

BC Renal Hemodialysis Advisory Panel

Terms of Reference

Last updated: August 2026

Category	Description
1. Purpose	To develop and facilitate the implementation of a common, patient-centred, cost-effective framework and approach to hemodialysis care across British Columbia (BC), including quality improvement and risk management strategies. 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 BC. To facilitate the translation of knowledge and evidence into clinical research, practice, and policy to optimize the care of patients receiving hemodialysis in BC and beyond.
2. Responsibilities	1. Quality Improvement 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. 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. To provide leadership in the provincial uptake of relevant practice standards and guidelines as developed by bodies such as the 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). 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 Advisory Panel. 2. Policies & Procedures 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.

	3. Technology To work with and advise the BC Renal Infrastructure and Capacity Planning Committee, BC Renal Business Operations, and PHSA Supply Chain regarding hemodialysis equipment, related technology, contractual opportunities, etc. To support the implementation of new technologies to hemodialysis care settings across BC. 4. Research and Education To support research activities in hemodialysis, including the evaluation of current and new hemodialysis therapies. To facilitate the coordination of province-wide participation in local or multi-centred trials. To work with educational programs (e.g., medical, nursing, technical) in supporting learners in hemodialysis care. To develop educational materials for care providers and patients as appropriate. 5. Patient Engagement 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. To continually evaluate and provide the possibility of patient partner engagement in Hemodialysis Advisory Panel and related meetings.
4. Deliverables	The advisory panel's deliverables include, but are not limited to: • 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.

	• Ongoing input into the development and maintenance of the PROMIS hemodialysis module.
5. Composition and Appointment Process	• Chair (nephrologist). ○ The Chair is appointed for a period of five years, with a right to be reappointed for a second consecutive five-year period. • Vice-Chair (hemodialysis care provider). ○ The Vice-Chair is appointed for a period of five years, with a right to be reappointed for a second consecutive five-year period. • 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. • Representation from the Vascular Access Educators Group. • Representation from the Renal Educators Group. • Representation from the Hemodialysis Technical Group. Note: The advisory panel will include an executive core group comprising the Chair, Vice-Chair, BCR project manager, and BCR administrative coordinator. The core group will be responsible for overseeing the day-to-day operations and coordinating the activities and projects of the advisory panel.
6. Reporting Relationships	Hemodialysis Advisory Panel reports and is accountable to the BC Renal Executive Committee. The Renal Educators Group (REG), Vascular Access Educators Group (VAEG), and Hemodialysis Technical Group (HDTG) report and are accountable to the Hemodialysis Advisory Panel.

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7. Meetings	• Hemodialysis Advisory Panel: four videoconference meetings per year held approximately quarterly. • Ad hoc meetings at the call of the Chair. • Executive core group: bi-weekly videoconference meetings.
8. BCPRA Staff Support	BC Renal will provide: • 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.
9. Section 51 Considerations	For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the Hemodialysis Advisory Panel 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 (FHA, IHA, ISLH, NHA, VCH/PHC). Reports from the advisory panel will be presented annually or as required: 1. Records created by, or produced for, the Hemodialysis Advisory Panel are restricted for use only as directed by the advisory panel. 2. Documents created by or for the Hemodialysis Advisory Panel are to be headed “Privileged and Confidential: For Quality Improvement Purposes”, or otherwise indicated as “For Use by the BC Renal Hemodialysis Advisory Panel”. 3. Records that are not created specifically by or for the Hemodialysis Advisory Panel (e.g., the original health authority record) are not restricted from disclosure by the advisory panel 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 advisory panel 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 is performing the

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