

The Pallium Project
le projet Pallium



Working Together to Improve the Quality of
Living and Dying in Canada
Travailler ensemble pour améliorer la qualité
de la vie et de la fin de vie au Canada

Phase II Operations – Summary Report (2004 – 06)

Phase II operations commencement (January 2004)
through to the period ending September 30, 2006

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[30 June 2007 update – updated legacy resources links/advise]

Pallium Project (Phase II) is made possible by a financial contribution from Health Canada's, Primary Health Care Transition Fund (PHCTF). The views expressed herein do not necessarily represent the official policies of Health Canada or the organizations of the colleagues collaborating within the Pallium Project, Community of Practice.

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Pallium Project, Phase II Operations – Summary Report (2004 – 2006)
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Notes to Reader

Note 1 – The operating definition of Community of Practice that the Pallium Project uses to guide the development and implementation of its work with collaborators is based on Wenger (2004, 1998).

Wenger, E. (2004). Knowledge management as a donut: Shaping your knowledge strategy through Communities of Practice. *Ivey Business Journal* (January/February 2004). (Reprint#9B04TA03). London: Ivey Management Services, University of Western Ontario.

Wenger, E. (1998). *Communities of practice: Learning, meaning, identity*. New York: Cambridge University Press.

Note 2 - *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice* is also referred to as the CHCPA Norms of Practice in this document. The CHPCA Norms of Practice can be downloaded at http://www.chpca.net/marketplace/hpc_norms.htm

Note 3 – *A Caregiver's Guide: A handbook about end-of-life care* is also referred to as the Caregiver Handbook in this document

Pallium Project - Phase II Operations Summary Report (2004 – 2006)

About the Pallium Project

The Pallium Project is currently a strategic initiative focused on facilitating improved access, enhanced quality and additional capacity for Hospice Palliative Care (HPC) within Canada's Primary Health Care Renewal process. In Phase II (2004-06) this has been achieved by focused public investments made possible by the Government of Canada's, Primary Health Care Transition Fund (PHCTF) and through extensive in-kind contributions of time, leadership, creativity and wisdom from many of Canada's most experienced HPC scholars and practitioners.

The concept behind the Project comes from the idea that *many hands make light work*. The Project functions as a Community of Practice (CoP). Communities of Practice are self-organized, deliberate collaborations of people who share common practices, interests and aims and want to advance their specific domain of knowledge. The Project has evolved beyond its Phase I orientation (2001-2003) as an applied health human resource (HHR) research project in rural health and is currently a *focused capacity-building initiative*.

It links a range of teaching-learning, service and policy development, knowledge management, change management and related collaborative initiatives to tangible short- and medium-term results which are essential building blocks for longer-term sustainability in caring for those with life-threatening and life-limiting illnesses. Collaborators are committed to building on a shared vision of *Quality End-of-Life Care*, where people can live well until death and die as free of pain and suffering as possible (ideally without pain), in a setting of their choice, surrounded by loved ones with reasonable supports to assure the sustained/improved health status of all caregivers and the bereaved.

In late 2003, the Project was awarded \$4.3 million in Contribution Agreement funding based on an August 2002 Letter of Intent and an April 2003 invited proposal prepared to the National Envelope of Primary Health Care Transition Fund (PHCTF). The principal commitments outlined in this proposal are for outreach education and continuing professional development (CPD), knowledge management and workplace learning supports oriented to improving bedside decision making and collaboration among providers, and initiatives to strengthen service development and the ability of Canada's primary health systems to respond to emerging demands for quality Hospice Palliative Care.

Significant emphasis has been placed on improving supports to health delivery systems and community-based, voluntary-sector partners to improve local/regional capacity and inter-sectoral collaboration consistent with the objectives of Canada's Primary-Health Care renewal efforts.

About this Document

This document is a high-level synoptic of major subprojects, initiatives and strategic activities at the program development and operational-level. It covers the period from January 2004 through September 30, 2006. The synopsis for each activity is organized as a brief description of what it is, confirmation of lead collaborators, link to Phase II strategic goals, status of milestones/outcomes as at September 30, 2006 and ways that stakeholders will be able to access the results (as applicable).

This document also contains appendices which outline the Project's Collaborating Stakeholders at the time of the Phase II funding announcement in late 2003; a presentation of the PHCTF stated objectives/high-level pathways for achievement over Phase II; and specific information for the reader to identify where current investments have been made by way of community-based interventions in outreach education/continuing professional development; service development and national hubs for collaborator-driven activities. Activities in this document are presented based on the sequence of their development or a top-of-mind presentation. The sequencing of activities/initiatives within a section does not connote priority or any order of importance. Questions about this document should be addressed to Michael Aherne by phone toll-free at 1-888-475-4933.

Outreach Education and Continuing Professional Development (CPD)

The Conference Board of Canada (*Training and Development Expenditures, 2001*), notes that Canada’s publicly-funded health sector ranks last with public education among major economic sectors in the country in human resources development (HRD) expenditures. The Project’s Outreach Education and CPD activities bring timely, relevant and accessible teaching-learning activities to health care providers in ways that are linked to the context of their workplace and local/regional health delivery systems. The Project has undertaken these activities principally in western Canada and the three northern territories, however, it is also responsive to supporting other requests in Canada as local readiness and resources permit.

