RRP) Support Funding Terms of Reference

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Approved by BC Renal Leadership Team: August 2026

The Regional Renal Programs (RRP) support fund is part of the operating budget of BC Renal and is designated life support funding.

Source of Revenue

The funding comes from provincial drugs 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 Leadership Team. This may be reviewed from time to time and is potentially subject to PHSA budgetary direction and restrictions. 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 projects or initiatives in other regions, including uncommitted funds as well as committed funds for projects that fail to launch or invoice BC Renal 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 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, subject to Ministry of Health budgetary direction related to education activities.
- To provide clinical scholar and fellowship funding to sustain medical leadership in nephrology, subject to Ministry of Health budgetary direction.

Considerations for Use of Fund

- Projects must align with provincial strategic priorities, foundational principles and/or initiatives, and consider the work of BC Renal provincial modality advisory panels. [BC Renal strategic priorities for 2023-2028](#) are:
 - Building capacity (people, funding and facilities)
 - Offering earlier intervention and safer care
 - Leveraging technology and innovation
 - Partnering for improvement
- BC Renal foundational principles for 2023-2028 are:
 - Equitable & optimal people-centred care
 - Indigenous wellness
 - Planetary health
- It is advisable that HARPs consult with each other to determine if there is any overlap across regions and if that replication is warranted. BC Renal may request that HARPs combine their efforts when pursuing similar projects. HARPs should avoid redundancy or duplication from previously approved/completed projects in the province. To facilitate visibility into the full spectrum of HARP projects, early in the fiscal year (April-May), BC Renal distributes a projects summary document briefly outlining all approved HARP projects for the current fiscal year (April-March).

Potential uses of RRP funding include:

- Time-limited (project-/initiative-specific) work related to kidney care quality improvement:
 - This may include 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, subject to Ministry of Health budgetary direction.
- 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) attending provincial renal and/or regional renal group meetings (either face-to-face or virtual), subject to Ministry of Health budgetary direction related to travel and accommodation.

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

- Capital expenditures above \$5,000 per approved project per fiscal year.
- 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 health authority expenses.
- 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.

Note: Any requests not covered by these terms of reference will be sent to the BC Renal Leadership Team for further review.

Overtime:

While the fund is not intended to support regular operational costs such as staff overtime, full-time staff who are seconded to approved RRP/PD-funded HARP projects (and whose roles cannot be backfilled for the project duration) may work on the project and claim their regular pay rate for hours worked beyond their standard full-time hours, up to the legally permitted maximum cumulative work hours.

Tracking Staff Project Hours:

To invoice BCR for staff hours worked on approved RRP/PD-funded projects, HARPs must include the following information on each invoice:

- Invoice number
- Project name
- Invoice period

- Staff member's position on the project
- Staff member's hourly pay rate
- Total hours worked
- Subtotal excluding benefits
- Benefits rate and amount
- Total amount billed.

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: *BC Renal - RRP Reimbursement 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 an *RRP Project Accomplishment Report* for each project undertaken in the previous fiscal year by June 30 of the current year, or another date, as requested by BC Renal. Each summary report will reflect on key learnings, impact on the program and the province, as well as costs to date.

Annually, BC Renal will communicate HARP and provincial RRP project and initiative results to the network through a variety of communication channels.

Reports on select projects at Renal Administrators Committee meetings: HARPs will present one project of interest that is applicable to other HARPs on a rotating and ad hoc basis at the Renal Administrators Committee meetings.

Reports on select projects at Province Wide Nephrology Rounds (PWR): HARPs are required to present at least one project at PWR sessions reserved for this purpose. The Renal Administrators Committee may also choose and showcase one HARP project per year during one of the dedicated PWR sessions.

