

Category	Description
Purpose	To enhance and foster excellence in the delivery of peritoneal dialysis throughout British Columbia.
Responsibilities	<p>Develop provincial strategies to optimize peritoneal dialysis as a patient-centered, evidence-informed and cost-effective treatment for end-stage chronic kidney disease.</p> <p>Participate in periodic reviews of the provincial PD funding model and PD support funds.</p> <p>Provide clinical expertise in the development of PROMIS database tools, modules and clinical tracking systems related to peritoneal dialysis care in the province.</p> <p>Review and monitor home dialysis quality indicators regularly with local PD teams to collaboratively work towards continuous quality improvement, addressing barriers to intake and maintenance, as well as reducing attrition from programs</p> <p>Provide communication and feedback to the BC Renal Executive and its committees, PHSA, each of the health authority renal programs (HARPs), and to each of the peritoneal dialysis programs regarding initiatives, projects and progress to date.</p> <p>Review, monitor and assess performance contract indicators with appropriate vendors, and ensure a process, by which contractual issues are brought forward and resolved within the business aspect of BC Renal.</p> <p>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 PD Committee.</p>
Accountabilities	<p>Develop and recommend a work plan and budget addressing the PD Committee priorities in alignment with the BC Renal strategic plan.</p> <p>Submit work plan to the BC Renal Executive 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, membership list, and work plan on a yearly basis.</p>
Composition	<p>Chair of the committee – Provincial Medical Director, PD Program- a practicing BC nephrologist</p> <p>From each of the 5 health authority renal programs, as well as the pediatric program at BCCH:</p> <ul style="list-style-type: none"> • Minimum of one nephrologist and one registered nurse with

	<p>specialization in peritoneal dialysis.</p> <ul style="list-style-type: none"> • Minimum of one dietitian, whose work is primarily in the area of peritoneal dialysis. • Minimum of one social worker, whose work is primarily in the area of peritoneal dialysis. • Minimum of one manager/director, whose work is primarily in the area of peritoneal dialysis. <p>Minimum of two patient partners.</p> <p>Pharmacy representation will be requested from the chair of the BC Renal Pharmacy and Formulary Committee on an as-needed basis.</p> <p>BC Renal Director, Home Therapies & Palliative Care.</p> <p>BC Renal Business Operations Director.</p> <p>PD Project Manager.</p> <p>PROMIS representative.</p> <p>BC Renal administrative support.</p> <p>Ad hoc BC Renal representation:</p> <ul style="list-style-type: none"> • Executive Director. • Director, Strategic Initiatives and Development.
Reporting Relationships	The committee reports and is accountable to the BC Renal Executive Committee.
Meetings	<p>Three times in each calendar year – one face-to-face meeting and two teleconferences – or at the call of the chair.</p> <p>Email communication or additional meetings ad hoc between meetings to address urgent matters</p>
Section 51 Considerations	<p>For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the Peritoneal Dialysis 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"> 1. Records created by, or produced for, the Peritoneal Dialysis Committee are restricted for use only as directed by the committee. 2. Documents created by or for the Peritoneal Dialysis Committee are to be headed “Privileged and Confidential: For Quality Improvement Purposes”, or otherwise indicated as “For Use by the BC Renal Peritoneal Dialysis Committee”. 3. Records that are not created specifically by or for the Peritoneal Dialysis Committee (e.g. the original health authority record) are not restricted

BC Renal Peritoneal Dialysis (PD) Committee

Terms of Reference



	<p>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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