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability																																																												
<p>Regional Weekend Courses (RWC) The RWC is a small-group (max 25/course), inter-professional weekend course conducted in local communities. Leading with a retreat-based format it promotes practitioner and local health system change/adoption of current skills by facilitating multi-professional learning, principally of primary-care physicians, registered nurses and pharmacists, who historically find themselves poorly equipped to collaborate in case management/coordination of end-stage care at the local (especially rural/remote) community levels. RWCs are conducted using the Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) Facilitator Kit (CFPC Certificants completing a RWC course are eligible for 13 Mainpro-C credits from College of Family Physicians of Canada)</p>	<ul style="list-style-type: none"> - Increase access to primary-care HPC - Increase quality by addressing under- and mis-treatment of pain & symptoms and over-use of active, curative therapies - Promote practice change oriented towards whole person care and thoughtful application of team concepts in rural & remote locales 	<p>Phase II operations 100% complete as of Jan 31, 2006</p> <ul style="list-style-type: none"> - 40 courses in 5 prov/territ. <ul style="list-style-type: none"> 11 Manitoba 08 Saskatchewan 09 Alberta 10 British Columbia 02 Yukon Territory - 957 locally employed primary health care (PHC) participants <ul style="list-style-type: none"> 212 physician learners 609 RN learners 96 pharmacist learners 40 "others" (e.g., LPN) - Evaluation processing 75% 	<ul style="list-style-type: none"> - A "Planning and Conducting Local Inter-professional Education" planning kit is available from Pallium.ca as based on model elements/learning from Phase II operations - A facilitator pool of experienced HPC practitioners is available to local regions on an "as needed, as available" basis to conduct additional local courses contracted directly by local service delivery/provincial/territory 																																																												
<p>Monthly Audioconference CPD Program A structured one-hour, pan-Canadian audioconference-based CPD event has been conducted the 4th Thursday of every month. Topical themes are chosen based on the practical challenges of providing HPC in the community. It is a high-volume, pan-Canadian real-time (i.e., live) and shared experience across the country. The first 40 minutes are conducted as a semi-structured interview between a guest resource(s) and a HPC Advanced Practice Nurse convenor. The following 20 minutes enable participants from across Canada to interact and ask supplemental questions and/or share promising and practical local practices with colleagues throughout Canada. This is a cost-shared activity where Pallium Project (through PHCTF) has paid planning/coordination/bridge charges and local sites pay long distance to Toronto bridge provider.</p>	<ul style="list-style-type: none"> - Increase awareness of HPC as part of PHC service continuum - promote local practice change - support local system renewal through local dialogue with pan-Canadian community building/sharing 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Month</th> <th style="text-align: center;">#Sites</th> <th style="text-align: center;">#Part</th> <th style="text-align: center;">#P/T</th> </tr> </thead> <tbody> <tr><td>Feb05</td><td style="text-align: center;">32</td><td style="text-align: center;">169</td><td style="text-align: center;">06</td></tr> <tr><td>Mar 05</td><td style="text-align: center;">50</td><td style="text-align: center;">231</td><td style="text-align: center;">08</td></tr> <tr><td>Apr 05</td><td style="text-align: center;">66</td><td style="text-align: center;">180</td><td style="text-align: center;">08</td></tr> <tr><td>May 05</td><td style="text-align: center;">70</td><td style="text-align: center;">241</td><td style="text-align: center;">09</td></tr> <tr><td>June 05</td><td style="text-align: center;">58</td><td style="text-align: center;">176</td><td style="text-align: center;">09</td></tr> <tr><td>July 05</td><td style="text-align: center;">68</td><td style="text-align: center;">217</td><td style="text-align: center;">08</td></tr> <tr><td>Aug 05</td><td style="text-align: center;">54</td><td style="text-align: center;">158</td><td style="text-align: center;">09</td></tr> <tr><td>Sept 05</td><td style="text-align: center;">85</td><td style="text-align: center;">259</td><td style="text-align: center;">10</td></tr> <tr><td>Oct 05</td><td style="text-align: center;">68</td><td style="text-align: center;">147</td><td style="text-align: center;">10</td></tr> <tr><td>Nov 05</td><td style="text-align: center;">115</td><td style="text-align: center;">430</td><td style="text-align: center;">11</td></tr> <tr><td>Dec 05</td><td style="text-align: center;">85</td><td style="text-align: center;">247</td><td style="text-align: center;">11</td></tr> <tr><td>Jan 06</td><td style="text-align: center;">80</td><td style="text-align: center;">258</td><td style="text-align: center;">11</td></tr> <tr><td>Feb 06</td><td style="text-align: center;">97</td><td style="text-align: center;">405</td><td style="text-align: center;">12</td></tr> <tr><td>Mar 06</td><td style="text-align: center;">69</td><td style="text-align: center;">219</td><td style="text-align: center;">N/A</td></tr> </tbody> </table> <ul style="list-style-type: none"> - 100% completion of original planned conference agenda - Evaluation complete 	Month	#Sites	#Part	#P/T	Feb05	32	169	06	Mar 05	50	231	08	Apr 05	66	180	08	May 05	70	241	09	June 05	58	176	09	July 05	68	217	08	Aug 05	54	158	09	Sept 05	85	259	10	Oct 05	68	147	10	Nov 05	115	430	11	Dec 05	85	247	11	Jan 06	80	258	11	Feb 06	97	405	12	Mar 06	69	219	N/A	<ul style="list-style-type: none"> - Legacy versions for use in staff development available in Audio CD and mp3 format at CHPCA Marketplace – www.chpca.net; see Appendix C for topics/resource persons associated with each month. - Past CPD Audioconference program sessions can be accessed for individual use in mp3 format at www.palliativeinsight.net
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<p>Creating Communities of Caring with Aboriginal Clients and Families A one-day, customized local continuing education experience based on a local issues/needs assessment and tailored application of the tools and resources within <i>Responsive Hospice Palliative Care with Aboriginal Clients and Families</i> (Pallium Project courseware).</p>	<ul style="list-style-type: none"> - Bridge service gaps between provincial/territorial and federal jurisdictions - Increase access to quality HPC for Aboriginal clients and families - Support practice change for non-Aboriginal PHC providers 	<p>100% completion in Manitoba (310 participants in 7 courses in collaboration with Hospice & Palliative Care Manitoba/RHAs)</p> <p>100% completion in B.C. (2 courses w/ B.C. Cancer Agency for Northern Health Authority and Vancouver Island Health Authority (late March 2006)</p> <p>100% completion in Northern Ontario (customized Train-the-Trainer 2 day workshop w/ Lakehead Univ. in March 2006)</p>	<ul style="list-style-type: none"> - A pan-Canadian facilitator pool has been oriented. For facilitator availability in your province/territory please fax written request (toll free) to 1-888-553-8219 and include name, phone, email - Customized solutions available on an “as needed, as available” basis - Future development a focus area of Pallium Project, Phase II transition pan-Canadian consultation
<p>Spiritual Care Development (SCD)– CAPPE Accredited Clinical Pastoral Education (CPE) in Hospice Palliative Care and Oncology Regina Qu’Appelle Health Region (RQHR) has served as home to Canada’s first completely HPC focused 12 week CAPPE accredited CPE experience. Designed as a “learning laboratory” to advance development of SCD curricular resources/tools/ knowledge two cohorts were supported by Pallium Project, Phase II with PHCTF Funding.</p>	<ul style="list-style-type: none"> - Increase access to whole person HPC based on CHPCA Model - Increase quality of services to support healing at end-of-life - Increase quantity of skilled HPC PHCs with special skills in SCD 	<p>100% completion of Phase II commitments w/ RQHR</p> <p>100% Evaluation processing complete</p> <p>2004 Cohort – 5 graduates 2005 Cohort – 4 graduate</p>	<ul style="list-style-type: none"> - <i>Developing Spiritual Care Capacity for Hospice Palliative Care: A Canadian Curricular Resource</i> via CHPCA Marketplace www.chpca.net; description at www.pallium.ca/index.php?s=phase2&p=20 - DACUM Chart for Professional Spiritual Care Provider for Hospice Palliative Care available at pallium.ca by going to www.pallium.ca/index.php?s=phase2&p=22
<p>Continuing Nursing Education (CNE) for Nunavut Home Care RNs (Feb 2005, Iqaluit) Customized 2-day CNE using LEAP Facilitator Kit modules/practical cases and clinical issues in remote Arctic community settings. Completed in collaboration with Nunavut, Department of Health and Social Services, Territorial Home Care Program.</p>	<ul style="list-style-type: none"> - Increase access to HPC as part of local Home Care practice in Canada’s Arctic communities - Support PHC retention by addressing isolation and challenges in providing end-stage care in remote locales 	<p>100% operations completion</p> <p>21 RNs & 1 Inuit RN student from a broad-cross section of Nunavut’s 28 remote communities</p>	<ul style="list-style-type: none"> - Future development subject of Pallium Project, Phase II transition pan-Canadian consultation
<p>HPC Nursing Education (Health Canada, First Nations & Inuit Health Branch, Saskatchewan) Oct 05 & Feb 06 – Province-wide, customized cultural & clinical education for on-reserve RNs and LPNs addressing local challenge of service delivery.</p>	<ul style="list-style-type: none"> - Increase access to HPC skills within Home Care practice on-reserve 	<p>100% operations completion</p> <ul style="list-style-type: none"> - Oct 2005 - 51 RNs & LPNs from on-reserve settings - Feb 2006 – 12 LPNs & 96 Home Health Aids (HHAs) 	<ul style="list-style-type: none"> - Future development subject of Pallium Project, Phase II transition pan-Canadian consultation (April/ May 2006) w/ FNIHB nationally

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Palliative Care Essentials – Hospice and Palliative Care Manitoba (HPCM) post-conference – Customized one-day course by HPCM w/ Pallium Project facilitators offered as a post-annual provincial course event.</p>	<p>- Increase quality and access to HPC at the community-level through cont. education</p>	<p>100% operations completion 32 family physicians, RNs and pharmacists</p>	<p>N/A</p>
<p>Palliative Care Essentials – Update for Physicians in Office Practice (Northern and Southern Saskatchewan) - Regional palliative care programs in Saskatoon and Regina conducted one-day courses in Regina (November 20, 2004) and Saskatoon (November 27, 2004) for physicians in office-based practices.</p>	<p>- Increase quality and access to HPC at the community-level through cont. education</p>	<p>100% operations completion 18 Family Physicians and RCPSC Fellows</p>	<p>N/A</p>
<p>Spiritual Care Development for Primary-Care Practice (Demonstration of Concept) – Demonstration of community-based, spiritual care outreach education concept in collaboration with Sun Country RHA (Weyburn and Estevan, Sask).</p>	<p>- Promote practice change of whole person care of CHPCA Model - Increase quality of care provided locally</p>	<p>100% operations completion</p>	<p>Use of evaluation information to inform suggested directions for further development of community- based, spiritual care outreach education options</p>
<p>Spiritual Care Update – Saskatchewan Provincial Palliative Care Coordinators’ Network (On-request, customized education) – Continuing education for Saskatchewan’s, provincial palliative care coordinator network (Oct 2004).</p>	<p>- Promote practice change and access by increasing awareness of local HPC leaders about emerging practice of spiritual care and role in local interdisciplinary care delivery</p>	<p>100% operations completion 20 RN/other PHC professionals serving as local palliative care coordinators</p>	<p>N/A</p>
<p>Facilitator Pool Orientation and Development A core of experienced clinicians oriented to and experienced in using the Learning Essential Approaches to Palliative & End-of-Life Care (LEAP) Facilitator Kit in Regional Weekend Course and other customized applications has been developed in Phase II. Each member of the Pallium Project Facilitator Pool is equipped w/ a full LEAP Facilitator Kit. A second “by request” Facilitator Orientation for southern Ontario (McMaster) has also been completed in August 2005.</p>	<p>- Promote practice change by building internal capacity from within prov/territorial health systems - Increase access & quality from internal system capacity</p>	<p>100% operations completion 40 physicians w/ palliative medicine practices; family physicians w/ special skills in palliative care; Clinical Nurse Specialists (CNS) in HPC; Nurse Practitioners and RNs w/ care coordination/case management skills in HPC 100% evaluation processing</p>	<p>- A western and northern Canadian facilitator pool is available on an “as needed, as available” basis. For facilitator availability in your province/territory please fax written request (toll free) to 1-888-553-8219 and include name, phone, email - HPC education using LEAP is available in southern Ontario from McMaster U, Palliative Care program</p>

