

# BC PROVINCIAL RENAL AGENCY STRATEGIC PLAN



**BC Renal Agency**

An agency of the Provincial Health Services Authority

**August 2007**



[www.phsa.ca](http://www.phsa.ca)

[www.bcrenalagency.ca](http://www.bcrenalagency.ca)



The BC Provincial Renal Agency (BCPRA), a part of the Provincial Health Services Authority since 2002, is a virtual organization. We work with and for the renal community, particularly the health authorities and personnel delivering front-line care, in order to ensure integrated high quality care for patients living with kidney disease in BC. By collaborating with multidisciplinary clinical and administrative teams in each health authority renal region, the BCPRA has demonstrated accountability and innovation in its approaches to improving access to care.

Our environment is changing and we are acutely aware of both the opportunities and challenges that lie ahead of the renal community and the BCPRA as a PHSA agency. The growing population of patients with kidney disease is clearly a challenge for limited human and financial resources, as are the increasing costs of technologies and drug therapies. Collaboration and integration with our partners and stakeholders will be essential to finding viable approaches and solutions to address these challenges.

The framework and core content of this plan was developed three years ago in collaboration with the BC renal care community. It has continued to provide solid direction and guidance to BCPRA as we've moved forward on various initiatives and strategies. In spring 2007, BCPRA's executive team identified a need to review and reshape our mission, vision and values within the context of a thorough environmental scan and analysis of our driving forces. While the core themes and overall direction have remained the same, our planning process has highlighted the need for stronger alignment between our goals/objectives and our organizational capacity, with overt recognition of the impact of our matrix relationships with the health authority renal programs. We continue to be engaged in this planning process, which will be completed this fall and will include a comprehensive operational/business plan. In the interim, we have revised this plan to reflect our work to date.

Reflective of our core mandate, this document integrates clinical care, research and administrative responsibilities into a cohesive plan that maximizes resources and outcomes with minimal duplication of effort. Underlying all BCPRA activity is a focus on patients living with kidney disease, and more specifically, their quality of life.

The following strategic priorities will guide our work in the coming year:

- Strengthen the kidney care continuum by improving early diagnosis and the prevention of kidney disease progression.
- Ensure provision of effective and cost efficient kidney care.
- Provide evidence based decision-making.
- Improve BCPRA capacity (strategic intent, leadership, structure, people and systems) to achieve its mission.

The BCPRA is also committed to encouraging research and education within the province that is aligned with our overall priorities and which will enhance care delivery either directly or through the expansion of knowledge.

Partnerships and collaborative efforts will be critical to implementing these strategies and realizing our objectives. Without the commitment of all members of the renal community including patient support groups, the functioning of the BCPRA would not be possible. Over the next five years, the renal community will face significant challenges; with this strategy we hope

to be able to rise to those challenges, meet the needs of those requiring renal care, and improve patient outcomes.

Dr. Adeera Levin  
Provincial Executive Director  
BC Provincial Renal Agency

# Table of Contents

The BCPRA – Who We Are and What We Do	6
Committees and Working Groups	9
BCPRA Achievements at a Glance	10
Looking Forward: Opportunities and Pressures	11
Our Strategic Priorities	13
Strategic Action Items	16
Appendix 1: BC Renal Networks	18

## The BCPRA – Who We Are and What We Do

The BC Renal Agency was created in 1997 and is the only renal network of its kind in Canada, operating as a virtual organization with a centralized secretariat and decentralized care delivery model in partnership with health authority renal programs.

Through linkages to these programs and other organizations, BCPRA coordinates all aspects of kidney care related to service delivery, funding, research and education, patient support, and government liaison.

While the organization was founded to provide cohesive and integrated planning for patients requiring life support therapy in the form of dialysis treatments, growing recognition of the need to improve patient care prior to dialysis has resulted in a shift in focus from reacting to patient needs as they arise to proactive care. This has included the development of integrated professional and paraprofessional clinical teams and processes to ensure best care for patients.

The cornerstone of the BCPRA's activities continues to be the development and maintenance of a unique database (PROMIS) that leads the country with respect to using data to develop evidence-based benchmarks with input from the community, and supports all aspects of renal care delivery and planning.

