

BCPRA Kidney Care Clinic Committee

Terms of Reference – updated April 2018

BACKGROUND:

The BCPRA is a virtual organization, predicated on a functioning network of professionals interested in ensuring the best outcomes of patients with CKD, at all stages. As such, there are a number of committees and working groups which exist to ensure timely communication, appropriate input and involvement in decision making. The matrix configuration of the BCPRA (with dual reporting of all to HA and to BCPRA and in turn, PHSA, as well as to professional societies, etc.) can be confusing.

Category	Description
Purpose	<p>The BC Kidney Care Clinic (KCC) Committee, a standing committee of the BC Provincial Renal Agency (BCPRA), provides expert opinion regarding Chronic Kidney Disease (CKD) care in BC. The group provides a forum for collaboration across health authorities (HAs) and disciplines and advises on provincial priorities for CKD care and programming, CKD standards/guidelines/tools/teaching resources and quality indicators.</p> <p>The KCC Committee maintains linkages with other aspects of CKD care such as transplant, dialysis and vascular access. It aligns its activities with other provincial initiatives such as chronic disease management, advance care planning and palliative care and end of life initiatives.</p>
Responsibilities	<ol style="list-style-type: none"> 1. Define the essential elements of good, cost-effective preventative & chronic illness care within KCC settings that includes systematic assessment, planning and follow-up of patients with CKD. 2. Assess the degree to which these agreed upon elements are routinely provided in funded KCCs and understand the variation that exists across clinics. 3. Develop, roll-out and monitor a 3-year workplan to improve CKD care in BC, with efforts to reduce variation across clinics where appropriate. 4. Develop, disseminate and support the HA implementation of provincial KCC standards/guidelines/tools and teaching resources. 5. Establish and monitor province-wide KCC indicators. Identify and take action on areas for improvement. <p>Working groups will be established as required to address specific topic areas.</p>
Accountabilities	<p>While overall direction will be provided by the KCC Committee and its working groups, day to day responsibility for implementation of identified initiatives rests with individual HAs.</p>
Composition	<p><i>Core members (guideline only; goal is to have a mix of disciplines and at least one representative per KCC plus a patient representative(s))</i></p> <ul style="list-style-type: none"> • Nephrologists – 1 per each HA (6), 1 designated as Chair • Renal program director/manager (2) • RN for each CKD centre (13)

Category	Description
	<ul style="list-style-type: none"> • Dieticians (2) • Social workers (2) • Pharmacist (1) • Patient reps (2) • Committee/project coordinator (1) • KCC program assistant (1) (secretariat) <p><i>Ex-officio participants:</i></p> <ul style="list-style-type: none"> • Executive Director, BCPRA • Chair, BCPRA Medical Advisory Committee
Reporting Relationships	<p>KCC Committee reports to the BCPRA Executive Committee and works in close collaboration with other BCPRA committees, including Peritoneal Dialysis (PD), Hemodialysis (HD), Home Hemodialysis (HHD), Palliative Care Committee (PCC) and the BCPRA Medical Advisory Committee (MAC).</p>
Meetings/operational protocols	<p><i>Frequency:</i> Every 2nd month or at the call of the chair. Most meetings will be by teleconference, although one meeting per year may be in-person.</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 project coordinator or project assistant will record minutes and forward to BCPRA for distribution.</p> <p><i>Corresponding members:</i> Agendas and minutes will be available or circulated upon request.</p>