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) Online – Online offerings of small-group learning experiences offered via distance education</p>	<ul style="list-style-type: none"> - Increase access and quality by promoting current HPC practice - Promote retention by flexible learning opportunities available in the community 	<p>100% development completion</p>	<ul style="list-style-type: none"> - 11 week blended delivery option to be offered in rural southern Alberta in September 2006 - Final templates to be developed from southern Alberta & made "platform independent" for distribution via CHPCA Marketplace in early 2007
<p>Online "Courselet" Template & Initial Content Offering – Self-directed, just-in-time independent instruction modules</p>	<ul style="list-style-type: none"> - Increase access and quality by promoting instrumental, just-in-time learning opportunities 	<p>100% development completion of ILS (Individualized Learning System)</p> <p>100% development completion of <i>Safety Issues in Methadone Use for Pain Management</i></p>	<ul style="list-style-type: none"> - Methadone safety courselet for community-based, family practice to be evaluated for publication with southern Alberta rural primary health care network physicians Fall 2006 - Calgary Health Region has received external funding to continue development of additional courselets using ILS-based template. Contact Dr. Ron Spice ron.spice@calgaryhealthregion.ca at CEDER for more information - Monitor Pallium.ca and CHPCA for announcements
<p>Advanced Palliative Skills Training for the Primary-Care Physician/RN – Concept was for a multi-site initiative led by tertiary palliative-care units in western Canada and done with early involvement of the Canadian Society of Palliative Care Physicians (CSPCP). The goal of this initiative is to move towards a common approach for developing the primary-care physicians and Clinical Nurse Specialist-like HPC resources as secondary-level or regional health authority (RHA) level resources.</p>	<ul style="list-style-type: none"> - Improve quality by ensuring properly qualified secondary-level resource teams in place - Improve access by streamlining HPC consultation on a primary-, secondary-tertiary-level model 	<p>20% development (outline of concept; agreement in principle from tertiary HPC programs)</p> <p>0% operations completion</p> <p>10% formative evaluation</p>	<ul style="list-style-type: none"> - Sub-project tabled in 2005 due to competing local priorities and pervasive challenges organizing tertiary-level clinical resources to complete early development work - Future development subject of Pallium Project, Phase II transition pan-Canadian consultation

Knowledge Development and Workplace Learning

Practitioners learn in a variety of ways, only one of which is participation in formal continuing education. The volume of patient cases within a health sciences practice is also significant determinant in developing and maintaining competence (i.e., hence the adage that “practice makes perfect”). The reality of primary-level, hospice palliative care (HPC) for many-to-date has sporadic and relatively-low volumes. Primary-care professionals also maintain a generalist set of assessment and diagnostic skills, while using professional judgment in seeking out the best possible decision support resources to assist with treatment and management of a complex set of physical, emotional, spiritual and psychological concerns.

The focus of the knowledge management and workplace learning program stream is to support longer-term infrastructure investments in the development of relevant, useful and responsive collaboratively developed and peer-reviewed, teaching-learning materials and bed-side decision support tools. These investments are made with consideration to the trans-disciplinary nature of primary hospice palliative care which includes family and informal caregivers, volunteers and paid providers with a range of knowledge, skills and experiences. To this end the Project planned and implemented a variety of sub-projects and initiatives based on the commitments outlined in the April 2003 proposal to Health Canada, as well as leveraging more recent developments in cooperation with its Collaborating Stakeholders. Lead collaborators and national hubs locations for development are identified in Appendix C.

PART A – LEARNING RESOURCES AND DECISION SUPPORT DEVELOPMENT

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p><i>Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) courseware</i> - An 11 module, peer-reviewed courseware kit focusing on a practical, end-stage inter-professional clinical management approach. LEAP courseware can qualify for up to 13 Mainpro-C credits from the College of Family Physicians of Canada (CFPC).</p>	<ul style="list-style-type: none"> - Promote practice change - Increase access and quality by improving consistency in quality and availability of practice-linked education - Build longer-term system capacity 	<p>100% development completion of English-language version. Version 1.1 license distributed August 2006</p> <p>95% development completion of French-language version</p> <p>Distribution of 180 Project-subsidized LEAP Facilitator Kits throughout Canada (as of March 2006)</p> <p>Distribution of 17 designated LEAP Facilitator Kits to EFPPEC Teams at Canada’s 17 medical faculties</p>	<ul style="list-style-type: none"> - LEAP Facilitator Kit is available in <u>Canada</u> on a licensed basis to appropriately qualified educators affiliated with accredited education institutions, health delivery organizations and professional assn/ regulatory colleges - Two versions of the LEAP Facilitator Kit (identical content) is available through <i>CHPCA Marketplace</i> access at www.chpca.net <p>Resource description at www.pallium.ca/index.php?s=phase2&p=20</p>
<p><i>Clinical Communication in Hospice Palliative Care</i> (Instruction Discussion Videos) - a series of peer-reviewed, eleven - 4 to 8 minute instructional media segments designed to promote critical reflection and discussion about common communication challenges faced by health professionals in working w/ patients and families.</p>	<ul style="list-style-type: none"> - Support practice change by reflection and dialogue - Increase quality - Build longer-term system capacity 	<p>100% development completion</p> <p>Distribution with all LEAP Facilitator Kits</p>	<ul style="list-style-type: none"> - Available through <i>CHPCA Marketplace</i> effective as DVD & accompanying teaching guide, access at www.chpca.net <p>Resource description at www.pallium.ca/index.php?s=phase2&p=20</p> <p>Web version available at video.google.ca/; search “Pallium Project”</p>

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Responsive Hospice Palliative Care with Aboriginal Clients and Families courseware - a four module, 84 page courseware manual covering essential tenants of providing effective service provision with Aboriginal clients and families in a multi-jurisdictional service-delivery environment.</p>	<ul style="list-style-type: none"> - Increase access and quality of culturally-responsive HPC - Promote collaboration across F/P/T service delivery jurisdictions - Build longer-term system capacity & support broader population health goals associated with "Healing" policy agenda 	<p>100% development completion</p>	<ul style="list-style-type: none"> - Instructional copies available from The Pallium Project following an intended use-assessment/ declaration statement and/or completion of an Pallium Project sanction Facilitator Orientation session
<p>In Our Own Voices: Aboriginal Perspectives in Hospice Palliative Care (Instruction Discussion Videos) - a series of eleven 4 to 8 minute instructional media segments that have been developed in consultation with Aboriginal nurses, physicians and Elders in Canada. Segments designed to promote reflection and discussion about common issues that create barriers to effective and responsive care.</p>	<ul style="list-style-type: none"> - Increase access and quality of culturally-responsive HPC - Build longer-term system capacity and support broader population health goals associated with "Healing" policy agenda 	<p>100% development completion</p>	<ul style="list-style-type: none"> - Available through CHPCA Marketplace as DVD & accompanying teaching guide at www.chpca.net Resource description at www.pallium.ca/index.php?s=phase2&p=20 Web version available at video.google.ca/; search "Pallium Project"
<p>Identifying & Assessing the Medically-at-risk Driver (early onset Alzheimer Disease & other progressive dementia) courseware – Component A: A one-day physician-in-office practice CME course; Component B: Companion learning resources/courseware materials especially for community-based RNs, Social Workers and family members. Oriented to helping better engage and address a major early loss in a journey of progressive decline while addressing an emerging public safety issue.</p>	<ul style="list-style-type: none"> - Support population health by earlier assessment of cognitively-at-risk drivers - Promote population health of the family unit by earlier and better engagement of "the driving issue" - Promote a dignity-maintaining culture during periods of long & progressive decline leading to death 	<p>100% development completion (finalize national peer-review; incorporate peer-review input into final draft; product organization/pre-press readiness; pilot for Mainpro-C template development)</p> <p>Completion August 2006 w/ pilot testing in South Edmonton Primary Health Network in Fall 2006</p> <p>100% completion of <i>Difficult Conversations</i> instructional video & <i>After the Keys Are Gone</i> videos is reported within this line item as related product</p>	<ul style="list-style-type: none"> - Available on request as contracted delivery to Primary Health Care (PHC) Network teams; Family Health Teams (Ontario) and others on request. Send inquiries via fax to 1-888-553-8219 and include contact name, phone and email
<p>CHPCA Norms Toolkit – A paper-based & PDF format booklet using a variety of case examples to illustrate application of the CHPCA Model.</p>	<ul style="list-style-type: none"> - Promote longer-term system capacity 	<p>100% completion</p>	<ul style="list-style-type: none"> - Available in English and French from the <i>CHPCA Marketplace</i> at www.chpca.net; or www.pallium.ca/index.php?s=phase2&p=22

