

## **Pallium Project (Phase III) Feasibility Study October 2007 Update**

### **Background**

In Fall 2006, the Pallium Project (Phase II) Steering Committee expressed concern regarding the open, unsolicited nature of the Spring 2006 stakeholder consultation process and requested purposive consultation. Steering Committee members noted there were still important capacity-building contributions in Hospice Palliative Care. Following discussion that the Steering Committee was not mandated to commission a Phase III project, Steering Committee members directed the Project leadership to complete a Phase III Feasibility Study and report back by summer 07. The Steering Committee requested a purposeful outreach consultation process of key national, provincial and territorial stakeholders and expressed concern about how project legacies would be resourced/managed.

### **Implementation**

Following material completion of Phase II “left over” and final Health Canada reporting activities by late February 2007, Mr. Aherne agreed to undertake a Phase III Feasibility Study on behalf of the Pallium Project on an “as available” basis, drawing down recoveries on an “as needed” basis to finance the Feasibility Study. A plan of work was proposed that would purposefully engage major stakeholders at the national, provincial and territorial-levels, including collaborative planning and site visits consultations. A pilot to test some emerging workplace learning options that deal directly with extreme short staffing in rural western and northern Canada was also undertaken. The deliverable of the Feasibility Study process is a report document to stakeholders with a proposed recommendation of either “wind down” or “go forward,” with appropriate justification and an inventory of prospective collaborative development opportunities, in either case.

### **Implementation Variance**

The timeline for the Feasibility Study was voluntarily extended to late Fall 2007, when provincial stakeholders in British Columbia, Saskatchewan and Manitoba requested in-person consultation meetings which aligned with their 2007/2008 programming year major fall meetings. The Project was also invited to provide witness testimony before a Senate of Canada, Senate Special Committee on Aging and did so on June 18, 2007 with senior representatives of the Canadian Home Care Association and the Canadian Hospice Palliative Care Association as part of a combined home care/hospice palliative panel. In September 2007 a senior stakeholder for Northwestern Ontario also requested a key informant stakeholder consultation for the Northern Ontario School of Medicine, the Kenora Chiefs Advisory (i.e., tribal council) and the new health region in northwestern Ontario. In late June 2007, the Project was also invited to participate in an issues panel on “share services” and “integration” on December 3<sup>rd</sup> at the Canadian Home Care Association (CHCA) national summit. In October 2007, the CHPCA also requested the Project participate as a co-lead collaborator in a Canadian Health Services Research Foundation (CHSRF) Letter of Intent for the national 2008 Research, Exchange and Impact for System Support competition, due November 1, 2007. The Feasibility Study report is to be completed on/before Dec 21, 2007.

### **Key Emergent Themes (no particular order of importance implied)**

- Virtually all outreach education activity in rural Canada has ceased in the 20 months since the term-specific, RWC program was completed.
- “Evergreening” by way of uptake of the Phase II resources is happening, with particularly positive feedback for the 99 Common Questions book in other provinces, limited use of LEAP modules for new purpose-specific activities/special projects (e.g., Cancer Care Ontario, Alberta HOPE).
- Extreme short-staffing in rural western Canada prohibits ready access to intensive (e.g., RWC) classroom instruction for many (no “back fill” staff).
- Continued and significant problems with International Medical Graduate (IMG) integration in rural western Canada HPC service delivery.
- More focus on “reculturing” work required as many RNs (specifically noted) continue to practice counter to understood HPC case management practices.
- A desire for teaching-learning resources that provide more “depth” on specific clinical problems than that offered by LEAP introduction.
- Innovation and creative responses to deal with ever increasing health human resource (HHR) challenges at all levels of service delivery.
- A desire by many to continue doing things under the “Pallium Project” collective due to “brand trustworthiness” with provincial/regional managements.
- A desire by tertiary-level palliative medicine staff to: 1) provide a range of technical/curriculum support to optimize the program development time of extremely busy physicians/CNSs and 2) have Pallium Project “broker” more productive cooperation in co-management with other non-palliative specialists who behave as specialist palliative services are a “dumping ground” to manage their “patient flow” of patients in decline.
- Growing concern about succession planning both at the program and service management level in several provinces and sundry succession planning/and health-related retention issues of key long-serving program and “bed side” staff, with injury and burnout being reported of increasing demands at work and informal care giving of aging relatives (i.e., they are the palliative “experts” at work, they become the default providers in the family unit).
- Growing concern about gaps in continuity of care across settings of care and responsiveness in effectively managing longer-term, progressive decline.