

Category	Description
<p>1. Purpose</p>	<p>To develop and facilitate the implementation of a common, patient-centred, cost-effective framework and approach to hemodialysis care across British Columbia, including quality improvement and risk management strategies.</p> <p>To provide a forum for discussion, development, revision, approval, and facilitation of policies, procedures, protocols, guidelines and teaching tools that support excellence in the provision of hemodialysis care in across British Columbia (BC).</p> <p>To facilitate the translation of knowledge/evidence into clinical research, practice and policy to optimize the care of patients receiving hemodialysis in BC and beyond.</p>
<p>2. Responsibilities</p>	<p>1. Quality Improvement</p> <p>To develop and maintain documents which describe a best practices framework and approach to the provision of hemodialysis care in both hospital and community dialysis units in BC.</p> <p>To identify, develop and implement on a priority basis a provincially accepted, evidence-based set of hemodialysis quality indicators and reporting processes that allow for open dialogue and facilitation of continuous improvement regarding quality of care and outcomes for hemodialysis patients.</p> <p>To provide leadership in the provincial uptake of relevant practice standards and guidelines as developed by bodies such as Canadian Society of Nephrology (CSN), Kidney Disease Outcomes Quality Initiative (KDOQI), Canadian Association of Nephrology Nurses and Technologists (CANNT), Accreditation Canada (AC), Canadian Standards Association (CSA).</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 Hemodialysis Committee.</p> <p>2. Policies & Procedures</p> <p>To develop and maintain a provincial portfolio of appropriate hemodialysis-related policies, procedures, protocols, guidelines and teaching tools that are evidence-based, outcomes-focused, and patient-centred.</p>

	<p>3. Technology</p> <ol style="list-style-type: none"> a. To work with and advise the BC Renal Facilities and Equipment Planning Committee and PHSA Supply Chain regarding hemodialysis equipment, related technology, contractual opportunities, etc. b. To support the implementation of new technologies to hemodialysis care settings across BC. <p>4. Research and Education</p> <ol style="list-style-type: none"> a. To support research activities in hemodialysis, including the evaluation of current and new hemodialysis therapies. b. To facilitate the coordination of province-wide participation in local or multi-centred trials. c. To work with educational programs (e.g. medical, nursing, technical) in supporting learners in hemodialysis care. d. To develop educational materials for care providers and patients as appropriate. <p>5. Patient Engagement</p> <p>To promote and facilitate patient partner engagement in appropriate provincial hemodialysis projects and activities for the purposes of ensuring a patient-centred approach to care.</p> <p>To continually evaluate and provide the possibility of patient partner engagement in Hemodialysis Committee and related meetings.</p>
<p>4. Deliverables</p>	<p>The committee’s deliverables include, but are not limited to:</p> <ul style="list-style-type: none"> • Prioritized identification, development, implementation and regular review of a provincially accepted set of clinical and psycho-social evidence-based indicators that reflect and promote quality care in hemodialysis. • Ongoing monitoring and provincial response coordination for critical incidents and severe adverse events, working in partnership with the Patient Safety Learning System (PSLS), PHSA Supply Chain, and other partners. • Ongoing development, facilitation of provincial implementation and review of evidence-based, outcomes-focused, patient-centred guidelines, policies, procedures, protocols and teaching tools. • Ongoing facilitation and coordination of knowledge translation and provincial research activities in hemodialysis care.

BC Renal Hemodialysis Committee

Terms of Reference



	<ul style="list-style-type: none"> Ongoing input into the development of the new PROMIS hemodialysis module.
5. Composition and Appointment Process	<ul style="list-style-type: none"> Nephrologist (Chair). Minimum of 2 representatives from each Health Authority Renal Program (HARP), with one being a nephrologist whose work is primarily in HD. Minimum of 1 representative from BC Children's Hospital Renal Program. Minimum of 2 nurses whose work is primarily in HD. Minimum of 1 pharmacist whose work is primarily in HD. Minimum of 1 dietician whose work is primarily in HD. Minimum of 1 technical/biomedical lead. Minimum of 1 social worker whose work is primarily in HD. Minimum of 1 manager / director. Representation from the Renal Administrators Committee. Representation from the Vascular Access Educators Group. Representation from the Renal Educators Group.
6. Reporting Relationships	<p>HD Committee reports and is accountable to the BC Renal Executive Committee.</p> <p>Renal Educators Group (REG), Vascular Access Educators Group (VAEG) and HD Technical Group are accountable to the HD Committee.</p>
7. Meetings	<ul style="list-style-type: none"> Five bi-monthly videoconference / teleconference meetings. One annual face-to-face meeting – typically in the spring. Ad hoc meetings at the call of the Chair.
8. BCPRA Staff Support	<p>BC Renal will provide:</p> <ul style="list-style-type: none"> Administrative staff: logistical support related to meetings. Project management / leadership. Statistical support and analytics as needed. Communications support as needed. PROMIS support as needed. Finance support as needed.

<p>9. Section 51 Considerations</p>	<p>For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the 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">1. Records created by, or produced for, the Hemodialysis Committee are restricted for use only as directed by the committee.2. Documents created by or for the Hemodialysis Committee are to be headed “Privileged and Confidential: For Quality Improvement Purposes”, or otherwise indicated as “For Use by the BC Renal Hemodialysis Committee”.3. Records that are not created specifically by or for the 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>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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