

Category	Description
<p>Purpose</p>	<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>
<p>Responsibilities</p>	<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 Subcommittee (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

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	<p>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.</p>
<p>Deliverables</p>	<ol style="list-style-type: none"> 1. Annually updated provincial 10-year project plan for capital projects to MoH 2. Final provincial capital planning report to be submitted annually to the BC Renal Executive Committee for review, along with proposed action items and requests.
<p>Composition</p>	<p>Membership of the committee will include:</p> <ul style="list-style-type: none"> • Infrastructure and Capacity Planning Committee Chair • BC Renal Executive Director • BC Renal Director of Strategic Initiatives, Education and Development • BC Renal Analytics and Methodology Director • BC Renal Senior Medical Lead • BC Renal Project Manager • BC Renal administrative support • PHSA Finance representative • One regional administrative director from each health authority, with VCH and PHC having one representative each. Each representative will have an alternate. • Regional Medical Directors-Kidney Service • Provincial planning member from PHSA <p>Membership will be reviewed annually. The chair position will be reviewed by the committee every 5 years.</p>
<p>Reporting Relationships</p>	<p>The ICPC is a standing committee reporting to the BC Renal Executive Committee.</p>

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<p>Meetings</p>	<p>Regularly scheduled virtual bi-annual planning meetings to:</p> <ul style="list-style-type: none"> I. Review forecasted patient demand and assess the capacity of each health authority. II. Anticipate and plan for increased demand for hemodialysis. III. Understand the facility capacity for hemodialysis services at the regional level. IV. Collaborate to ensure planning efforts are coordinated and aligned with provincial kidney services goals and priorities. V. Ensure kidney service facility and equipment resources are effectively managed, sustainable, and capable of meeting the needs of the kidney population now and in the future. VI. Inform the decision-making process for capital projects related to kidney care. <p>Additional virtual meetings may be held at the call of the chair on an ad hoc basis. Health authority renal program representatives may join a meeting as a guest upon request.</p> <p>Quality and safety reviews under 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>
<p>BC Renal Staff Support</p>	<p>BC Renal administrative support will ensure minutes and communications are distributed to committee members.</p>