This sophisticated tool provides real-time, accurate data supporting a broad range of functions, all focused on two key outcomes – better health for people with kidney disease and the best use of health-care resources. With data collected from BC's 35 renal units, PROMIS supports individual patient management, renal unit management, continuous quality improvement and research, and outcomes-based planning.

As an agency of the Provincial Health Services Authority (PHSA), BCPRA is accredited through the Canadian Council on Health Services Accreditation (CCHSA), receiving a three-year accreditation award in December 2005. CCHSA recognized our information system/database (PROMIS) in their annual report as a "Leading Practice."

### Mission

Integrating knowledge and practice for better kidney health.

### Vision

An innovative, integrated health system resulting in outstanding care for patients living with kidney disease.

### Values

#### **Patient-focused**

We are passionate about, and dedicated to, improving the lives of those with kidney disease. Our success is measured through patients' access to care, health outcomes and quality of life.

#### **Partnerships**

We value and actively support partnerships with patients, as well as a range of institutions and organizations.

#### **Knowledge-based**

Our work – be it clinical, financial or administrative – is informed by the best available knowledge, research and evidence.

#### **Solution-oriented**

BCPRA is a nimble, streamlined network that works collaboratively to develop innovative solutions for clinical and systemic challenges and barriers.

#### **Flexibility**

BCPRA strives to create a flexible, supportive and positive environment for staff that fosters commitment and a sense of meaningful contribution.

## What we do

Our core business is to ensure the delivery of province-wide health services to patients with kidney disease, both from planning and funding perspectives. However, our mission – which is embraced by the organization and the renal programs with which we collaborate – is to integrate knowledge and practice for better kidney health. This includes:

- Developing province-wide standards and guidelines.
- Measuring, monitoring and reporting on outcomes of both patients and the system.
- Engaging in evaluation and continuous improvement initiatives.
- Fostering the creation of knowledge and innovation through research and teaching.
- Developing leading-edge financial models to processes to support optimal health outcomes.

## How we connect with other parts of the BC health system and the PHSA

The agency functions as a provincial resource by serving as a repository for key information regarding kidney patients, ensuring adequate funding for all patients with kidney disease irrespective of the health authority in which they reside. The BCPRA works to ensure that the health authorities are provided with necessary, appropriate and timely information to facilitate long-term planning for their region.

The BCPRA has linkages to a variety of organizations, both formally and informally:

- **Health authorities/hospitals:** Front-line care to kidney disease patients is delivered by eleven hospitals and more than 24 community clinics in BC's five regional health authorities. For each, support for funding, accountability and information systems is imperative to the delivery of care and is provided by BCPRA.
- **PHSA:** BCPRA has links with many PHSA programs/agencies including the BC Transplant Society, Cardiac Services, and BC Children's Hospital (the sole location where children with kidney disease can access services). BCPRA also participates in the PHSA's information, finance and population health initiatives.
- **Research and education:** BCPRA has collaborated with and sponsored research activities with the UBC Division of Nephrology, the Centre for Health Evaluation and Outcome Services, and Kidney Foundation research committees. BCPRA collaborates regularly with the Provincial Immunology Lab and Cardiology Research group at UBC. Collaboration with the BC Institute of Technology has fostered 'accelerated time frame' training opportunities for nephrology specialty nursing students and the promotion of the technical program. Vancouver Community College and BCPRA work closely in delivering the Renal Technician training program.
- **Collective efforts:** The chronic disease management group at the Ministry of Health has fostered a strong alliance with the BCPRA in the development of some key strategic initiatives including alliances with the BC Association of Laboratory Physicians, the BC Medical Association, the Guidelines Protocol Advisory Committee, and the Kidney Foundation.
- **Common interest support:** BCPRA has long-standing relationships with the Kidney Foundation of BC, Chinese Renal Patients' Association, Vancouver Island Renal Patients Association and the Canadian Collaborative Nephrology Clinical Research Groups (CREDA: Canadian Renal Disease Alliance Group).

## Who we serve

The BCPRA serves:

- BC and Yukon Territory residents with kidney disease, with a particular focus on those with reduced kidney function and/or those requiring renal replacement therapy.
- Kidney disease caregivers, educators and researchers.

