BC Renal Palliative Care Committee
Terms of Reference

Category	Description
Purpose	**To ensure that patients living with chronic kidney disease have access to high-quality comprehensive and well-integrated renal palliative care.**
Responsibilities	Provide provincial coordination and oversight to advance a 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 (HARPs). Provide a forum for sharing information from various sources (i.e., the Ministry of Health, palliative care colleagues, primary care colleagues, etc.) with the goal of integration and collaboration between and among all relevant stakeholders. 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. Provide a forum to consider issues arising that may be relevant to group members and their constituents, and care delivery. Provide a forum for the identification and consideration of issues that restrict advancement of renal palliative / EOL care. Provide opportunities that maximize partnerships, networking and information sharing throughout the renal network. Exercise, by delegation, the quality of care functions of the BC Renal Executive Committee – a regional Quality Committee approved and authorized by the Boards of the Provincial Health Services Authority and the BC Health Authorities and Providence Health Care – in respect of quality of care matters within the scope of the BCR Palliative Care Committee.
Accountabilities	Develop and recommend a work plan in alignment with the BC Renal strategic plan and the goals of the PCC. Work plan and budget to be sent to the BC Renal Executive Committee for approval. Development and submission of project proposals to the BC renal leadership team Monitor the provincial work plan to ensure successful implementation or revision (if required). Review TOR and work plan on a yearly basis.
Composition	Each HARP is responsible for appointing appropriate regional representation of renal health care professionals who have practice priority or strong interest in supporting renal palliative practices at the program level.

	The Palliative Care Committee will seek to ensure representation from all modality areas, including peritoneal dialysis (PD), home hemodialysis (HHD), hemodialysis (HD), and kidney care (KC). The committee will have a PCC administrative leadership group and project / initiative working groups as required to develop and implement the work plan. Each HARP will have a maximum of 4 members, including a minimum of one nephrologist. To ensure broad overall representation, the committee composition should include the following roles: • Nephrologist • Program director or manager • Social worker • Pharmacist • Renal nurse • Data coordinator • Project managers from each HARP as appropriate • Minimum of two patient partners BC Renal Chair Palliative Care Committee BC Renal Palliative Care Committee Vice Chair(s) BC Renal Senior Medical Lead, Provincial Quality Networks, HARPs and Committees BC Renal Director, Home Therapies & Palliative Care. BC Renal Project Manager BC Renal Quality Lead, Patient-Centered Performance Improvement. BC Renal administrative support. PROMIS representative. Partnership representative from agencies focusing on palliative care at the discretion of the PCC leadership team Ad hoc BC Renal representation: • BC Renal Executive Director. • Director, Strategic Initiatives and Development.
Reporting Relationships	The committee reports and is accountable to the BC Renal Executive Committee. PCC members have a dual and bi-directional accountability:

	• Responsible to inform and obtain input from their local program colleagues. • Responsible to maintain information flow and collaborate with their renal professional groups, their HARPs, and other BC Renal committees and working groups.
Meetings	Three times in each calendar year – one face-to-face meeting and two zoom/teleconferences or at the call of the chair.
Section 51 Considerations	For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the Palliative Care Committee is accountable, through the chair, to the BC Renal Executive Committee, and, subsequently, through the BC Renal Executive Director / chair of the Executive Committee, to the PHSA board of directors, and each of the other BC health authority boards of directors (VCH/PHC, FHA, IHA, NHA, VIHA). Reports from the committee will be presented annually or as required: 1. Records created by, or produced for, the Palliative Care Committee are restricted for use only as directed by the committee. 2. Documents created by or for the Palliative Care Committee are to be headed "Privileged and Confidential: For Quality Improvement Purposes", or otherwise indicated as "For Use by the BC Renal Palliative Care Committee". 3. Records that are not created specifically by or for the Palliative Care Committee (e.g. the original health authority record) are not restricted from disclosure by the committee, but are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA), and PHSA policy on access to records. Discussions and information shared regarding the clinical practices and quality improvements under review are held in strict confidence by committee members. Quality and safety reviews under the Section 51 of the BC Evidence Act shall be maintained as "Privileged and Confidential: For Quality Improvement Purposes". This part of the meeting that is performing the quality and safety assurance function shall be recorded "in camera" separately in the meeting minutes.