

Terms of Reference

Category	Description
Purpose	<i>To ensure that patients living with chronic kidney disease have access to high quality comprehensive and well integrated renal palliative care</i>
Responsibilities	<p>Provincial coordination and oversight that will advance palliative approach to renal care as outlined in the "End-of-Life Framework: Recommendations for a Provincial EOL Strategy" across all Health Authority Renal Programs.</p> <p>Provide a forum for sharing information from various sources (i.e. the Ministry of Health, Palliative Care colleagues, Primary Care colleagues etc) with goal of integration and collaboration between and among all relevant stakeholders.</p> <p>Provide advice and support on the planning, implementation, monitoring and reporting activities of the renal palliative/ end-of-life (EOL) care work in the Health Authority Renal Programs (HARPs).</p> <p>Provide a forum to consider issues arising that may be relevant to group members and their constituents, and care delivery.</p> <p>Provide a forum for the identification and consideration of issues that restrict advancement of renal palliative/EOL care.</p> <p>Provide opportunities that maximize partnerships, networking and information sharing throughout the renal network.</p>
Accountabilities	<p>Develop and recommend a work plan, including a timeline and a budget, addressing the six PCC goals and related objectives to BCPRA Administrative Executive Committee for approval.</p> <p>Once approved, decide on allocation of resources to successfully implement the work plan.</p> <p>Monitor the provincial work plan to ensure successful implementation or revision (if required).</p>
Composition	<p>Each HARP is responsible for nominating appropriate regional representation of Health Care Professionals whose practice has EOL as a strong priority to a maximum of 4, including a minimum of one nephrologist.</p> <p>To ensure broad and crosscutting input overall Committee composition will include:</p> <ul style="list-style-type: none"> • Minimum of one program manager/lead • Minimum of one program director • Minimum of one social worker • Minimum of one pharmacist

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	<ul style="list-style-type: none"> • Minimum of one renal educator • Project managers from each HARP as appropriate • Minimum of one patient representative <p>BCPRA Strategy Lead: Home Therapies and Palliative Care BCPRA Patient Centred Performance Improvement Manager BCPRA Project Manager/Administrative Assistant</p> <p>In addition, the PC Committee will seek ad hoc representatives from other committees, including peritoneal dialysis (PD), home hemodialysis (HHD), hemodialysis (HD), and kidney care (KC).</p> <p>Committee will establish a PCC Executive Group and working groups/task forces (each with its terms of reference) as required to develop and implement the work plan.</p>
Reporting Relationships	<p>Committee reports and is accountable to the BCPRA Executive Committee.</p> <p>Participants have a dual and bi-directional accountability in that, in addition to informing/soliciting input from their program colleagues, there is a responsibility to maintain information flow and collaboration with their renal professional groups, their HARPs, as well as other BCPRA committees and working groups. Participants are also expected to report the regional adaptation of the provincial work plan to the committee.</p>
Meetings	<p>Three times in each calendar year (one face-to-face and 2 teleconferences/webinars) or at the call of the Chair.</p>