

Category	Description
<p>1. Purpose</p>	<p>The purpose of the BC Renal Executive Committee is to provide a forum for the discussion of the strategic directions of renal care provision at the provincial and the health authority renal programs (HARPs) levels to ensure delivery of renal services is consistent across the province, and to find solutions to significant issues involving:</p> <ul style="list-style-type: none"> • Access to patient-centred care. • Quality of care. • Appropriate resources. <p>The BC Renal Executive Committee will serve to enhance:</p> <ul style="list-style-type: none"> • Strategic decision-making. • Efficiency and effectiveness. • Planning. • Effective bi-directional internal and external communications. <p>Pursuant to s. 51(b.1) of the <i>Evidence Act</i>, the BC Renal Executive Committee, and the BC Renal modality committees, sub-committees and groups reporting to it and/or delegated by it, is authorized, directed by, and reports to the Boards of the Provincial Health Services Authority and the BC Health Authorities and Providence Health Care to evaluate, control and report on clinical practice in a hospital / health authority / multiple hospitals / health authorities, including community dialysis units (CDUs), in order to continually maintain and improve the quality and safety of patient care in the hospital(s) / health authority(ies), or otherwise perform a function for the appraisal and control of the quality of patient care in the hospital(s)/health authority(ies). The BC Renal Executive Committee may delegate its quality of care review functions to appropriate sub-committees or individuals charged with quality of care investigative functions.</p>
<p>2. Responsibilities</p>	<p>Direction Policy</p> <ol style="list-style-type: none"> 1. Strategic Plan <p>To develop a strategic plan that ensures the delivery of timely and effective high-quality care to patients living with chronic kidney disease in British Columbia.</p> 2. Alignment <p>To ensure all strategic decisions and initiatives of the health authority renal programs and BC Renal are aligned with the mission, vision, values and strategic direction of the Ministry of Health, Provincial Health Services Authority and respective Health Authorities.</p> 3. Committee Structure

To ensure decisions made are implemented in the regions with sensitivity to local context, there is representation from each of the Health Authorities, at senior executive and clinical care leadership levels.

The committee is structured to reflect the integrated nature of BC Renal, and each of the committees that report to the Executive are similarly structured with inter-HA and multidisciplinary representation. Support by each of the Executive Committee members for the existence and deliverables of each committee / task force is expected.

4. Initiatives

The Executive Committee members facilitate the championing of initiatives that improve the operational effectiveness and efficiency of all renal programs, e.g. quality improvement initiatives, information systems, and resource management throughout the province.

Ensure Quality and Safety of Care Delivery

1. Advocating for Quality Care

To represent the interests of the renal community to the PHSA and to senior administration at the Health Authorities in terms of timely access for quality, patient-centred kidney care services across the province.

2. Ensuring Quality and Safety of Care

- To request and receive regular reports on renal Quality Improvement / Risk Management (QI/RM) programs from BC Renal committees and groups.
- To request and receive regular follow-up documentation on patterns and trends related to QI/RM activities.
- To delegate the responsibility to conduct quality and safety assurance reviews of specific critical incidents and adverse events, and QI/RM activities in general to the BC Renal modality committees and, as appropriate, other sub-committees reporting to the Executive Committee including, without limitation:
 - The BC Renal Kidney Care Committee;
 - The BC Renal Hemodialysis Committee;
 - The BC Renal Home Hemodialysis (HHD) Committee;
 - The BC Renal Peritoneal Dialysis (PD) Committee;
 - The BC Renal Palliative Care Committee (PCC);
 - The BC Renal Glomerulonephritis (GN) Committee;
 - The BC Renal Pharmacy & Formulary Committee; and
 - The BC Renal Administrators Committee.

	<ul style="list-style-type: none"> • To facilitate resolution of QI/RM problems or issues by the provision of suggestions, advice, feedback, and recommendations to BC Renal, its modality committees and groups as well as HARPs. • To commission, facilitate, and report out on, quality review activities. • To report regularly to the PHSA Board and, through HA Executive participants, to other sponsoring HA Boards of Directors, on the status of renal QI/RM activities and quality and safety assurance reviews, if any. <p>3. Multiple Discussion Input</p> <p>To establish systems and processes that ensure collaborative work with renal programs, Health Authorities and multi-disciplinary teams. The goal is to ensure process and system integration of clinical care within and across programs in the province.</p> <p>4. Allocation of Resources</p> <p>1) Appropriate and Adequate Funding</p> <p>To set direction and develop policies based on input from the renal community, standards and guidelines, and aligned with the renal resource management model to allocate resources to the regions.</p> <p>To develop policies and procedures to facilitate solutions to interdisciplinary, inter-clinical programs and intra-provincial conflicts in decision-making where more than one health provider or health authority is involved.</p> <p>2) Allocation Based on Data</p> <p>To ensure effective systems are in place for comprehensive and appropriate data collection for the purpose of projecting growth trends, monitoring performance and ensuring that evidence-informed care is universally applied.</p> <p>3) Regional Equity</p> <p>Using the renal resource management model as a guiding document, ensure an equitable distribution of resources across the province (within and between) regions to accommodate unforeseen circumstances/situations that require collaboration among regions.</p>
<p>3. Deliverables</p>	<p>1. To review the clinical and resource management outcomes measurements for Service Plan, Performance and Accountability Agreements with the PHSA and the health authority renal programs; and to identify key areas required for change or modification. To facilitate communication of those key indicators and outcomes at a regional level.</p> <p>2. To communicate program changes that may impact other programs and services, and work together to ensure each clinical program remains aligned with other programs, services and the organization as a whole.</p>

