

Provincial Vascular Access Services Team (PVAST)
Terms of Reference
July 18, 2010

Category	Description
1. Purpose	The Provincial Vascular Access Services Team (PVA ST) was initiated in 2005/06 to facilitate a provincial, multidisciplinary approach to improvements in vascular access. PVA ST provides a forum for collaboration across HAs and specialties, monitoring of quality indicators, facilitating the development of provincial VA guidelines, and organizing targeted province-wide education. PVA ST relies on the availability of appropriate Health Authority (HA) structures to support the implementation of identified best practices.
2. Responsibilities	<p>Responsibilities of PVAST are to:</p> <ol style="list-style-type: none"> 1. Establish and monitor province-wide VA quality indicators. 2. Make recommendations to improve the utility of the VA module in PROMIS (including reports). 3. Develop, disseminate, and support HA implementation of provincial VA guidelines and tools. 4. Identify and carry out activities (including research) to improve the quality of VA services in BC. 5. Work to resolve barriers to implementation of QI projects at provincial and HA levels. <p>PVAST has 1 working group and creates other ad hoc groups as required.</p> <ul style="list-style-type: none"> • PROMIS Working Group: promote the use of PROMIS for the purposes of VA quality improvement and documentation. <p>While overall direction will be provided by PVAST and its working groups, day to day responsibility for implementation of identified initiatives rests with individual HAs.</p>
3. Deliverables	<p>The deliverables for PVAST in 2010/11¹ are to:</p> <ol style="list-style-type: none"> 1. Develop structures and create educational opportunities to support quality improvement activities at a provincial and HA level. 2. Develop and monitor targeted quality indicators province-wide (prevalence, incidence and infection rates); starting Oct 2010, monitoring access failure rates. 3. Explore reasons and develop strategies to reduce catheter use in patients where alternatives are possible. 4. Develop provincial guidelines and tools on identified

¹ See 2010/11 PVAST/VAEG Workplan for details.

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	<p>priority topics.</p> <p>5. Organize/participate in research studies as opportunities arise.</p> <p>6. Capitalize on opportunities to share learnings from the PVASt process.</p>
<p>4. Composition</p>	<p>Core Members (17):</p> <ul style="list-style-type: none"> • Chair (1) • Renal Program Director/Manager reps (6) • VA RN for each HA (1 x 6 = 6 + 3 for IHA & 2 for VCH = 11) • CKD RN rep (1) • Nephrologist rep (3) • Surgeon rep (1) • Interventional Radiologist rep (1) <p>Ex-Officio Participants (3):</p> <ul style="list-style-type: none"> • Executive Director, BCPRA (1) • Chair, BCPRA Medical Advisory Committee (1) • Project Manager (1)
<p>5. Reporting Relationships</p>	<p>PVASt reports to the BCPRA Executive Sponsor (BCPRA Executive Director)</p>
<p>6. Meetings/ Operational Protocol</p>	<p><i>Frequency of Meetings/Teleconferences</i> Five times per year or at the call of the chair. For reasons of logistics, most meetings will be teleconferences with periodic in person meetings as required.</p> <p><i>Agenda</i> 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 BCPRA.</p> <p><i>Minutes</i> The PVASt Coordinator will record minutes and will forward to BCPRA for distribution.</p> <p><i>Corresponding Members:</i> Agendas and minutes are available upon request.</p>
<p>7. Staff Support</p>	<p>The BCPRA Executive Sponsor for PVASt is the Executive Director, BCPRA.</p> <p>BCPRA will provide data and relevant reports on a regular basis, will ensure the availability of appropriate project resources, and will ensure distribution of materials to committee and working group members.</p>