

Category	Description
<b>Purpose</b>	<b>To enhance and foster excellence in the delivery of independent hemodialysis (home or facility-based) in British Columbia.</b>
<b>Responsibilities</b>	<p>Develop provincial strategies to optimize independent hemodialysis (home or facility-based) as a patient-centered, evidence-informed and cost-effective treatment for dialysis dependent chronic kidney disease.</p> <p>Develop provincial strategies that address identified issues/barriers to independent hemodialysis (home or facility-based).</p> <p>Provide guidance in the implementation of standardized practice and/or policies in independent hemodialysis.</p> <p>Review, monitor, assess, and recommend best practices in independent hemodialysis (home or facility-based) as they emerge locally, provincially, nationally, and internationally.</p> <p>Provide a provincial forum for the exchange of unique regional solutions to increase growth and decrease attritions in independent hemodialysis (home or facility-based).</p> <p>Participate in regular home dialysis quality indicators reporting reviews of local and provincial independent hemodialysis (home or facility-based) programs.</p> <p>Sharing learnings and feedback within BC Renal/PHSA, to each of the health authority renal programs (HARPs), and to each of the independent hemodialysis programs regarding initiatives, projects and progress to date.</p> <p>Review, monitor and assess performance contract indicators with vendors, and follow business operations process to address contractual issues in a timely manner.</p> <p>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 Home Hemodialysis Committee.</p>
<b>Accountabilities</b>	<p>Develop and recommend a work plan and budget in alignment with HHD Committee objectives and the BC Renal strategic plan.</p> <p>Submit work plan and project proposals to the BC Renal Executive Administrative Committee for approval. Once approved, determine allocation of resources to successfully implement the work plan.</p> <p>Monitor work plan throughout the year to ensure successful implementation or revision as required.</p> <p>Review TOR and work plan on a yearly basis.</p>
<b>Composition</b>	Chair of the committee – Provincial Medical Director, Home Hemodialysis Program.

	<p>Minimum of 2 representatives from each HARP, whose work is primarily in the area of independent hemodialysis (home or facility-based).</p> <p>At least one Nephrologist, whose work is primarily in the area of independent hemodialysis (home or facility-based).</p> <p>At least one director/manager, whose work is primarily in the area of independent hemodialysis (home or facility-based).</p> <p>At least one HHD educator per HARP</p> <p>Minimum of one dietitian, whose work is primarily in the area of independent hemodialysis (home or facility-based).</p> <p>Minimum of one social worker, whose work is primarily in the area of independent hemodialysis (home or facility-based).</p> <p>Minimum of one biomedical representative.</p> <p>Minimum of one patient partner.</p> <p>BC renal Home Hemodialysis Program Vice Chair.</p> <p>BC Renal Director, Home Therapies &amp; Palliative Care.</p> <p>BC Renal Project Manager.</p> <p>BC Renal Director of Business Operations.</p> <p>PROMIS representative.</p> <p>BC Renal administrative support</p> <p>Ad hoc BC Renal representation:</p> <ul style="list-style-type: none"> <li>• Executive Director.</li> <li>• Director, Strategic Initiatives and Development.</li> </ul>
<b>Reporting Relationships</b>	The committee reports and is accountable to the BC Renal Executive Committee.
<b>Meetings</b>	Three times in each calendar year – two zoom/ teleconferences and one face-to-face meeting – or at the call of the chair.
<b>Section 51 Considerations</b>	<p>For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the Home Hemodialysis Committee is accountable, through the chair, to the BC Renal Executive Committee, and, subsequently, through the BC Renal Executive Director / chair of the Executive Committee, 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:</p> <ol style="list-style-type: none"> <li>1. Records created by, or produced for, the Home Hemodialysis Committee are restricted for use only as directed by the committee.</li> <li>2. Documents created by or for the Home Hemodialysis Committee are to be headed “Privileged and Confidential: For Quality Improvement Purposes”,</li> </ol>

	<p>or otherwise indicated as “For Use by the BC Renal Home Hemodialysis Committee”.</p> <p>3. Records that are not created specifically by or for the Home Hemodialysis 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.</p> <p>Discussions and information shared regarding the clinical practices and quality improvements under review are held in strict confidence by committee members.</p> <p>Quality and safety reviews under the Section 51 of the BC Evidence Act 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 recorded “in camera” separately in the meeting minutes.</p>
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