

## Health Authority Renal Programs (HARP)

### Terms of Reference Template

(Accepted by the BCPRA Executive Committee on July 8, 2005)

#### **Overview:**

The purpose of formalizing the structure of Health Authority Renal Program (HARP) is to ensure that a vehicle of communication for Renal Program issues exists, which incorporates the appropriate levels of stakeholders and decision makers, such that renal service delivery is seamless and integrated.

Provision of renal services is a tertiary program. Consequently there are provincial considerations that need to be respected within the context of Health Authority decision making. The Health Authority Renal Programs (HARP) structure allows for a forum to ensure:

- Clarity regarding appropriate accountabilities
- The bi-directional exchange of information between and among members of the renal programs, HA and BCPRA
- Key strategy development is aligned with provincial initiatives and programs

The HARP is a formalization of what was termed the “Regional Renal Program (RRP) Steering Committee previously used by some groups.

The need for formal constitution of HARP has been ratified at the Executive Committee of the PRA, and has the sanctioning of the Executive Sponsors for the Renal Programs of each HA.

- Formalized structure, terms of reference, and regular meetings of the HARP will enhance the operational effectiveness of the both the renal programs and the Provincial Renal Agency.
- The HARP structure is intended to permit problem analysis, problem solving and resource allocation within the HA, thus facilitating the delivery of local renal services. Given the dual accountability design, individuals involved in the HARP, provincial environment and local context facilitate informed decision making. Provincial resources can be utilized to avoid duplication of efforts, and streamline addressing of local issues, as there are often commonalities between and among the various programs.

It is recognized that each of the five Health Authorities may develop slightly different committee configurations that are representative of the unique character each Health Authority has. The term “Health Authority Renal Program” or “HARP” encompasses these various structures. It is likely that two committee designs, within each HARP, may be necessary:

- 1) Focused discussion on a strategic level,
- 2) Operational issues are intended to be dealt with at the regional level, either within the context of the HARP or in subcommittees as local size/ structure dictates.

## **Suggested Details of Purpose and Membership**

### **Purpose of the HARP:**

1. To ensure optimal functioning of the Health Authority Renal Program, with respect to the delivery of renal services, in the Health Authority as described by the Ministry of Health. Optimal functioning is defined in 2 dimensions:
  - a. Administratively
    - i. Accountability for resources allocated
    - ii. Accountability for implementation of provincial programs
    - iii. Selection of representatives to sit on key provincial committees of the BCPRA
  - b. Patient Outcomes
    - i. Seamless integrated access to resources
    - ii. Maintaining patient outcomes in accordance with provincial guidelines
2. To establish and maintain effective/cooperative working relationships between and among the stake holders, care providers, decision makers throughout the institutions and organizations involved in the delivery of care to renal patients, within each Health Authority, as well as the province through the BCPRA
3. To ensure that the principles and guidelines for renal care delivery and information collection regarding patient care are in accordance with provincial guidelines and standards

### **Membership**

Recommended, but not exclusively membership, will be representatives from a cross-section of stakeholders, including clinical and administrative personnel. Some of the individuals may participate in multiple roles capacities.

Recommended composition:

1. Executive sponsor
2. Finance representation
3. Information systems representation
4. Renal Manager
5. Medical Director – Kidney Services
6. BCPRA representative
7. Nursing and allied health representation
8. Nephrologist
9. Consumer/client representation (Kidney Foundation representative)
10. BC Transplant representation

Other members may be added onto the committee (e.g. continuing care, laboratory manager, data entry etc), or be invited for particular issues as necessary.

The committee shall elect a Chair at the beginning of the fiscal year for a period of two fiscal years.

Administrative support for the HARP is the responsibility of the HA. In the event that additional resources are required, BCPRA may be approached for additional resources.

### **Responsibilities**

1. Review summary data regarding renal programs such as in center hemodialysis, peritoneal dialysis, CKD, and community dialysis. This is supplied regularly by the BCPRA along with provincial comparative data.
  - a. Identify problems, solutions, and issues arising from that data
2. Review key issues in the delivery of renal care service in the Health Authority, as they arise
  - a. Develop solutions in the context of provincial programs/ using resources available through PRA as needed.
3. Ensure that the Renal program budget development is in accordance with provincial guidelines and standards, and that provincial processes for (e.g. equipment and facility planning) are concordant with both the Health Authority processes and those of the BCPRA.
4. Provide input to provincial initiatives and to provincial guideline development. Select representatives to participate on specific committees and working groups within provincial structure. HARP meetings would serve as a venue for updates and review of these initiatives, thereby assisting in the bi-directional communication flow.
5. Review financial program reports of the renal program, the planning documents, and the outcome/ statistical reports from the BCPRA and other sources.
6. Identify Renal Program operating (care delivery) issues and devise communication mechanism to ensure administration of the Health Authority is fully informed.
7. Review levels of renal service, quality of care, outcome measurements and reports based on reports generated from PROMIS database. Identifies issues, provides venue for discussion, strategy development, and implementation plan.
8. Ensure that appropriate resources for infrastructure are available for activities essential to the delivery of renal services (ie Planner or access to Planner; Administrative support for submission of official requests, etc), and official interactions with health authorities are acknowledged. Identify short-falls to PRA to determine or leverage resources as needed.

### **Meetings**

The HARP, depending on local activities, will determine frequency of meetings. Suggestion is for minimum of q 3 months, or at the call of the Chair.

Where possible, telephone conferencing will be organized to facilitate the participation of members who cannot attend in person.

### **Minutes/ Reporting**

Minutes of meetings will be prepared by the Chair or designate and distributed to all committee members.

Communication as to the implications for each discipline and the region will be the responsibility of the individual member representing their constituents, and it is recommended that the minutes be widely circulated to all stakeholders, including BCPRA.

The Administrative representatives are responsible for ensuring that the communication with and through official channels is facilitated.

Issues not finding resolution may be referred to the BCPRA for assistance as required.