

**The Primary Health Care Transition Fund: A Legacy For Change, 2007 National Conference
Palliative and Cancer Care (Concurrent Session), February 22, 2007
Pallium Project (Phase II) – Briefing Note**

- Phase II of the Pallium Project, enabled by a \$4.3 million investment under the *National Initiatives* stream of the Primary Health Care Transition Fund's (PHCTF) National Envelope, officially ended September 30, 2006.
- Phase II supported 72 subprojects, initiatives and strategic activities focused on improved access, enhanced quality and longer-term capacity for palliative and end-of-life care as part of broader Primary Health Care renewal efforts.
- Phase II activities involved a mix of one-time, term-specific programming activities and development in: community-based, outreach education and professional development; extensive tool development to support improved teaching, bed-side decision making and service design; and focused efforts to help various national, provincial and territorial delivery stakeholders understand emerging national directions, such as the work of the *Canadian Strategy on Palliative and End-of-Life Care* and the CHPCA Norms of Practice.
- A synopsis of the 72 activities, including directions for web-deployed and other resources available from the Canadian Hospice Palliative Care Association (www.chpca.net), are in a *Phase II Operations – Summary Report* document, which is mounted at www.pallium.ca.
- The Project, working with its external evaluator, produced a 45 minute report-back video, *The Pursuit of Possibility*, which is available in DVD and *GoogleVideo* (<http://video.google.ca>). It is from a thematic analysis of key informant interviews that were conducted using the question set from Health Canada's, Population Health Fund, *Guide to Participatory Evaluation*.
- Indications to-date are that the Phase II investment from Health Canada has accelerated the pan-Canadian development of Hospice Palliative Care as informed by the *CHPCA Norms of Practice*, the work of the Strategy (i.e., especially CCHSA Accreditation; Advanced Care Planning information) and amplified/accelerated various pioneering local innovations.
- Practitioners are reporting that they feel more confident in their ability to provide palliative care services in various primary-care settings, particularly when there are opportunities to use a *Shared Care* approach and integrate care with palliative care consultants/specialists. Local palliative care service champions report feeling more confident in their ability to teach and support end-stage, palliative care services in a variety of primary-care settings.
- The *Phase II Steering Committee* strongly felt that there are some continuous support and additional development activities that are required and directed that a *Phase III Feasibility Study* be undertaken, with a report back by late Spring 2007. The fieldwork for that study is happening in March and April and more information is available at www.pallium.ca.
- Continuing areas of concern are: improving continuity of care across the five settings of care (home, hospice, hospital, long-term/continuing care, marginalized settings); improved "after-hours" access to primary-care providers during evenings and overnight; addressing various health human resource (HHR) issues, including improved role collaboration among health authority personnel, the voluntary sector and family caregivers; more focus on earlier engagement of issues in progressive illness as well as improved bereavement supports; and focused efforts to support the public's engagement of planning for decline and end-of-life.