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>99 Common Questions (and more) about Hospice Palliative Care: A nurses handbook (3rd edition) – a peer-reviewed (pan-Canadian, experienced HPC clinicians), updated and applied palliative nursing “lab coat” style field book and decision support resource based on 104 common issues/questions the primary-care RN encounters in community-based, clinical practice.</p>	<ul style="list-style-type: none"> - Improve quality of HPC service provision - Increase access to HPC service in PHC - Build longer-term system capacity 	<p>100% development completion</p>	<ul style="list-style-type: none"> - Available through <i>CHPCA Marketplace</i> effective May 2006 as a “lab coat” style pocketbook; see www.chpca.net Note: This product is a wholly-owned resource of Capital Health’s, Regional Palliative Care Program (www.palliative.org)
<p>A Caregiver’s Guide: Handbook for the Inuktitut-speaking Family Member – A version of <i>A caregiver’s guide: A handbook about end-of-life care</i> available in Innuin and Inuk dialects developed collaboratively with stakeholders in Nunavut and Northern Labrador.</p>	<ul style="list-style-type: none"> - Improve quality of HPC service provision in Arctic communities - Increase access to culturally-responsive HPC - Build longer-term PHC system capacity in far North 	<p>100% development completion</p>	<ul style="list-style-type: none"> - Direct distribution to three Home Care regions in Nunavut; regions by special arrangement in NWT and Northern Labrador - Additional copies for Inuit families (including Ottawa region) available through <i>CHPCA Marketplace</i> at www.chpca.net Note: This product is a wholly-owned resource of the Order of St. Lazarus distributed in cooperation with the CHCPA
<p>CHPCA Home Support Workers (HSW) Training Kit [2nd edition] – national update - re-development of the CHPCA Home Support Workers Training Manual (reflects changes in practice, desired “fixes” after several years of 1st edition use, and incorporates CHPCA Model to Guide Hospice Palliative Care.</p>	<ul style="list-style-type: none"> - Improve quality of HPC home support provision/collaboration amongst care team - Increase access to HPC in home care settings - Build longer-term HPC capacity at home support-level 	<p>100% development completion (English language version)</p> <p>100% development completion (French language version)</p>	<ul style="list-style-type: none"> - Available through <i>CHPCA Marketplace</i>. See www.chpca.net under the <i>CHPCA Marketplace</i> link
<p>Developing Spiritual Care Capacity for Hospice Palliative Care: A Canadian Curricular Resource (Version 1.0) –A 600 page first pan-Canadian effort to integrate in a single-source, peer-reviewed and modularized learning materials, literature reviews, bibliographies and original teaching cases designed to support CAPPE accredited education for spiritual care in HPC.</p>	<ul style="list-style-type: none"> - Improve quality and access to whole person HPC across Canada - Build longer-term capacity by articulating role, contribution and resources of Spiritual Care provision within interdisciplinary teams 	<p>100% development completion of curricular resources and companion CDR and DVD</p>	<ul style="list-style-type: none"> - Print version available through <i>CHPCA Marketplace</i>; see www.chpca.net Detailed description available at www.pallium.ca/index.php?s=phase2&p=20

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>CPD Audioconference Program – Audio CDs and MP3s – Digitally re-mastered editions of the Monthly CPD Audioconference Program sessions available as AudioCD libraries or as MP3s suitable for burning to CD/playing on MP3/Apple® iPods.</p>	<ul style="list-style-type: none"> - Increase quality by creating “reminder systems” to support low-volume, PHC environments - Improve PHC access by improving access to learning opportunities 	<p>100% of Conversations on Caring Volume 1 (February 2005-January 2006)</p> <p>Additional 6 from Phase II to be released on an “as completed” post-production basis.</p>	<ul style="list-style-type: none"> - mp3 available as podcast for individual use at www.palliativeinsight.net at Apple iTunes® (Canada store) as <i>Hospice Palliative Care Insights</i> podcast. - Audio CD library available through CHPCA Marketplace at www.chpca.net; description www.pallium.ca/index.php?s=phase2&p=20
<p>The Pallium Palliative Pocketbook – A point-of-care decision-support lab coat style handbook integrating some 850 clinical research references in 20 chapters for use by the busy primary-care physician, registered nurse/LPN and pharmacist.</p>	<ul style="list-style-type: none"> - Improve quality by addressing clinical behaviors that result in misusing, underusing and overusing health system resources in HPC context 	<p>90% completion (manuscript complete; pan-Canadian editorial semi-blind review; integration of review/final edits and pre-press readiness to complete)</p>	<ul style="list-style-type: none"> - Print version available through available through <i>CHPCA Marketplace</i>, September 1, 2008
<p>On-demand Staff Development Modules and Courselets - “real time” interactive staff development modules to support self-directed learning, self-study, small group study at a distance; Serves as reinforcement for specific issues and topics covered at more of a survey level in other products and services such as LEAP.</p>	<ul style="list-style-type: none"> - Improve quality - Improve access by moving self-directed learning opportunities to the community-level in real time - Build longer-term system capacity 	<p>100% completion of prototype</p>	<p>In final development with Calgary Health Region and University of Calgary, Learning Commons</p>
<p>Palliative Learning Commons (PLC) - The Palliative Learning Commons is a web-based utility that enables busy people to quickly find, and in many cases access electronically, quality teaching-learning resources using a “smart agent” search design.</p>	<ul style="list-style-type: none"> - Improve quality - Improve access by increased efficiency for clinical teaching - Build longer-term system capacity 	<p>100% completion (first generation application – 2004)</p> <p>100% completion of second generation application in partnership w/ EFPPEC and CHPCA</p>	<p>See www.peolc-sp.ca for access to the <i>Palliative Learning Commons</i> portal.</p>
<p>On Demand Grand Rounds – Development of a concept for capturing and archiving palliative grand rounds to digital video (DV) media, including integration of Powerpoint media. On Demand Grand Rounds is another educational tool to support local learning, especially in rural and remote contexts, where there is continued disparity with colleagues in urban settings for access to essential learning opportunities to support improved access and quality in primary-care settings</p>	<ul style="list-style-type: none"> - Improve access to by skill-building - Improve quality by changing misuse of health system resources - Build longer term capacity 	<p>100% development completion of four volumes – <i>Delirium in Primary-care Palliative Settings; Palliative Sedation; Hydration and Feeding Decisions in Hospice Palliative Care</i>; and <i>Facilitating Healing – Spiritual and Religious Care in Hospice Palliative Care</i></p>	<ul style="list-style-type: none"> - DVD available on special request only at 780 413-8196 - Downloadable versions for Apple iPod®/QuickTunes® at www.pallium.ca/index.php?s=phase2&p=22 under CLINICAL CAPACITY SUPPORT heading.

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>UrbNet - a unique online community for family physicians with a special interest in palliative care. offers an opportunity to discuss topics related to HPC with other colleagues and experts in the field, share challenges, learn from one another and become acquainted with the literature and evidence-base of palliative care, all without leaving one's place of practice or home community.</p>	<ul style="list-style-type: none"> - Improve quality - Support practice change - Improve access in the community/office-practice level 	<p>100% demonstration complete</p> <p>Note: UrbNet suites are available upon request based on geographically defined practice catchments and commitment statements by local convenor/leaders (e.g., specific urban locales)</p>	<ul style="list-style-type: none"> - Requests for local UrbNet online suites are to be directed to the Centre for Distance Education and Research in Palliative Care (CEDAR) at the University of Calgary via Dr. Ron Spice at ron.spice@calgaryhealthregion.ca

