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 it’s 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.