



Local Service Development Planning (Palliative & End-of-Life Care) Action Planning Template from Phase II, Service Development Institute based on CHPCA Model to Guide Hospice Palliative Care

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This document is an archival tool published at www.pallium.ca
for use in facilitating local palliative and end-of-life care service delivery planning
based on the Canadian Hospice Palliative Care Association (CHPCA),
Model to Guide Hospice Palliative Care (Norms of Practice, 2002).

This tool was first developed, used and tested in the
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**Local Service Development Planning (Palliative & End-of-Life Care)
Action Planning Template from Phase II, Service Development Institute (SDI)
based on CHPCA Model to Guide Hospice Palliative Care**

Name _____ Organization _____

Directions: Read through the parts of this planning template then go back to the beginning and work through one part at a time. Use the reflections, exercises and challenge talk and briefing information in your Resource Book and conversations with your colleagues here (if applicable) to complete the Action Planning Template.

Action 1 _____

Goal of this action (e.g., to improve quality of care through early intervention as a result of coordinated case management; to improve utilization through coordinated access; to introduce needed service through collaboration with a community partner(s)).

Key strategies (i.e., the key steps needed to achieve this goal)

Key action steps What will be done?	Responsibilities Who will do it?	Resources (Funding/time/people/materials)	Timeline By when? (Month)

Building understanding and support (i.e., who will you discuss it with and who will give you support?)

Who needs to be an active participant in this process?

Who needs to approve this action?

Who needs to be consulted (e.g., important stakeholders)

Who needs to be otherwise involved?

Anticipating barriers

What barriers come to mind in what you would like to do?

What has to be done to overcome those predictable barriers? Who will help?

Monitoring and reporting impact

How will you know that you are doing something different?

How will you tell the story in a way that connects with decision makers and stakeholders?

What information will be required to tell that story?

Action 2 _____

Goal of this action (e.g., to improve quality of care through early intervention as a result of coordinated case management; to improve utilization through coordinated access; to introduce needed service through collaboration with a community partner(s)).

Key strategies (i.e., the key steps needed to achieve this goal)

Key action steps What will be done?	Responsibilities Who will do it?	Resources (Funding/time/people/materials)	Timeline By when? (Month)

Building understanding and support (i.e., who will you discuss it with and who will give you support?)

Who needs to be an active participant in this process?

Who needs to approve this action?

Who needs to be consulted (e.g., important stakeholders)

Who needs to be otherwise involved?

Anticipating barriers

What barriers come to mind in what you would like to do?

What has to be done to overcome those predictable barriers? Who will help?

Monitoring and reporting impact

How will you know that you are doing something different?

How will you tell the story in a way that connects with decision makers and stakeholders?

What information will be required to tell that story?

Action 3 _____

Goal of this action (e.g., to improve quality of care through early intervention as a result of coordinated case management; to improve utilization through coordinated access; to introduce needed service through collaboration with a community partner(s)).

Key strategies (i.e., the key steps needed to achieve this goal)

Key action steps What will be done?	Responsibilities Who will do it?	Resources (Funding/time/people/materials)	Timeline By when? (Month)

Building understanding and support (i.e., who will you discuss it with and who will give you support?)

Who needs to be an active participant in this process?

Who needs to approve this action?

Who needs to be consulted (e.g., important stakeholders)

Who needs to be otherwise involved?

Anticipating barriers

What barriers come to mind in what you would like to do?

What has to be done to overcome those predictable barriers? Who will help?

Monitoring and reporting impact

How will you know that you are doing something different?

How will you tell the story in a way that connects with decision makers and stakeholders?

What information will be required to tell that story?

Alignment with the Canadian Hospice Palliative Care Association (CHPCA) national Model to Guide Hospice Palliative Care (Make the links to the relevant principles and norms in the Model document)

How are your action statements aligned with the CHPCA Model

Action 1

Action 2

Action 3

Other notes to self or team/supervisor