Clinical/service programs include chronic kidney disease clinics, peritoneal dialysis, home hemodialysis, in-hospital hemodialysis, and community hemodialysis. These services are provided through 11 hospitals and 24 community dialysis centres throughout the province.

<p><b><u>FRASER HEALTH</u></b></p> <p>Royal Columbian Hospital Surrey Memorial Hospital Abbotsford Limited Care Dialysis Unit Newton Community Care Dialysis Unit Tri-Cities Community Dialysis Unit</p> <p><b><u>INTERIOR HEALTH</u></b></p> <p>Kelowna General Hospital Penticton Regional Hospital Rutland Community Dialysis Centre Vernon Community Dialysis Centre Royal Inland Hospital Williams Lake Community Dialysis Unit Kootenay Boundary Regional Hospital Cranbrook Renal Facility Sparwood Dialysis Unit Invermere Dialysis Unit Creston Dialysis Unit Grand Forks Dialysis Facility</p> <p><b><u>NORTHERN HEALTH</u></b></p> <p>Prince George Regional Hospital Fort St. John Dialysis Center Northwest (Terrace) Community Hemodialysis Unit</p>	<p><b><u>VANCOUVER ISLAND HEALTH</u></b></p> <p>Royal Jubilee Hospital Cumberland Community Dialysis Facility Duncan Community Dialysis Unit Nanaimo Community Dialysis Unit Port Alberni Community Dialysis Unit Victoria Community Dialysis Unit</p> <p><b><u>VANCOUVER COASTAL HEALTH/PROVIDENCE HEALTH CARE</u></b></p> <p>Vancouver General Hospital &amp; HSC St. Paul's Hospital Vancouver Community Dialysis Unit North Shore Community Dialysis Unit Powell River Community Dialysis Unit Richmond Community Dialysis Unit Sechelt Community Hemodialysis Unit Squamish Community Hemodialysis Unit</p> <p><b><u>PROVINCIAL HEALTH SERVICES AUTHORITY</u></b></p> <p>BC Children's Provincial Renal Program</p>

## Committees and Working Groups

The success of BC's renal programs and services depends on work undertaken across our network through a wide range of committees and working groups. Current committees and groups include:

**Executive Committee:** Provides strategic direction to BC's regional renal programs to ensure consistent delivery of services across the province.

**Medical Advisory Committee:** Advises the BCPRA on best medical practices within the provincial renal care community, and serves as a forum for physicians to discuss medical issues and care strategies.

**Renal Resource Management and Planning Steering Committee:** Enhances strategic decision-making with respect to resource allocation, and supports fiscal responsibility and accountability, as well as timely access and quality of care.

**Information Management/Information Systems (IM/IS) Steering Committee:** Develops an overall strategic plan and facilitates ongoing development and implementation of provincial renal information systems to support seamless clinical care, administrative and research activities.

**Pharmacy and Formulary Review Committee:** Determines the list of drugs most appropriate for the care of renal patients based on the best available evidence, and helps facilitate medication best practices across the province.

**Innovative Approaches to the Management of Hemodialysis (IAMHD):** Provides overall direction to the groundbreaking, provincially-coordinated independent dialysis program, which includes both home hemodialysis and self-care within dialysis units.

**PD Clinicians' Group:** Enhances the education and implementation of best practices for peritoneal dialysis (PD) patients, and ensures the appropriate delivery of services through provincial contracts. Strategizes regarding new methods and techniques to improve the outcomes of PD patients, as well as increasing the number of patients on PD across BC.

**Provincial Vascular Access Services Team (PVAAT):** Works to improve vascular access issues across BC, including developing provincial standards and supporting system changes. (Vascular access refers to the fistula or graft surgically inserted in a patient's body to allow easy connection between blood vessels and the dialysis machine.)

**End-of-Life (EOL) Working Group:** Works to improve end-of-life care for kidney patients by enhancing training for health-care professionals and by helping health authority renal programs develop and implement strong end-of-life care in the renal setting.

