



## Pallium Integrated Care Capacity Building Initiative

### National Envelope

### Lead and Partner Organization(s)

**Alberta Cancer Board, Division of Medical Affairs and Community Oncology;** with national and hospice palliative care organizations and associations and participating jurisdictions (eight Canadian universities, regional health authorities and seven provinces and territories)

### Background and Goals

The original Pallium Project was conceived in 2001 with the goal of improving the care of Canadians who are experiencing a life-limiting illness by creating innovative educational resources for rural and remote primary care professionals. From 2004 to 2006, the Pallium Phase II initiative, supported by the Primary Health Care Transition Fund (PHCTF), evolved into a Community of Practice, which worked as a collaborative group of people throughout Canada that shared common practices and interests to advance skills and knowledge in hospice palliative care (HPC). The overarching goals of Pallium Phase II were to improve access to, enhance the quality of and build long-term system capacity for HPC. Through an extensive range of locally championed subprojects, the initiative supported outreach education and continuing professional development (CPD); knowledge management and workplace learning; and service development and innovative modes of collaboration. It emphasized improving supports to regional health authorities and community-based voluntary sector partners.

### Activities

The initiative evolved into 71 subprojects centred on a range of themes. The activities were conducted throughout 2004–06. A sampling includes:

- *Outreach education and continuing professional development:* The activities in this stream brought teaching and learning activities to health care providers in ways linked to the context of their workplace and local/regional health delivery systems. For example, some 957 physicians, nurses, pharmacists and other professionals experienced a multi-professional learning experience within their local health region. Also, 19 audio-conference CPD sessions were undertaken that allowed primary health care (PHC) stakeholders throughout Canada to regularly engage in critical local dialogue about difficult care topics in the community.
- *Knowledge development and workplace learning:* Projects under this stream provided tools to support better bedside decision-making and facilitated learning in the workplace. For example, an 11-module courseware kit—Learning Essential Approaches to Palliative and End-of-Life Care (LEAP)—was developed to advance learning about an end-stage, interprofessional clinical management approach.
- *Service development and system readiness:* A range of initiatives supported the adoption of the Canadian Hospice Palliative Care Association (CHPCA) model as the basic framework for planning and engaging new HPC services and programs. Investments in action learning, applied policy research, and service and program infrastructure development were undertaken to support the uptake of HPC services and programs within the PHC system. For example, 233 front-line coordinators/managers from across Canada participated in an interactive workshop experience that explored barriers and opportunities to service provision and



opened up dialogue on local/jurisdiction-level system change and improvement.

- *Network and relationship development:* Networking occurred with several related national initiatives such as the Canadian Strategy on Palliative and End-of-Life Care Coalition of Canada. This was intended to assure alignment and minimize the risk of unnecessary duplication.

Other PHC renewal activities included the alignment of resources and activities to leverage parallel projects, such as the inclusion of the voluntary sector as a PHC partner. Communication and dissemination activities were extensive and included a range of publications and presentations. An external evaluation of the initiative, entitled *A View from the Canopy*, was conducted.

### Resources

- The initiative website: [www.pallium.ca](http://www.pallium.ca)
- *The Pursuit of Possibility: A Report Back to Stakeholders Phase II (2004–06)*, available on DVD
- Phase II resources are available on [www.chpca.net](http://www.chpca.net) and include a national library of more than 400 peer-reviewed journal articles on palliative and end-of-life education.

### Key Learnings

The Pallium Phase II initiative has evolved into one of Canada's most visible and vibrant expressions of an inter-sectoral community of practice, with demonstrated achievements across multiple jurisdictions and key areas of longer-term capacity building in HPC. It was successful in disseminating local innovation rapidly across multiple jurisdictions.

The initiative's outreach education and CPD activities brought timely, relevant and accessible teaching-learning activities, as well as common practical tools, to health care providers. Participants in the initiative have stated that the quality, user-friendliness and application of the products and support materials that were developed have helped immensely with the

development of their own educational programs. The initiative also developed ways to facilitate collaboration and harness the energy, ideas, relationships, expertise and resources of skilled personnel. This collaborative spirit in turn supported the development of the 71 sub-projects and fostered fresh opportunities. For example, the 2002 *CHPCA Model to Guide Hospice Palliative Care Based on National Principles and Norms of Practice*—the world's first national, consensus-based model for hospice palliative care—was broadly adopted and championed to support strategic investments in the systems within which HPC is delivered.

Going forward, the initiative offers several levers that are essential to bringing about sustainable palliative PHC, including: methods to engage PHC professionals in change-management processes related to the delivery of quality care to an aging population; the use of technology and the partnership between providers and organizations; a focus on holistic care that includes the family unit; an understanding of ways to support community-based providers who are challenged to manage complex care problems in an environment of service demands and human resource shortages; and a practical means to facilitate the development of tools and resources among practitioners. It offered insights into strategies the federal government could implement to provide leadership and encourage engagement in targeted areas of service delivery while still respecting the intent of and complying with the local and regional powers among the provinces and territories.

**Approved Contribution:** \$4,317,000

### Contact Information

Michael Aherne  
Director, The Pallium Project—Phase II  
Phone: 780-413-8195  
E-mail: [michael.aherne@pallium.ca](mailto:michael.aherne@pallium.ca)

The full report is available in the language of the author on the PHCTF website, [www.healthcanada.gc.ca/phctf](http://www.healthcanada.gc.ca/phctf).



This initiative was supported by the Primary Health Care Transition Fund. The views expressed herein do not necessarily represent those of the federal government. This fact sheet was prepared on the basis of the initiative's final report, in consultation with its author.