PART B - KNOWLEDGE DEVELOPMENT INITIATIVES

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Personal Digital Assistant (PDA) for Palliative Decision Support – National baseline study [lead collaborator, University of Victoria, Health Information Science unit] – Baseline study of PDA use for decision support in PHC and study of CSPCP members to determine current and prospective use of PDAs to support HPC clinical decision making.</p>	<ul style="list-style-type: none"> - Improve quality by supporting properly supported “bed side” decision making - Build longer-term PHC system capacity by learning about decision support process platforms 	<p>100% development completion</p>	<p>See Lau, F., Yang, J., Pereira, J., Daeninck, P., & Aherne, M. (2006). A survey of PDA use by palliative medicine practitioners. <i>Journal of Palliative Care</i>, 22(4), 267-274.</p>
<p>Spiritual Care Development (SCD) DACUM Competency Identification – Normative and content-validated competency map for the professional HPC spiritual care provider; itemizes major areas of responsibility and major tasks with providing competent spiritual care using CHPCA Model to Guide Hospice Palliative Care.</p>	<ul style="list-style-type: none"> - Improve quality and access to whole person and family-centred care - Build longer-term system capacity by documenting HPC SCD requirements 	<p>100% development completion</p>	<p>See SPIRITUAL CARE DEVELOPMENT category at www.pallium.ca/index.php?s=phase2&p=22 for DACUM chart in English and French</p>
<p>Pediatric Palliative Care – Fellowship Curriculum Development [lead collaborator U. Manitoba/WRHA] – Research and curriculum development assistance to Dr. Michael Harlos in completion of a one-year multi-site, action learning/immersion experience in Pediatric Palliative Care.</p>	<ul style="list-style-type: none"> - Improve quality and access for children and families - Build longer-term system capacity by documenting a first-generation PPC Fellowship Curriculum 	<p>100% curriculum support completion assistance</p>	<p>- Summary report on curriculum development process available Fall 2006 via Canadian Pediatric Palliative Care Network at http://cnpcc.ca/ or early access via inquiries directed to Dr. Mike Harlos at mike@harlos.net</p>
<p>Volunteer Training & CPD Resources Baseline [lead collaborator CHPCA] – Fact finding study to determine status of existing volunteer training and development materials in Canada with focus on determining potential for further pan-Canadian development opportunities.</p>	<ul style="list-style-type: none"> - Improve access to range of HPC enhanced services possible within communities - Enhance quality of volunteer services - Build longer-term system capacity for a range of service enhancements possible locally by identifying opportunities to leverage existing tools 	<p>90% complete at Sept 30, 2006</p> <p>Compliments and extends the Project’s early cost-shared investment in the April 2004 national stakeholder workshop and subsequent agreement to monitor development/ collaborate with the Canadian Strategy on Palliative & End-of-Life Care, Volunteer Norms task group development process</p>	

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Towards Culturally Responsive Care in the Community: Early Intervention in Dementia-Related Decline - [Lead collaborator, Department of Family Medicine, University of Alberta – Applied study to determine how ethnicity and culture operate as variables in recognizing, caring for, and treating dementia; develop collaborative responses for more effective community-care (select Muslim; Chinese (Mandarin/Cantonese); Franco-Albertan and northern Alberta Cree communities).</p>	<ul style="list-style-type: none"> - Improve access for immigrant populations experiencing progressive dementia - Improve quality by shared dialogue on disease experience - Build longer-term capacity by setting research, service and program development directions 	<p>100% community consultation and consensus stage</p> <p>100% collaborator report completion and provincial sharing through video-conference based Grand Rounds presentation throughout Alberta</p>	<p>Final report from UofA research team is listed at</p> <p>www.pallium.ca/index.php?s=phase2&p=22</p> <p>under the SPECIAL STUDIES & COLLABORATIVE WORK category</p>
<p>Towards Creating a Bereavement Centre: A Review of the Literature and Related Resources [lead collaborator, Faculty of Social Work, University of Regina] – Commissioned report to document current evidence and state of grief and bereavement knowledge in order to inform future service and program development.</p>	<ul style="list-style-type: none"> - Improve access by documenting essential tenants G&B - Improve quality by documenting early leaders in grief & bereavement services/ programming - Build longer-term capacity for grief and bereavement programming 	<p>100% completion of study and companion report</p>	<p>Study report available as part of the <i>Knowledge For Action</i> report series at</p> <p>www.pallium.ca/index.php?s=phase2&p=22</p> <p>under the BEREAVEMENT SERVICES CAPACITY category</p>
<p>Library of Palliative & End-of-Life Care Educational Research – A 6 volume library comprising >400 peer-reviewed articles on P&EoL care educational research and a companion bibliography.</p>	<ul style="list-style-type: none"> - Build capacity by making current research readily accessible to Project/ related researchers 	<p>100% completion</p>	<ul style="list-style-type: none"> - Six volume library transferred to CHPCA National Office in September 2006 <p>Bibliography available at pallium.ca under SPECIAL STUDIES & COLLABORATIVE WK</p> <p>www.pallium.ca/index.php?s=phase2&p=22</p>
<p>Evaluation Funding Support – Coming Full Circle in Hospice Palliative Care Telelearning [lead collaborator, ACB Hospice & Palliative Care Network] – Case study of process/results in use of e-health technologies to support development of palliative rural resource teams/creation of linkages between secondary- and tertiary-levels of care.</p>	<ul style="list-style-type: none"> - Improve access by local skills development - Enhance quality through better practice - Build capacity by documenting case for others to learn 	<p>100% completion</p>	

Service Development and System Readiness

Human resources development investments in staff, volunteers and family and informal caregivers will yield predictably poor-results and cause longer-term frustration and marginalization in the absence of thoughtful and strategic investments in the systems within which hospice palliative care (HPC) is delivered. To this end the Project is investing in a range of initiatives which support the adoption of the CHPCA Model as the basic framework for planning and engaging new HPC services and programs.

The Project, through its collaborators, is also working diligently to better understand the nature of complexity and systemic barriers to building longer-term HPC capacity. Investments in action learning, in applied policy research, in service and program infrastructure development are being undertaken to make *fertile ground* for uptake of well-designed HPC services and programs within Canada’s primary-health care systems.

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Putting Progress into Action (Provincial/Territorial workshops) [lead collaborators – CHPCA, provincial HPC associations; Pallium Atlantic steering committee] – A one-day interactive provincial/territorial workshop experience intended to provide current information on CHPCA Norms of Practice, national developments (including current state of HPC-related accreditation) and issue identification/ action planning for system change at the specific jurisdiction-level (P/T and health authority where applicable). Special emphasis is placed on integrating the Square of Care and the Square of Organization within the specific health delivery context of health regions and provincial/territorial systems. A significant portion of the day was a facilitated action learning, small group experience in which participants identify, examine, map and prioritize specific service and system issues that impact their current and future ability to provide hospice palliative care in alignment with the CHPCA Norms of Practice.</p>	<ul style="list-style-type: none"> - Increase access through identifying specific local/ jurisdiction level barriers and opportunities to service provision - Enhance quality by protecting planning time to document specific local issues impeding delivery consistent with <i>CHPCA Model to Guide HPC</i> - Build longer-term capacity by seeding dialogue focused on local/jurisdiction-level system change and improvement for changing populations 	<ul style="list-style-type: none"> -100% completion of provincial/territorial workshops for 8 western/Atlantic provinces and 3 northern territories - 233 front-line coordinators/ mid- & senior-level managers: 33 B.C. RHA/Hospice orgs 28 Alberta/Yukon/NWT/ Nunavut 16 Saskatchewan RHAs 14 Manitoba RHAs 33 New Brunswick RHA/Hospice 24 Nova Scotia DHAs 36 NFLD & Labrador IHRAs 49 Prince Edward Island* <p>* PEI session was conducted as a special provincial strategic planning/ transition session to respect the decommissioning of delegated health authority delivery model</p>	<ul style="list-style-type: none"> - PDFs of presentations used and summary report documents are available under the Service Development & System Readiness under the PROVINCIAL & TERRITORIAL SERVICE DEVELOPMENT ARCHIVAL DOCUMENTS at www.pallium.ca/index.php?s=phase2&p=22