### Professional Groups

- Dietitians
- Renal Managers
- Biomed Technicians
- Pharmacists
- Social Workers
- Nurses

## BCPRA Achievements at a Glance

The BC Provincial Renal Agency (BCPRA) is the driving force behind the BC renal network, a model unique in Canada and internationally, designed to improve patient quality of life and outcomes, and to support sound fiscal management and system sustainability. Among our top achievements:

- BCPRA has been praised by national reviewers for operating the only province-wide integrated registry for kidney disease patients (PROMIS), and for covering all medication required by dialysis patients. PROMIS leads Canada with respect to developing benchmarks and supports all aspects of renal care delivery and planning.
- BCPRA is a key partner in a province-wide lab initiative to promote early identification of kidney disease. The first collaborative approach of its kind in North America, this initiative standardized measurement and reporting of kidney function across BC labs. This is critical, as lab tests trigger 75 percent of medical decisions, and inaccurate test results and interpretation lead to incorrect diagnoses and incorrect or lack of treatment.
- BC is the only province in Canada with a provincially-coordinated independent hemodialysis program with local implementation. This groundbreaking program promotes optimal patient care and system sustainability.
- BC is the only province in Canada with provincial standards for vascular access creation, maintenance and repair. Vascular access refers to the surgical insertion of a fistula or graft to provide access to the bloodstream for dialysis. Many patients have repeated problems with their vascular access, placing additional demands on the already-stretched health system.
- BCPRA has developed provincial renal program guidelines, which provide a methodology and set of principles for health authorities and institutions to follow in the management and ongoing development of care programs. Marking a national first, these guidelines have been formally endorsed by the Ministry of Health. The guidelines support equitable distribution of high quality renal care to patients across BC, and guide prioritization for new program development, which is critical in the context of increased requests for services in communities across BC and limited resources.
- BCPRA has a provincial Peritoneal Dialysis Clinicians' group dedicated to developing standards of care specific to PD patients and increasing the PD rates in BC. They are already amongst the best in Canada, but we are hoping to achieve even higher rates.
- BCPRA has developed a patient-focused funding/resource management model that is unique in Canada. This model provides a more accurate assessment of costs and enables flexible, patient-focused, multidisciplinary care based on patient needs.
- Year after year, BCPRA and the health authority renal programs have expanded access to services, including a 25 percent increase in dialysis chairs and significant expansions to Chronic Kidney Disease (CKD) clinics since 2002. (CKD clinics provide services to patients diagnosed with kidney disease who do not yet require dialysis.)

- BCPRA is a leader in the health system’s paradigm shift toward a *disease cluster* approach that recognizes the strong links among kidney disease, heart disease and diabetes. To this end, BCPRA is playing a key leadership role in the implementation of a \$6.7 million Health Innovation Fund project that will see the development of coordinated specialty care models in communities throughout BC to improve health for patients with these conditions and reduce redundancies and inefficiencies in the health system.

## Looking Forward: Opportunities and Pressures

### Service drivers

Kidney disease is a silent, incurable and all-to-often deadly illness, closely tied to diabetes and heart disease. As the population continues to age, the number of people with kidney disease continues to increase, resulting in growing pressures on the health system, as outlined in the growth charts below. This significant year-on-year growth has underscored the importance of early identification and treatment strategies, and has led to a greater focus on supports for patient self management and independence.

	July 2002	July 2007	Average % increase per year
Number of patients receiving*:			
<b>Pre-dialysis clinics/ CKD clinics (including MD offices)</b>	<b><u>2,356</u></b>	<b><u>8,106</u></b>	<b><u>28%</u></b>
Hospital-based hemodialysis	915	1,096	4%
Community unit hemodialysis	478	690	8%
Home-based hemodialysis	20	131	65%
Peritoneal dialysis	527	645	4%

Note: \*The above patient numbers are in terms of patient years defined as:

- *hemodialysis* is funded per patient year with an average of 156 runs per year.
- *predialysis/CKD* is funded per patient year with an average of eight follow-up clinic visits including patient education sessions.
- *peritoneal dialysis* is funded per patient year with an average of 10 follow-up clinic visits including patient training sessions.

Within the context of the above-outlined patient growth, there are significant internal and external influences that will shape our ability to move forward strategically. The internal issues include the multiplicity of pressures and accountabilities felt by all renal care workers with respect to the institutions, the health authorities, the BCPRA’s greater renal community and patients. The integrated system, which uniquely coordinates different aspects of renal care, is significantly challenged by competing pressures to be accountable to several organizations, each with

independent leadership and priorities. Furthermore, a shortage of trained nurses, dieticians, pharmacists, educators and physicians is a problem within the context of the growing community and expectations. External influences include the growing patient group of diabetics and those surviving heart disease and other diseases. These 'external' factors will impact the need/demand for services.

