

Category	Description
Background	BC Renal is a virtual organization, predicated on a functioning network of professionals interested in ensuring the best outcomes of patients with chronic kidney disease (CKD), at all stages. As such, there are a number of advisory panels, committees, and working groups which exist to ensure timely communication, appropriate input, and involvement in decision making. This document outlines the purpose, responsibilities, and logistics of one of these advisory panels, the Kidney Care Advisory Panel.
Purpose	The BC Kidney Care Advisory Panel (KCAP), a standing advisory panel of BC Renal (BCR), provides expert opinion regarding non-dialysis chronic kidney disease (CKD) care in BC. The advisory panel provides a forum for collaboration across health authorities (HAs) and disciplines and advises on provincial priorities for non-dialysis CKD care and programming, CKD standards, guidelines, tools, teaching resources, and quality indicators. The KCAP maintains linkages with other aspects of CKD care such as transplant, dialysis, and vascular access. It aligns its activities with other provincial initiatives such as chronic disease management, advance care planning and palliative care, and end-of-life initiatives.
Responsibilities	1. Define the essential elements of good, cost-effective preventative and chronic illness care within Kidney Care Clinic (KCC) settings that include systematic assessment, planning, and follow-up of patients with CKD. 2. Assess the degree to which these agreed-upon elements are routinely provided in funded KCCs and understand the variation that exists across clinics. 3. Develop, roll-out and monitor a 3-year work plan to improve KCC care in BC, with efforts to reduce variation across clinics where appropriate. 4. Develop, disseminate and support the HA implementation of provincial KCC standards, guidelines, tools, and teaching resources. 5. Establish and monitor province-wide KCC indicators. Identify and take action on areas for improvement. 6. 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 KCAP. Working groups will be established as required to address specific topic areas.
Accountabilities	While overall direction will be provided by the KCAP and its working groups, day-to-day responsibility for implementation of identified initiatives rests with individual HAs.

Membership	Core members (guideline only; goal is to have a mix of disciplines and at least one representative per KCC plus up to 4 patient partners*): • Nephrologists: 1 per each HA (6), 1 designated as chair. • Renal program director/manager (2). • RN for each KCC (13). • Dietitians (2). • Social workers (2). • Pharmacist (1). • Patient/family reps (2). • Committee/project coordinator (1). • KCC program assistant (1) (secretariat). Ex-officio participants: • Executive Director, BCR. • Chair, BCR Medical Advisory Group. *Term for patient partners is three years, with the possibility of extension.
Reporting Relationships	The KCAP reports to the BCR Executive Committee and works in close collaboration with other BCR committees, advisory panels, and groups, including Peritoneal Dialysis Advisory Panel, Hemodialysis Advisory Panel, Home Hemodialysis Advisory Panel, Palliative Care Advisory Panel, and the BCR Medical Advisory Group.
Meetings	Frequency: Five meetings per year, or as called by the Chair. Meetings are held via MS Teams. Agenda: Agenda items may be submitted to the chair up until one week prior to the meeting. Agenda packages will be distributed 5 – 7 days in advance of the meeting by BCR. Minutes: The admin coordinator will record minutes and forward to BCR for distribution. Corresponding members: Agendas and minutes will be available or circulated upon request.
Section 51 Considerations	For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the KCAP 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, Island Health). Reports from the committee will be presented annually or as required:

1. Records created by, or produced for, the KCAP are restricted for use only as directed by the committee.
2. Documents created by or for the KCAP are to be headed “Privileged and Confidential: For Quality Improvement Purposes”, or otherwise indicated as “For Use by the BCR KCAP”.
3. Records that are not created specifically by or for the KCAP (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.

Discussions and information shared regarding the clinical practices and quality improvements under review are held in strict confidence by committee members.

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 performs the quality and safety assurance function shall be recorded “in camera” separately in the meeting minutes.