



BC PROVINCIAL RENAL AGENCY

EXECUTIVE COMMITTEE

TERMS OF REFERENCE

Category	Description
1. Purpose	<p>The purpose of the BCPRA Executive Committee is to provide a forum for the discussion of the strategic directions of renal care provision at the provincial and the Health Authority Renal Programs (HARP) level so as to ensure that the delivery of renal services is consistent within the province, and for finding solutions to significant issues involving:</p> <ul style="list-style-type: none">• Access to care• Quality of care• Appropriate resources <p>The BCPRA Executive Committee will serve to enhance:</p> <ul style="list-style-type: none">• Strategic decision making• Efficiency and effectiveness• Planning• Effective bi-directional internal and external communications
2. Responsibilities	<p>Direction Policy</p> <ol style="list-style-type: none">1. Strategic Plan <p>Develop a strategic plan that ensures the delivery of timely and effective high-quality care to patients with chronic kidney disease in British Columbia.</p>2. Alignment: <p>To ensure that all strategic decisions and initiatives of the Health Authority Renal Programs and the BCPRA secretariat are aligned with the mission, vision, values and strategic direction of the Provincial Health Services Authority and with each of the Health Authorities.</p>3. Committee structure <p>To ensure that decisions made are implemented in the regions with sensitivity to local context based on recommendations from subcommittees, there is representation from each of the Health Authorities, at senior executive and clinical care levels.</p><p>The committee is structured to reflect the integrated nature of the PRA, and each of the committees which report to the Exec are similarly structured with inter-HA and multidisciplinary representation. Support by each of the Exec committee members for the existence and deliverables of each committee/task force is expected.</p>4. Initiatives <p>The Executive Committee members facilitate the championing of initiatives that improve the operational effectiveness and efficiency</p>

	<p>of all renal programs e.g. quality improvement initiatives, information systems, and resource management throughout the province</p> <p>Ensure Quality of Care Delivery</p> <ol style="list-style-type: none"> 1. Advocating for quality care <p>To represent the interests of the renal community to the PHSA and to senior administration at the Health Authorities in terms of timely access for quality renal care services in the province.</p> 2. Multiple discussion input <p>To establish systems and processes that ensure collaborative work with renal programs, health authorities and multi-disciplinary teams. The goal is to ensure process and system integration of clinical care within and across programs in the province.</p> <p>Allocation of Resources</p> <ol style="list-style-type: none"> 1. Appropriate and adequate Funding <ul style="list-style-type: none"> • To set direction and develop policies based on input from the renal community, standards and guidelines to allocate resources to the regions. • To develop policies and procedures to facilitate solutions to inter-disciplinary, inter-clinical programs and inter-provincial conflicts in decision making where more than one health provider or health authority is involved. 2. Allocation based on data <p>To ensure that effective systems are in place so that appropriate data is collected for the purpose of projecting growth trends, monitoring performance and ensuring that evidence-based care is universally applied.</p> 3. Regional Equity <p>To ensure an equitable distribution of resources across the province (within and between) regions to accommodate unforeseen circumstances/ situations which require collaboration among regions.</p>
<p>3. Deliverables</p>	<ol style="list-style-type: none"> 1. To review the clinical and resource management outcomes measurements for Performance and Accountability Agreements with the PHSA and Health Authority: Renal Programs; and to identify key areas required for change or modification. To facilitate communication of those outcomes as a regional level. 2. To communicate program changes that may impact other programs and services, and work together to ensure each clinical program remains aligned with other programs, services and the organization as a whole. 3. To provide a mechanism and process for issues and conflict resolution, provide support and guidance to committees trying to effect changes (e.g. renal delivery and funding; i.e. costing methodology, IAMHD, vascular access group) and to monitor progress or negotiate contracts/ positions.

	4. To facilitate effective operations, formulate membership of all the working groups, and monitor and evaluate the activities of the working groups.
4. Composition	<ul style="list-style-type: none"> • Executive Director of PRA • CEO PHSA • Health Authorities Renal Program (HARP) representatives including Executive sponsors, Medical Directors – Kidney Services , Director or clinical leaders/ managers (inclusive of the Pediatric program) • UBC Division of Nephrology, • Chair Medical Advisory Committee, PRA • Kidney Foundation (patient representation) • Administrative team PHSA/ PRA: information management, finance, strategy/communications, clinical networks • Additional individuals by invitation, and as required.
5. Reporting Relationships	<ul style="list-style-type: none"> • The members are accountable to the PHSA, through the Executive Director. • The members will act as the liaison between the renal programs, health authorities and multi-disciplinary teams and importantly require ongoing communication.
6. Meetings	<ul style="list-style-type: none"> • Meetings will be held bi-annually, (every 6 months) and as required at the call of the Chair. • The chairperson will be the Executive Director of the PRA or his/her delegate. • The Chair, in consultation with members of the Executive Committee, will set the agenda. Key items will include Provincial and Regional reports on key indicators, as established in performance contracts: <ul style="list-style-type: none"> ▪ Reports on key outcomes deemed essential by the renal community ▪ Financial reports to review variances/ surpluses and over-runs. ▪ Key Initiatives/ Special project status • Decisions will be by consensus. If necessary, votes on issues will be taken with all members being entitled to vote. A quorum for consensus or voting consists of 70% of the committee membership. • Minutes of meetings will be prepared by the BCPRA secretariat and the draft will be distributed to all Executive Committee members for approval. • The approved minutes will be distributed by the BCPRA Secretariat to the currently named Operations Committee members for dissemination to relevant personnel.
7. Staff Support	Coordination and dissemination of information will be provided by the administrative staff at the BCPRA Secretariat
8. Evaluation	Members of the Executive Committee will review the terms of reference annually and evaluate the effectiveness of the meeting structure to fulfil the roles and responsibilities of the BCPRA Executive Committee on behalf of the renal community.