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Service Development Institute The Service Development Institute (SDI) intervention is an intensive 3 day experience which served as a hybrid policy, organizational and management development institute for front-line service leaders and program-level leaders.</p>	<ul style="list-style-type: none"> - Build longer term capacity through dialogue, challenge talk model and facilitated local action planning processes 	<ul style="list-style-type: none"> - 100% completion - 68 participants from the 4 western provinces and 3 northern territories completed the first 3-day Service Development Institute 	
<p><i>Dying For Care: Towards Quality End-of-Life Care communication video production</i> – 17 minute communication video of acknowledged HPC leaders from across Canada addressing myths, misconceptions about, and opportunities for, Hospice Palliative Care (HPC) in Canada; designed as a trigger/discussion tape for local conversations about transforming care for a changing population.</p>	<ul style="list-style-type: none"> - Increase access and quality by demystifying HPC as an integral and essential component of the continuum of primary health care - Build longer-term capacity by catalyzing and supporting local conversations which are focused on constructive change, improvement and transformation in roles, responsibilities and relationships essential for quality Hospice Palliative Care 	<p>100% completion</p> <p>400 copies distributed in partnership with CHPCA to all Members of Parliament (MPs), Senators and national policy leaders in other content areas</p> <p>Provincial screenings in Ontario, New Brunswick, and British Columbia</p> <p>National screening for working group members of Canadian Strategy on Palliative & End-of-Life Care and attendees of the national inter-professional education symposium the EFPPEC Project</p>	<ul style="list-style-type: none"> - License copies available for purchase from the <i>CHPCA Marketplace</i> at www.chpca.net; detailed description available at www.pallium.ca/index.php?s=phase2&p=20 - Downloadable for Apple iPod®/QuickTime® player at http://video.google.ca/, search "Dying for Care" AND "Pallium" in search string box – available in English language and English language audio with French sub-titles.
<p>The Local Leader Briefing Kit (LLBK) – Built around the <i>Dying For Care</i> discussion video, the LLBK is a ready to use set of customizable Power point presentations/briefings for senior decision makers/board members; staff/volunteer orientation and development; and general audiences/health science education. Kit is packaged with local planning tools/documents in PDF format, including CHPCA Model to Guide Hospice Palliative Care, CHPCA Norms Toolkit; HPC Fact Sheet and key recent Canadian reports on HPC. The LLBK is designed to support system and practice change at the local-level by tools available to local HPC/PHC leaders.</p>	<ul style="list-style-type: none"> - Increase access and quality by focusing on CHPCA Model to Guide Hospice Palliative Care as the foundation for future service and program development across settings/specific progressive illnesses. - Build longer-term system capacity at the local level by providing high-quality tools to empower local leaders in guiding/facilitating conversations for change/improvement 	<p>100% completion</p> <p>300 kits strategically distributed throughout Canada with specific "commitment to use" statements from each kit holder.</p>	<p>Archival materials available in Powerpoint and PDF format from www.pallium.ca/index.php?s=phase2&p=22 under LOCAL CHANGE FACILITATION/SUPPORT category</p>

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Enhanced HPC Tele-nursing Protocols for PHC Call Centres/Health Lines – A multi-jurisdictional study by HPC Program Leaders in B.C., Alberta, Saskatchewan and Manitoba to develop a model and content applications to integrate enhanced HPC nursing protocols within existing PHC Health Lines for after hours care to enhance 27/7 access for HPC patients on a delivery system’s palliative roster.</p>	<ul style="list-style-type: none"> - Improve 24/7 access for after hours care - Improve quality associated with misuse and overuse of Acute Care/Emergency system resources 	<p>100% completion</p> <p>Feasibility assessments for integration with existing call centres underway in northern Alberta and Manitoba</p>	<ul style="list-style-type: none"> - Report, kit and streaming media of national stakeholder briefing available <p>www.pallium.ca/index.php?s=phase2&p=22</p> <p>under the 24/7 ACCESS VIA EXISTING HEALTH CALL CENTRES category</p> <ul style="list-style-type: none"> - Also see Roberts, D., Tayler, C., MacCormack, D., & Barwich, D. (2007). Telenursing in hospice palliative care, <i>Canadian Nurse</i>, 103(5),24-27.
<p>Regional Health Authority (RHA) Interface projects – Alberta [Lead collaborator, ACB Hospice Palliative Care Network, Canadian Cancer Society & Alberta RHAs] - Interface projects are strategic, local-level initiatives seeded with approximately \$5,000 each. Interface projects promote local awareness raising and mobilization for hospice palliative care service development at the RHA program and senior management levels. These projects are selected through a peer-reviewed, competitive provincial process and result in considerable local engagement/ profile raising of HPC for management by local dialogue, concept development, planning and evaluation.</p>	<ul style="list-style-type: none"> - Build longer-term system capacity by engaging local RHA leadership in region specific initiatives that highlight contribution of HPC to achieving RHA’s population health goals /business plan accountabilities and address specific issues/challenges for service delivery change/improvement. 	<p>100% completion of co-funded initiatives listed by ACB HPCN as (see stakeholder access column to right):</p>	<p>Information on specific interface projects is available upon request by contacting the Alberta Cancer Board, Community Cancer Care network:</p> <ul style="list-style-type: none"> • RHA 1 (Chinook Health Region) – Enhancement of the child life specialist role: Helping children prepare for the loss of a loved one. • RHA 2 (Palliser Health Region) – Caregiver Support Group • RHA 2 (Palliser Health Region) – Enhancing the Skills and Knowledge of Hospice Palliative Care Coordinators. • RHA 4 (David Thompson HR) – Enhancing Hospice Palliative Care in David Thompson Health Region. • RHA 5 (East Central Health) – Enhancing Hospice Palliative Care in East Central Health
<p>Yukon Territory – Hospice Palliative Care (HPC) Program Development [Lead collaborator – Yukon Territorial HPC Advisory Committee & Yukon Department of Health & Social Services - Cost-sharing of a full-time, term-based Territorial HPC Program Development Coordinator from Nov 2004 – Dec 2005. Completion work included community-level needs assessment, mobilization and service delivery model proposal for integrated HPC across settings of care throughout the Territory.</p>	<ul style="list-style-type: none"> - Improve access and quality to HPC by better managing across settings of care for remote communities/ Whitehorse/ - Build longer term system capacity by establishing a framework/plan of system/service development priorities. 	<p>100% completion</p> <p>Included a 5 day <i>Policy Facilitation</i> intervention led by Executive Director of Canadian Hospice Palliative Care Assn. with senior territorial government leaders, community leaders and print/ electronic media interviews and community-site visits.</p>	<p>Access to final reports and supporting work product generated by this sub-project occurs through inquiries directed to Jan Horton, Coordinator, Primary Health Care Transition Fund for the Government of Yukon, Department of Health and Social Services at Jan.Horton@gov.yk.ca or phone at (867) 667-5695.</p>

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Palliative Care Service Delivery Decision-Making: Towards an Understanding of Healthcare Manager’s Perspectives [lead collaborator, University of Calgary, Centre for Health and Policy Studies] – Applied health policy research study to explore the perspectives of senior health service delivery decision makers about: their understandings of palliative service delivery; about how their organizations are providing palliative and end-of-life services within the context of the CHPCA Norms of Practice; barriers and challenges to developing palliative service delivery, including in remote, rural and urban contexts; and opportunities to incorporate and improve palliative service delivery.</p>	<ul style="list-style-type: none"> - Build longer-term system capacity by better understanding perceptions/dispositions of delegated health authority decision makers and Hospice Palliative Care 	<p>100% completion</p>	<ul style="list-style-type: none"> - Report available as part of the <i>Knowledge For Action</i> working paper series at www.pallium.ca/index.php?s=phase2&p=22 under the SPECIAL STUDIES & COLLABORATIVE WORK category
<p>Aboriginal HPC Service Delivery – Issues and Opportunities – Engagement with local, provincial and national policy stakeholders to position HPC to be responsive to complexity inherent in Aboriginal HPC response development and service delivery.</p>	<ul style="list-style-type: none"> - Increase access to HPC by addressing systemic barriers - Enhance quality by mapping complexity of issues, relationships, prospective responses 	<p>100% completion</p>	<ul style="list-style-type: none"> - Inputs streamed into environmental scanning/fact-finding process currently underway with Health Canada FNIHB-national, Health Canada Palliative & End-of-Life Care Unit and CHPCA
<p>A Retrospective of Bereavement Services in Regina, Saskatchewan: Recommendations for Future Directions in Bereavement Care [lead collaborator, Faculty of Social Work, University of Regina] – Community-based review of local accomplishments and developments within bereavement research and clinical care since the inception of local programming in 1988, with an eye to providing lessons learned and prospective model elements/models for other Canadian communities.</p>	<ul style="list-style-type: none"> - Build longer-term system capacity for population health-based, PHC HPC 	<p>100% completion</p>	<ul style="list-style-type: none"> - Report available as part of the <i>Knowledge For Action</i> working paper series at www.pallium.ca/index.php?s=phase2&p=22 under the BEREAVEMENT SERVICES CAPACITY category
<p>Business Planning Support – Regina Community-based Bereavement Centre – Provided direct technical assistance and external consulting services in business case development and operations planning to local inter-sectoral stakeholders in Regina to help consolidate existing grief and bereavement into a single-location, community-based delivery model.</p>	<ul style="list-style-type: none"> - Increase access to bereavement services - Enhance quality by integrated scholarship - Build bereavement capacity with special focus on Aboriginal population concerns 	<p>100% completion</p>	<ul style="list-style-type: none"> - Template documents generated are available at www.pallium.ca/index.php?s=phase2&p=22 under the BEREAVEMENT SERVICES CAPACITY category