### **External influences**

The external trends (i.e. outside the control/mandate of the agency) that will have a significant influence on the BCPRA in the coming three to five years include:

- Lack of funding to ensure that strategic initiatives are implemented. In a constrained financial environment, the additional costs of change in systems and methods of caring for patients with kidney disease may not be available.
- Social trends and demographic trends (which include the erosion of the nuclear family and thus limited support for independent-based care strategies), and migration of high-risk populations to BC (elderly, diabetics, heart disease patients) will certainly strain the resources and may change the current forecast of eight to 10 per cent growth of dialysis demand.
- Lack of human resources (i.e. MDs, nurses, pharmacists, and allied health professionals) will impact on the ability to both deliver current care and develop a viable set of changes within a resource-constrained environment. These trends may seriously impact our ability to change existing systems due to fatigue and burnout of existing staff, as well as the true overwhelming nature of the growth of the community.
- The BC cardiac registries group and BCPRA could work collaboratively to ensure that the high-risk population (with heart disease and kidney disease) are identified early and to maximize the potential for strategies that prevent the need for dialysis care.
- Kidney patients have an overwhelming burden of cardiovascular disease, thus important initiatives to ensure appropriate diagnosis, management and improved outcomes of these patients is key. Furthermore, of all cardiac patients in BC, it is estimated that approximately 40 per cent of them have some degree of kidney dysfunction. Improved integration of clinical care, information systems and research endeavours will serve both populations well.
- The BC Transplant Society and BCPRA could work more closely together to ensure maximum efficiency and effectiveness of administrative and clinical human resources (i.e. many of the nephrologists care for both transplant and non-transplant kidney patients).

### **Internal influences**

The strengths and successes internal to the Agency that the BCPRA can build upon include:

- The BCPRA has proven synergies and long-standing relationships with all of the key organizations in the provincial renal community and most predominantly the health authorities responsible for delivering direct care. The strength of the BCPRA collaborative approach, using clinical and administrative representation from all health authorities, has led to improving issue clarity and problem solving on a provincial basis.

- Provincial contracts, guidelines and standards are all proven, successful projects and processes spearheaded by the BCPRA have led to improved resource utilization and patient outcomes.
- The PROMIS database has proved useful in demonstrating accountability and facilitating planning activities based on real data. This could be more overtly utilized if more appropriately recognized by each of the health authorities and renal programs as essential to disease research, prevention and management, and care delivery.
- Being a member of the PHSA may support more rapid and extensive collaboration with other key PHSA organizations and facilitate system-wide perspectives and problem solving. This would be particularly useful in furthering the continuum of care approach that BCPRA has adopted.

The trends and influences within the agency that will influence future strategies include:

- Current human resources within the BCPRA secretariat are becoming inadequate to support the multiple functions and accountabilities (to each health authority, PHSA, Health Authority Renal Programs and working groups etc). This \$137 million enterprise is supported by an administrative/ organizational budget of less than two per cent of its total budget. While the intent has always been to maintain a lean administrative organization, the current demands are rapidly outgrowing the current resources. Again, within limited budgets it is difficult to ask for further financial resources other than for those directly related to patient care.
- The BCPRA is well positioned to respond to challenges given its flexibility, adaptability, history of collaboration and creative problem solving.

Being part of the PHSA poses distinct challenges including the need to focus some of the resources of the BCPRA towards the corporate needs of the PHSA; given the structure and original mandate of the BCPRA these tasks, while important, are redirecting resources and time away from the renal community and towards the PHSA. Given the value of the PHSA, this challenge is relative.

