

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 align with the BC Renal strategic plan and foundational principles, Indigenous cultural safety, environmental sustainability and equitable & optimal patient-centered care.</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>As delegated by 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 – to evaluate, control and report on clinical practice with respect to hemodialysis care in a hospital / health authority / multiple hospitals / health authorities,</p>

	<p>including community dialysis units (CDUs), in order to continually maintain and improve the quality and safety of patient care in the hospital(s) / health authority(ies), or otherwise perform a function for the appraisal and control of the quality of patient care in the hospital(s) / health authority(ies). In particular:</p> <ul style="list-style-type: none"> • To ensure quality and safety of care by reviewing and reporting on critical incidents and resulting actions that may have provincial ramifications, as well as reviewing and reporting on quality of care in general. • To perform risk management functions by sharing critical incidents and resulting actions that may have provincial ramifications in order to avoid / reduce similar future incidents. <p>2. Policies & Procedures</p> <ul style="list-style-type: none"> • 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>3. Technology</p> <ul style="list-style-type: none"> • To advise and consult the BC Renal Equipment Funding Allocation Subcommittee (EFAS), along with the BC Renal Hemodialysis Technical Group (HDTG), Provincial Health Services Authority (PHSA) Supply Chain and BC Renal Contracts, regarding hemodialysis machines and equipment, including, contracts, rollout, and issues management to support hemodialysis care settings across BC. <p>4. Research and Education</p> <ul style="list-style-type: none"> • 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 develop educational materials for care providers and patients as appropriate. <p>5. Patient Engagement</p> <ul style="list-style-type: none"> • 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.
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BC Renal Hemodialysis Committee

Terms of Reference



	<ul style="list-style-type: none"> To continually evaluate and provide the possibility of patient partner engagement in Hemodialysis Committee and related meetings.
<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, BC Renal Contracts, 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 of the new PROMIS hemodialysis module.

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<p>5. Composition and Appointment Process</p>	<ul style="list-style-type: none"> • Nephrologist (Chair). The role of chair will be posted to the renal community, appointment will be done by a review committee. Term: 5 years with the possibility to extend by up to 5 years. • 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. • Chair of the Vascular Access Educators Group. • Chair of the Renal Educators Group. • Chair of the Hemodialysis Technical Group • 1-2 patient partners where possible.
<p>6. Reporting & Relationships</p>	<ul style="list-style-type: none"> • HD Committee reports and is accountable to the BC Renal Executive Committee. • Renal Educators Group (REG), Vascular Access Educators Group (VAEG) and HD Technical Group are accountable to the HD Committee. • Ongoing collaboration with Emergency Management Committee (EMC) and Hemodialysis Emergency Support Team (HEST) nurses, and BC Renal Administrators Committee.
<p>7. Meetings</p>	<ul style="list-style-type: none"> • 4 virtual meetings per fiscal year (1 per quarter). • Possibility of one face-to-face meeting (when applicable) • Regular virtual meetings of the HD executive core group (Chair, BC Renal project manager(s), admin support as needed. • Ad hoc meetings at the call of the Chair.

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<p>8. BCPRA Staff Support</p>	<p>BC Renal will provide:</p> <ul style="list-style-type: none"> • Administrative staff: logistical support related to meetings. • Project management, operations. • 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>