Initiative/Sub-Project Description	Link to Phase II Goals	Completion Status (%) & Milestone Notes	Stakeholder Access/ Distribution/Sustainability
<p>Towards a Meaningful End-of-Life Experience in the Community (The Rurban Hospice Palliative Care Project) – [Lead collaborator – Regina Qu’Appelle Health Region, Palliative Care Services] – Applied action learning study which set out to develop a model for providing quality HPC across rural and urban areas within large integrated regional health authorities (i.e., Rurban RHAs) through active collaboration with outlying communities; participatory action research and other community development; demonstrates promising practices by an integrated health authority in community development.</p>	<ul style="list-style-type: none"> - Increase access for outlying towns/ communities sharing services with large, integrated “metro” based health regions - Leverage local community resources - Build longer term system capacity by integration with non-institutional, community resources 	<p>100% completion</p>	<ul style="list-style-type: none"> - Report available as part of the <i>Knowledge For Action</i> working paper series at www.pallium.ca/index.php?s=phase2&p=22 under the SPECIAL STUDIES & COLLABORATIVE WORK category
<p>Family Caregiver Issues Mapping and Resource Development – On March 9, 2005 the Project engaged a range of stakeholders about their perspectives about well-designed and properly supported family caregiving. A one-day, facilitated stakeholder consultation workshop was held on was used to identify issues and map prospective future directions; literature review and compilation of companion materials to support family caregiving.</p>	<ul style="list-style-type: none"> - Increase access and quality by better integration of family care giving as a component of HPC - Build longer-term system capacity by mapping issues and planning priorities 	<p>100% completion</p>	<ul style="list-style-type: none"> - 8 hours of video transcript; supporting Powerpoint presentations used by expert resources are available by special request from Pallium Project Development Office
<p>A Provincial QELCC – A concept [lead collaborator, Alberta Hospice Palliative Care Assn] – Concept design/stakeholder engagement to assess feasibility/desire for provincial QELCCs which mirror and link to national-level QELCCC.</p>	<ul style="list-style-type: none"> - longer-term capacity by designing companion provincial infrastructures to support change/move systems forward 	<p>100% completion</p>	<ul style="list-style-type: none"> - Summary report available at Pallium.ca
<p>Nunavut Territory Service and Systems’ Issues Mapping and Change Facilitation – [Lead collaborator, Dept of Health & Social Services, Government of Nunavut] – Improved discharge planning from southern referral centres; improved local community planning; address timeliness of required pharmaceuticals and other tools/resources to support PHC professionals, families and communities for a “successful” in-community death, especially from end-stage cancer and COPD.</p>	<ul style="list-style-type: none"> - Increase quality by better discharge planning with referral centres in Edmonton, Winnipeg and Ottawa - Build longer-term system capacity to support continuum of care from specialty/ referral centre to end-of-life in Far North 	<p>Incomplete due to designated territorial HPC liaison departure in Fall 2005; remaining local human resources focused on completing Inuit family versions of <i>A Caregiver’s Guide: A Handbook About End-of-Life Care</i></p>	<ul style="list-style-type: none"> - Summary report of HPC service improvement issues and opportunities developed in February 2005 is available upon request from Pallium Project Development Office

Network and Relationship Development

The ability to make meaningful and lasting change in Canadian systems is often a function of the quality and thoughtfulness that goes into building and maintaining the networks of colleagues, coalitions and collaborations. These are critical for successful change management in Canada as a nation with expansive geography, regional idiosyncrasies, a comparatively sparse population, stretched human and financial resources, and a constitutionally-based confederation which feeds complexity in the organization and funding of essential public services.

The Project recognized several flagship national initiatives and activities underway to help improve HPC and that time, energy, dialogue and monetary investments would be necessary to assure alignment and minimize the risk of unnecessary duplication.

Network Development or Relational Activity(ies)	Link to Phase II Goals	Outcomes/Results	Sustainability
<p>Quality End-of-Life Care Coalition of Canada (QELCCC) participation - In late 2004, the QELCCC membership committee accepted the Pallium Project into the Quality End-of-Life Care Coalition of Canada as an Associate Member (a function of the Project’s status as a “hosted project.” The Project has worked actively within QELCCC, principally through the Professional Education Committee and the annual meeting of the Member representatives.</p>	<ul style="list-style-type: none"> - Improve access and quality in HPC by working jointly with other organizations in a position to influence multiple disciplines/ sectors and current/ future clinicians and providers consistent with a PHC approach - Contribute to longer-term system capacity building by linking into and leveraging existing collectivist relationships and networks among disparate national organizations who share a common interest in improved care for those experiencing chronic progressive and imminent life-limiting illness 	<p>In 2005, the Project funded a customized briefing package to senior academic officer (provost of VP Academic) of more than 110 Canadian post-secondary institutions with health science education programs to help sensitize Canadian university senior administrators and deans to hospice palliative care as a key interdisciplinary issue and one linked to their institutional social accountability</p> <p>In 2005 the Project sought and received permission to use the title of the 2004 QELCCC Status Report <i>Dying for Care</i> as the basis for the Phase II leader communication/discussion video. In early 2006 QELCCC members test screened/gave direction in an early edit version of <i>Dying For Care: Towards Quality End-of-Life Care</i></p> <p>As appropriate the Project has “signed on” to a number of important national-level communiqués/collective letters</p>	<p>Development of <i>Dying For Care: Towards Quality End-of-Life Care</i> is a product that will have a useful “shelf life” of several years well after completion of Pallium Project (Phase II). The ability to design/implement <i>Dying For Care</i> as linked to other national Quality End-of-Life Care improvements, as envisioned in the 2000 Senate sub-committee report, is significantly influenced by being able to work with and through QELCCC</p> <p>Participation in QELCCC has been an important relational asset for communicating to key national organizations the capacity building work and resulting tools/products/ assets that have been generated by the Project during Phase II. QELCCC member organizations will reduce duplication of efforts and have ready access to Pallium Project (Phase II) resources as a result of formalized communication the Project enjoys through it’s association with other QELCCC members</p>
<p>Canadian Strategy on Palliative and End-of-Life Care (Health Canada) – Seek alignment and integration with National Working Group activities by regularized sharing of information/briefing with 5 working group co-chairs/policy analyst liaisons.</p>	<ul style="list-style-type: none"> - Build longer term system capacity by sharing information to reduce duplication of efforts/seek synergies 	<ul style="list-style-type: none"> - Invited briefings to national working group plenaries in Nov. 2004 and March 2006 - Early investment in volunteer task group consultation process 	<p>Access to Pallium Project (Phase II) products//resources and networks as appropriate to future development needs of Canadian Strategy on Palliative & End-of-Life Care</p>

Network Development or Relational Activity(ies)	Link to Phase II Goals	Outcomes/Results	Sustainability
<p>Canadian Virtual Hospice – Collaborate to enhance <i>way finding</i> for support, mutual support and access to information for the public in Canada; cross-promotion and marketing at the community- and national-levels amongst primary-care providers to build referral base; collaborate on “one window” and “one stop shop” approaches to use of WWW for HPC in Canada.</p>	<ul style="list-style-type: none"> - Increase access to HPC resources for the public by cross-promoting CVH through Pallium-related outreach education and service development interventions to local PHC providers - Contribute to longer-term system capacity by supporting demand growth of CVH by people in Canada 	<p>Facilitate opportunity/sponsor full page resource profile (akin to advertisement) for Canadian Virtual Hospice (CVH) in English and French national editions of <i>A Caregiver's Guide: A Handbook About End-of-Life Care</i></p> <p>Distribute 1000 CVH bookmarks to PHC providers in BC, Alberta, Saskatchewan, Manitoba and Yukon as part of Regional Weekend Course (RWC) participant packages</p> <p>Liaise/share information about Web-based Information and Communications Technologies (ICTs); take lead in authoring a concept paper for a <i>Canadian Education Commons for Hospice Palliative Care in Canada</i></p>	<p>Resource profile is a one-time, permanent contribution embedded in English and French versions of <i>A Caregiver's Handbook</i> camera ready copy and has been distributed in more than 50,000 English and 10,000 French language version of the handbook</p> <p>Participants completing a RWC have been specifically directed to the CVH as a Canadian resource for patients and families and through their interventions with patients/families and their communication with other PHC colleagues will continue to inform about CVH for local use into the medium to longer term</p>
<p>Pallium Atlantic [lead collaborator, CHPCA] – Follow through on an October 2002 commitment (re-affirmed in April 2003 PHCTF Proposal) to colleagues from Atlantic provinces for active collaboration in contributing to capacity-building in four Atlantic provinces, with engagement and access to Project resources as determined in negotiation with a Pallium Atlantic Steering Committee.</p>	<ul style="list-style-type: none"> - Increase access to HPC in rural, remote and urban communities in Atlantic Canada by linking into related PHC renewal activities and health delivery system transformation - Increase quality by ensuring PHC providers at the local level are aware of national developments in HPC, including range of tools/resources available to support local change and care system development - Build longer term capacity by catalyzing actionable change and supporting linkages 	<p>Established Pallium Atlantic Steering Committee with 2 provincial co-chairs per province and co-chaired by Executive Director of Canadian Hospice Palliative Care Assn.</p> <p>Complete commissioned environmental scan of PHC service delivery environment in four Atlantic provinces</p> <p>Engage HPC clinical leaders/educators in orientation to Learning Essential Approaches to Palliative & End-of-Life Care/ furnish complementary licenses</p> <p>Jointly plan/conduct four provincial service development (<i>Putting Progress Into Action</i>) workshops in 2005/2006</p>	<p>142 <i>Putting Progress Into Action</i> workshop participants (local health care/hospice leaders) have received Local Leader Briefing Kits in order to advance local dialogue/planning for improved HPC services</p> <p><i>Putting Progress Into Action</i> participants received specific workshop report-backs by province in order to work on the specific local/regional/provincial issues that they identified and committed to as priority service/system change issues</p> <p>Other resources generated by the Pallium Project (Phase II) available to Pallium Atlantic stakeholders for local planning and capacity-building purposes</p>