## **Our Strategic Priorities**

### **Strengthen the kidney care continuum by improving early diagnosis and prevention of kidney disease progression**

- Accurately assess the true burden of chronic kidney illness in BC, using population health strategies. This will include determination of true point and period prevalence of co-morbid diseases associated with kidney disease, and other chronic diseases associated with CKD. Implement population health strategies to reduce this burden, monitoring progress over time.
- Continue to build upon the success of a province-wide lab initiative to promote early identification of kidney disease, the first collaborative approach of its kind in North America. This is critical, as lab tests trigger 75 per cent of medical decisions, and inaccurate test results and interpretation lead to incorrect diagnoses and incorrect or lack of treatment.
- Assess the education and training needs of professionals, caregivers and patients with kidney disease. Work in partnership with health authorities, non-profit agencies and the private sector to ensure appropriate resources and plans are implemented for those needs.

- Develop and implement recruitment, retention and succession plans for health-care professionals and allied health-care professionals in order to ensure patients continue to receive the highest quality kidney care.
- Promote living donation and pre-emptive transplantation for patients with kidney disease thereby reducing the need for dialysis and increasing patient quality of life.

## **Ensure provision of effective and cost efficient kidney care**

- Continue to enhance and expand the comprehensive, province-wide independent care program of dialysis delivery and modality choice, such that individual patients and groups of patients are receiving appropriate care in the appropriate facilities/ location to foster independence and health.
- Continue to enhance and further develop the Renal Resource Management Model for the care of adult and pediatric patients with kidney disease, which aligns incentives and patient outcomes in a fiscally responsible manner. Related future goals include:
  - a. Modify and validate financial models that:
    - ❑ Capture the flow of patients through the health-care system within the context of renal care.
    - ❑ Reflect both the direct and important indirect costs of renal patient care (i.e. include vascular access creation and maintenance).
    - ❑ Develop gap analysis in the model using processes like time & motion studies
    - ❑ Help ensure linkages between financial models and best practices.
  - b. Ensuring cost effective practices and decision-making within the context of chronic kidney disease.
- Continue to facilitate medication best practices across the BC renal care community through the implementation of a pharmaco-economic strategy. The implementation of best practices processes in the management of expensive medications could save an estimated 5-10 percent of the approximately \$30 million renal drug budget. By using medication in a fiscally responsible manner, BCPRA will be able to either expand the list of formulary offerings at little additional cost, or provide more individuals with current drugs, at little additional cost.
- Continue to support a Provincial Vascular Access Services initiative that will promote and support the implementation of system changes to leverage improvements in vascular access services.

## **Provide evidence-based decision making**

- Continue to modify and implement a consolidated renal/chronic disease data management system (PROMIS) that provides important clinical, educational, qualitative, administrative and research data about patients living with kidney disease (both prior to and after receiving renal replacement therapy) and

- a. Permits efficient and effective care of patients.
  - b. Maintains an accountability framework within the context of agreed-upon clinically relevant performance measures.
  - c. Interfaces with multiplicity of systems, to avoid duplication of data entry.
  - d. Provides a model for chronic disease management databases and health outcomes research initiatives.
  - e. Enables the BCPRA to become a national resource for benchmark data and models of care delivery.
- Ensure that education and research endeavors align to enhance care delivery, and demonstrate delivery, accountability and fiscal responsibility, while ensuring state-of-the-art care for patients with kidney disease.

### **Improve BCPRA capacity (strategic intent, leadership, structure, people and systems)**

- Develop and implement an annual performance review process (including a bi-annual meeting between a manager and all their direct reports to assess progress) by March 31/08 and renewed annually thereafter.
- Implement all staff meetings to be held at least quarterly, effective September 2007.
- Implement an organizational structure and internal systems that will clarify and cascade accountability and authority to reduce confusion and duplication.
- Ensure required human resources are retained and attracted to ensure the right people are in the right place doing the right things.