	<p>3. To provide a mechanism and process for issues and conflict resolution, provide support and guidance to committees trying to effect changes and to monitor progress or negotiate.</p>
<p>4. Composition</p>	<ul style="list-style-type: none"> • Executive Director of BC Renal. • Executive Vice President, Clinical Policy, Planning & Partnerships. • Health authority renal program (HARP) representatives including executive sponsors, medical directors – kidney services and renal administrators (inclusive of the paediatric program). • UBC Division of Nephrology. • Chair, Medical Advisory Committee, BC Renal. • Kidney Foundation of Canada, BC and Yukon Branch. • BC Renal leadership team. • Patient representative (TBD as per Patient Engagement Framework). • BC Transplant leadership. • Additional individuals by invitation, and as required.
<p>5. Reporting Relationships</p>	<ul style="list-style-type: none"> • Members are accountable to PHSA, through the Executive Director. • Members will act as the liaison between the renal programs, Health Authorities and multi-disciplinary teams; this requires an ongoing commitment to communication and transparency. • For its quality and safety assurance activities for which reporting is restricted by Section 51 of the <i>Evidence Act</i>, the committee is accountable, through the Executive Director, to the PHSA Board of Directors, and each of the other BC health authority boards of directors (VCH/PHC, FHA, IHA, NHA, VIHA). Reports from the committee will be presented annually or as required: <ul style="list-style-type: none"> ○ Records created by, or produced for, the Executive Committee are restricted for use only as directed by the committee. ○ Documents created by or for the Executive Committee are to be headed “Privileged and Confidential: For Quality Improvement Purposes”, or otherwise indicated as “For Use by the BC Renal Executive Committee”. ○ Records that are not created specifically by or for the Executive Committee (e.g. the original health authority record) are not restricted from disclosure by the committee, but are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA), and PHSA policy on access to records.

	<ul style="list-style-type: none"> ○ Discussions and information shared regarding the clinical practices and quality improvements under review are held in strict confidence by committee members.
<p>6. Meetings</p>	<ul style="list-style-type: none"> • Meetings will be held bi-annually (every 6 months) and as required at the call of the chair. • The chairperson will be the Executive Director of BC Renal or his/her delegate. • The chair, in consultation with the BC Renal leadership team and members of the Executive Committee, will set the agenda. Key items will include strategic plans, initiatives and alignment, provincial and regional reports on key indicators, finance and information system updates. • Decisions will be by consensus, where possible. If necessary, votes on issues will be taken with all members being entitled to vote. A quorum for consensus or voting consists of 70% of the committee membership. • Minutes of meetings will be prepared by BC Renal, and the draft will be distributed to all Executive Committee members for approval. • Quality and safety reviews under the Section 51 of the BC <i>Evidence Act</i> shall be maintained as “Privileged and Confidential: For Quality Improvement Purposes”. This part of the meeting that is performing the quality and safety assurance function shall be held “in camera” (meaning that participants who are not necessary for the committee’s quality of care function are excluded from this portion of the meeting) and recorded separately in the meeting minutes (either on a separate sheet of paper or separate electronic document and, whether in hard copy or electronic form, maintained separately or in a segregated section of the regular minutes so that it is clear to anyone that these are “in camera” minutes and prohibited from disclosure by Section 51). “In camera” minutes are to be stored in a secure manner, and distribution of them kept only to those committee members who need to have them.
<p>7. Staff Support</p>	<p>Coordination and dissemination of information will be provided by the administrative staff at BC Renal.</p>
<p>8. Evaluation</p>	<p>Members of the Executive Committee will review the terms of reference annually and evaluate the effectiveness of the meeting structure to fulfil the roles and responsibilities of the BC Renal Executive Committee on behalf of the renal community.</p>