



PROMIS Executive Steering Committee

Terms of Reference

Category	Description		
Purpose	To serve as champions, advisors, provincial consensus builders, endorsers, and conflict resolvers, to ensure PROMIS is a robust integrated registry and clinical information system for kidney disease and transplant patients.		
Guiding Principles	 Focus on patient safety and better patient care Legitimacy through participation and consensus Strategic view Responsiveness, effectiveness and efficiency Accountability Transparency 		
Responsibilities	 Develop a provincial and cross-program consensus on the approval of the following deliverables (as proposed by the PROMIS team): PROMIS Application Roadmap (multi-year plan) Emerging PROMIS Development priorities, including prioritizing against available resources the development of:		





Category	Description			
	**Not responsible for allocation of funding. All funding requests to follow PHSA budget allocation processes and formal delegation of financial authority.			
Accountabilities	Decisions will be made by consensus, defined as the willingness among all members to support a decision once it is made in the best interest of the provincial community of PROMIS stakeholders. Consensus does not mean all members necessarily believe in the chosen decision as the single best alternative. Rather, all members feel that their position has been expressed, heard and understood. Input of all members will be sought and incorporated to the greatest extent possible.			
	Collaborating within a provincial community of PROMIS users while representing their discipline, program, or committee (as appropriate).			
	Being an active and visible advocate for and communicator of PROMIS ESC committee decisions to other leaders in their discipline, program, and geographic area, and committees (as appropriate).			
	Membership should be limited as much as possible to keep the group to a manageable size, while still ensuring a balance of medical and operational input from the core programs served by PROMIS. Membership includes individuals who bring a PROMIS user perspective. Members are responsible for consulting with group they represent. Guest members may be invited at the discretion of the chairs to address specific needs affecting PROMIS modules. Terms: 3 years renewable x 1 for Certain Roles (or by consensus) Proposed Members:			
	Name	Representation	Role	
	Dr. Adeera Levin	Executive Leader	Renal Executive Sponsor	
Composition	Eric Lun	Executive Leader	Transplant Executive Sponsor	
	Dr. Gary Nussbaumer	Medical	PROMIS Medical Informatics Advisor	
	Dr. Jag Gill	Medical	Transplant - Renal	
	TBD	Medical	Transplant – Extra-Renal	
			Uses PROMIS / ambulatory	
	Dr. Mike Bevilacqua	Medical	Renal - Medical	
	TBD	Operational	Transplant - Admin/Operations	
	Sherri Kensall		Renal - Admin/Operations	
		as appointed by Renal		
	Parvind Grewal	Administrator's Group Operational	Transplant – Informatics	
			·	
	Dr. Melanie Brown Karin Jackson	BCR Sr. Medical Leader PROMIS		





Category	Description
Committee Interactions	There are many PHSA, renal and transplant committees which may inform PROMIS development priorities, including identifying necessary changes, sense of urgency, and scope and supporting the development of functional requirements and change management requirements. These committees may raise items to PROMIS ESC through committee members who are also PROMIS ESC members or through the PROMIS Director of Operations. This includes the Transplant Change Advisory Group*, Provincial Renal Committees, Transplant Services Committee, PHSA Health Informatics Council. *Reports to and is accountable jointly to PROMIS ESC and BCT Operations Director.
Reporting Relationships	Reports to and is accountable to the Executive Director, BC Renal; Executive Director, BC Transplant. The committee sets the above direction and delegates execution of that direction and day-to-day decision-making to the PROMIS Team. The PROMIS Director of Operations is accountable to the committee for the PROMIS Team's execution of that direction.
Meetings	 Semi-annual meetings, additional meetings as required. Agenda, identifying decision items for the upcoming meeting, to be circulated a minimum of 2 weeks in advance. Videoconferences as required, to be called by the chairs. Ad hoc email communications in between meetings.