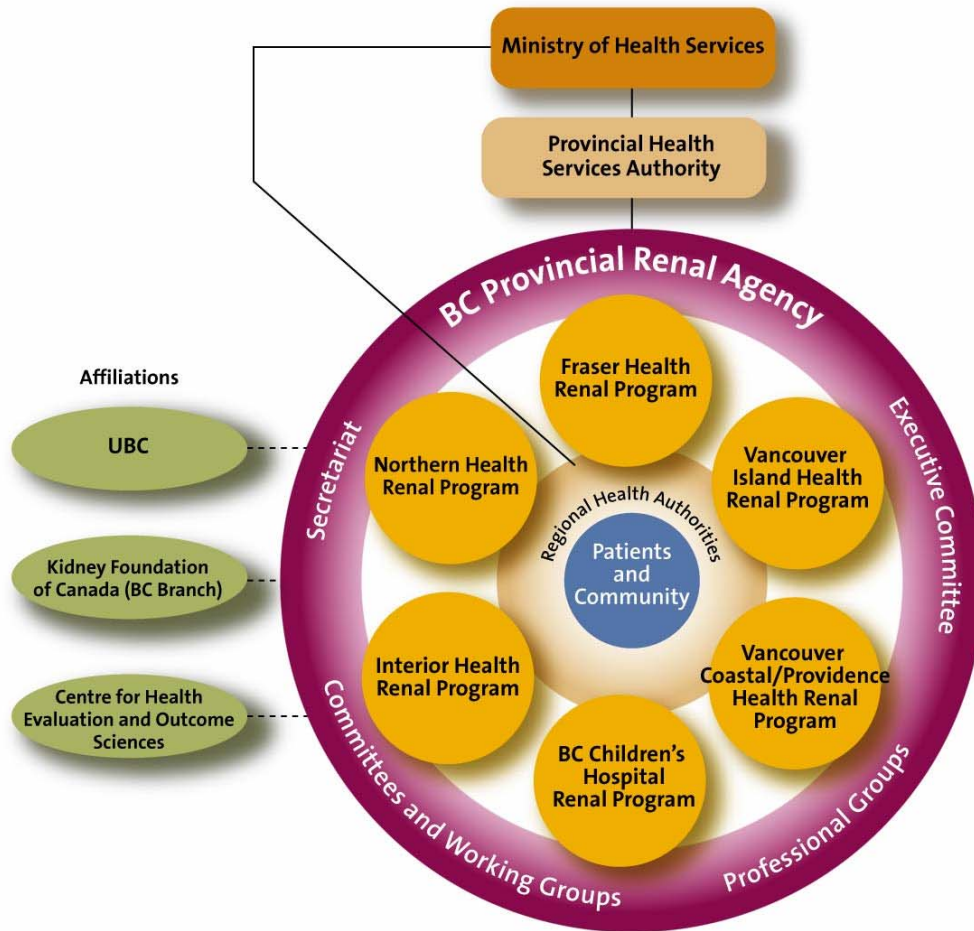
## Strategic Action Items

Priority 1	<b>Strengthen the kidney care continuum by improving early diagnosis and prevention of kidney disease progression</b>
Action Item:	Assess the true burden of chronic kidney illness in BC, using population health strategies.
Action Item:	Assess the education and training needs of professionals, caregivers and patients with kidney disease, and ensure appropriate resources and plans are implemented for those needs.
Action Item:	Develop and implement recruitment, retention and succession plans for health-care professionals and allied health-care professionals in order to ensure patients continue to receive the highest quality kidney care.
Action Item:	Continue to build upon the success of a province wide lab initiative to promote early identification of kidney disease, the first collaborative approach of its kind in North America. This is critical, as lab tests trigger 75 per cent of medical decisions, and inaccurate test results and interpretation lead to incorrect diagnoses and incorrect or lack of treatment.
Action Item:	Promotion of living donation and increased pre-emptive transplantation for patients with kidney disease by working in partnership with the BC Transplant Society.
Priority 2:	<b>Ensure provision of effective and cost-efficient kidney care</b>
Action Item:	Enhance and expand the comprehensive, province-wide independent care model of dialysis delivery and modality choice.
Action Item:	Continue to enhance and further develop the Renal Resource Management Model for the care of adult and pediatric patients with kidney disease, which aligns incentives and patient outcomes in a fiscally responsible manner.
Action item:	Continue to facilitate medication best practices across the BC renal care community through the implementation of a pharmaco-economic strategy. The implementation of best practices processes in the management of expensive medications could save an estimated five to 10 per cent of the approximate \$30 million renal drug budget. By using medication in a fiscally responsible manner, BCPRRA will be able to either expand the list of formulary offerings at little additional cost, or provide more individuals with current drugs, at little additional cost.
Action Item	Continue to provide leadership and support for a Provincial Vascular Access Services initiative that will promote and support the implementation of system changes to leverage improvements in vascular access services.
Priority 3:	<b>Provide evidence-based decision making</b>
Action Item:	Continue to modify and implement a consolidated renal/chronic disease data management system (PROMIS) that provides important clinical, educational, qualitative, administrative and research data about patients living with kidney disease.
Action Item:	Ensure that education and research endeavours align to enhance care delivery, and demonstrate