Annual RRP Process Timeline

Step	Category	Process Description	Deadline
1	Initiation of annual RRP funding cycle	Each HARP leadership team will receive notification of projected RRP support funding for the upcoming fiscal year via email.	December 15
2	Submission of <i>RRP Commitment Summary forms</i> and <i>RRP Project Proposal forms</i>	Each HARP will submit the <i>RRP Commitment Summary Form</i> and <i>RRP Project Proposal Forms</i> (Appendix A) to the BC Renal Finance and RRP Fund Administration Team.	January 31
3	Review of project proposal submissions; revisions to proposals	BC Renal RRP Fund Administration Team will collate and review all project proposals and may request revisions; the team may also send some or all of the submissions to BC Renal Leadership Team for review and approval.	February-March
4	Approval notification	BC Renal RRP Fund Administration Team will send confirmation letters to each HARP leadership team outlining approval or rejection and any additional comments and requirements for each of the submitted project proposals.	April 1

5	Dissemination of project proposals summary	BC Renal RRP Fund Administration Team will collate and disseminate a summary of all final approved project proposals (excluding budget commitment and other financial information).	April-May
6	Submission of reports on completed projects	Each HARP leadership team will prepare and submit an <i>RRP Project Accomplishment Form</i> (Appendix B) for each project undertaken in the previous fiscal year.	June 30
7	Dissemination of project results	BC Renal RRP Fund Administration Team will provide an annual summary of HARP and provincial RRP project results to the network.	Late summer/ early fall
8	HARP reports on select projects at PWR	HARPs will present at least one project at the specially reserved PWR sessions.	Throughout fall
9	Deadline for HARP projects to start	All approved HARP projects must start within the first six months of the fiscal year. For special circumstances and exceptions, please see Figure 1 below.	September 30
10	Reallocation of funds by BC Renal	BC Renal RRP Fund Administration Team will reallocate uncommitted HARP funds, to be used for provincial or other regional projects and initiatives. BC Renal RRP Fund Administration Team 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).	October 1
11	Review of ongoing projects	HARPs and BC Renal RRP Fund Administration Team will meet to review progress of projects and invoicing, explore opportunities to reallocate unused funds to regional or provincial initiatives.	October-January
12	Second reallocation of funds by BC Renal	Any remaining uncommitted funds and 100% of funds from approved projects that haven't started/ haven't invoiced BCR will be reallocated to either:	January 1

		a) HARPs where projects have fully utilized budget and require additional dollars; or b) provincial use.	
13	Next fiscal year project proposals preparation	HARP undertake planning for and preparation of project proposals for the next fiscal year. BC Renal RRP Fund Administration Team is available to consult with HARPs in this process.	December-January

Figure 1. Project Start Timelines and Funding Reallocations

April	May	June	July	August	September	October	November	December	January	February	March
All approved projects must start between April 1 and September 30						Projects may be approved to start between October 1 and December 31 if a valid justification is provided			Projects cannot start between January 1 and March 31, except in special circumstances (e.g., World Kidney Day event in March; patient engagement and education day in February). Proposals with start dates in this period will usually be automatically rejected.		
						As of Oct 1			As of Jan 1		
						Reallocation: All uncommitted funds and 50% of funds from approved projects that haven't started/ haven't invoiced BCR will be reallocated for redistribution			Reallocation: Any remaining uncommitted funds and 100% of funds from approved projects that haven't started/ haven't invoiced BCR will be reallocated to either: a) HARPs where projects have fully utilized budget and require additional dollars; or b) provincial use		

Note: Additional funds cannot be added to a project budget until 75% of the original allocated budget has been invoiced.

RRP-Related Documents on BC Renal Website

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

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

Appendix A: RRP Project Proposal Form

RRP and PD Support Funds Project Proposal Form



Project to be supported by which fund	☐ RRP ☐ PD
Health Authority Renal Program	
Project name	
Project manager/lead	
Project objective(s) and short description	
Alignment with (as applicable): • BC Renal/HA strategic plan • Provincial Advisory Panel(s) strategic priorities/projects	
Anticipated outcomes/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)) – please specify source: HARP vs BC Renal	
Breakdown of RRP/PD-covered costs: • PM/ lead, salary and benefits, etc. • Physician sessional fees • Licenses, registration fees, etc. • Equipment, supplies • Travel, lodging, per diem • Other costs • TOTAL COSTS	

Prepared by:

Name	Date
       	
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Appendix B: RRP Project Accomplishment Form

RRP and PD Support Funds Project Accomplishment Form



Project is supported by which fund:	RRP PD
Project name	
Project manager/supervisor	
Project costs (actual vs. budgeted costs)	
Key accomplishment and learnings	
Unanticipated barriers or issues	
How will the project outcomes be applied within the HARP?	
How will the project outcomes be applied within the BC renal network?	
Recommendations for next steps	

Prepared by:

Name	Date