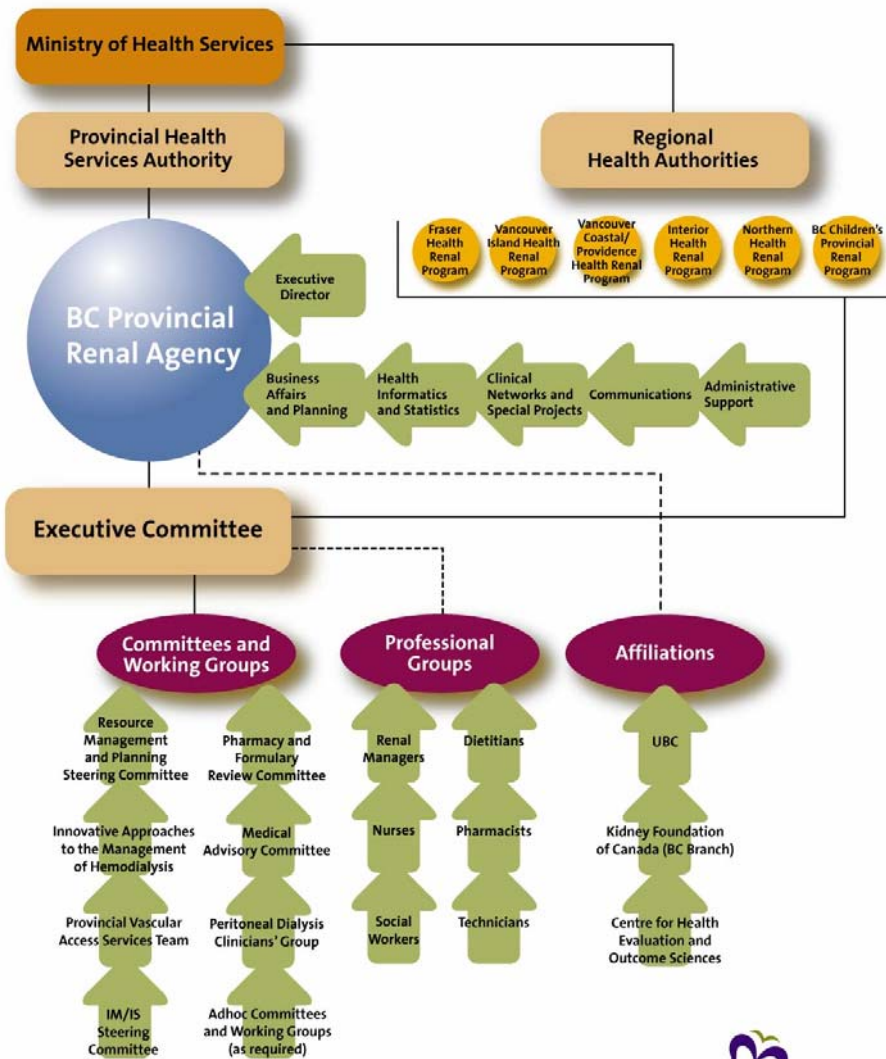
	delivery, accountability and fiscal responsibility, while ensuring state of the art care for patients with kidney disease.
Priority 4:	<b>Improve BCPRA capacity (strategic intent, leadership, structure, people and systems)</b>
Action Item:	Develop and implement an annual performance review process (including a bi-annual meeting between a manager and all their direct reports to assess progress) by March 31/08 and renewed annually thereafter.
Action Item:	Implement all staff meetings to be held at least quarterly, effective September 2007.
Action item:	Implement an organizational structure and internal systems that will clarify and cascade accountability and authority to reduce confusion and duplication.

# Appendix 1: BC Renal Networks

## BC Renal Networks



Spring 2005



Note: Subcommittees struck as required.



**BC Renal Agency**  
An agency of the Provincial Health Services Authority

Spring 2006