Network Development or Relational Activity(ies)	Link to Phase II Goals	Outcomes/Results	Sustainability
<p>Pan-territorial Hospice Palliative Care (HPC) Working Group – Semi-structured, field-driven working group of territorial government and service leaders from 3 northern territories who first met regularly early in Phase II and then on an “as needed, as required” basis depending on needs and priorities which territorial participants self-identified in order to work collaboratively on common issues and concerns.</p>	<ul style="list-style-type: none"> - Increase quality and access by addressing HPC issues and opportunities specific to the unique context of Canada’s three northern territories - Build longer term capacity by identifying and addressing issues which impede HPC in far North 	<p>Establishment of Territorial HPC Program Development process (Yukon) and shared learning from Yellowknife (NWT) HPC home care delivery model</p> <p>Full Territorial participation in <i>Putting Progress Into Action</i> workshops and Service Development Institute</p> <p>Collaboration among NWT & Nunavut in Inuit editions of <i>A Caregiver’s Guide: A Handbook About End-of-Life Care</i></p>	<p>Change embedded in care delivery systems in far North as a result of Phase II activity</p> <p>Relationships facilitated by Pallium Project will endure over time among territorial colleagues and can be activated on an “as needed, as required” basis</p>
<p>Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) – Work collaboratively to address issues for physician and inter-professional education “upstream”; exchange/share foundational teaching-learning materials; build common teaching-learning infrastructure.</p>	<ul style="list-style-type: none"> - Build longer term capacity by engaging with those who address current pre-service educational system deficiencies, sharing common foundational materials and common e-learning infrastructure 	<p>Learning Essential Approaches to Palliative & End-of-Life (LEAP) Facilitator Kits & licenses available to 17 Canadian medical faculties</p> <p>Collaboration in Version 2.0 of Palliative Learning Commons application</p> <p>Collaboration in common issues associated with e-learning in context of Canadian Education Commons for HPC</p>	<p>The success of the EFPPEC Project is a “keystone” for future HPC capacity improvement in Canada. Outcomes of specific collaborations which serve to strengthen EFPPEC are critical to transforming roles, responsibilities and relationships of the physician provider within Canada’s primary health care systems for longer-term HPC improvement, for so long as the PHC physician retains a principal “gatekeeper” role in service delivery</p>
<p>Aboriginal Nurses Association of Canada (ANAC) – Include ANAC Aboriginal RN members as informants and field-reviewers in design of Phase II enhancement to Aboriginal Relations courseware and instructional media resources; increase profile of Hospice Palliative Care through conference sponsorship/sponsoring of plenary address; collaborate in pan-Canadian Facilitator Orientation.</p>	<ul style="list-style-type: none"> - Increase access and quality of HPC for Aboriginal clients and families by promoting effective engagement and respectful consideration of social and historical context in which care takes place - Build longer-term capacity to effectively address systemic issues impeding access to quality HPC for Aboriginal people in Canada 	<p>Interactive 2004 pre-conference ANAC-linked working session for Aboriginal RN input/reviewer comments during instructional media development and courseware updates</p> <p>Sponsored luncheon and keynote address at 2004 ANAC AGM & Conference (June 2004, St. John’s, NL)</p> <p>Orientation to, and distribution of, <i>Building and Keeping Relationships with Aboriginal Clients and Families</i> facilitator kits at pre-conference to 2005 30th Anniversary ANAC Conference (Vancouver)</p>	<p>Proposed changes from 2004 working session embedded in final design of Phase II Aboriginal Relations teaching-learning materials and companion instructional media</p> <p>First cohort of facilitators deliberately introduced/oriented to Pallium Project Aboriginal Relations teaching-learning materials and suggested implementation strategies. Available on an “as needed, as requested” basis</p>

Network Development or Relational Activity(ies)	Link to Phase II Goals	Outcomes/Results	Sustainability
<p>Driving, Decline and Dignity-maintaining Responses (3D): A Shared Accountability – Retirement from driving/loss of driving privileges due to medical conditions is often a first major public loss in a series of progressive declines/losses leading to death. Effectively supporting an imminent and pervasive societal change such as medically-at-risk driving requires moving beyond “health care” boundaries, consistent with a PHC framework of inter-sectoral collaboration, to enable a multi-disciplinary approach in concert with Canada’s motor vehicle administrators/authorities and associated inter-sectoral stakeholders.</p>	<ul style="list-style-type: none"> - Increase access to PHC generally, by decreasing public safety challenges of medically impaired drivers - Maintain PHC access by supporting/maintaining physician/PHC relationship in working effectively with driving licensing authorities as partners in managing decline - Increase quality by better managing major loss for person/family 	<p>Invited responses from motor transport authorities in early development of medically-at-risk driving courseware/tools</p> <p>Exploratory meetings with provincial ministry of transportation officials in Alberta, Saskatchewan and Ontario to discuss collaboration</p> <p>Invitation to collaborate in presenting <i>Driving, Decline & Dignity-maintaining Responses</i> at Fall 2006 annual meeting of Canadian Council of Motor Transport Administrators (www.ccmta.ca)</p>	<p>Lead from Phase II teaching-learning resource development and relationships which have been established to further collaborative and multi-disciplinary responses to effectively address medically-at-risk and medically-impaired driving</p> <p>Leverage license model and adaptation provisions from 3D learning objects to customize for needs of motor transport authorities in order to effectively relate and collaborate with PHC health care delivery communities in Canada’s provinces and territories</p>
<p>South Ontario/Niagara outreach [lead collaborator, McMaster University, Division of Palliative Care] – Collaborate to implement Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) in greater Hamilton/ Niagara Peninsula and south western rural areas; principal liaison for capacity building in south Ontario/Niagara.</p>	<ul style="list-style-type: none"> - Build longer-term system capacity by demonstrating commitment to pan-Canadian collaborative model proposed in Phase II 	<p>Jointly conducted LEAP Facilitator Orientation session in Hamilton, Ontario</p> <p>McMaster using LEAP as teaching learning “product of choice” for Ontario Ministry of Health mandated education within McMaster designated catchment area</p> <p>First Canadian university to use LEAP license model/CFPC Mainpro-C templates to achieve local LEAP Mainpro-C accreditation for Family Physicians</p>	<p>First cohort of LEAP-oriented facilitators in south Ontario/Niagara area already working with other PHC HPC colleagues/clinical educators to introduce concepts/resources</p> <p>McMaster University successfully using Phase II licensing model and local continuing education accreditation model to implement accredited LEAP continuing education</p> <p>Exploring other opportunities for HPC teaching-learning in south Ontario (e.g., Medically-at-Risk Driving)</p>
<p>Northwestern Ontario outreach [lead collaborator, Lakehead University, School of Social Work] – Collaborate in customized training; knowledge development/applied research support; and principal liaison for capacity building in Northwestern Ontario.</p>	<ul style="list-style-type: none"> - Build longer-term system capacity by demonstrating commitment to pan-Canadian collaborative model proposed in Phase II 	<p>Jointly conducted two-day training in Pallium Project Aboriginal Relations courseware for pre-service Aboriginal health sciences students</p> <p>Leadership from Lakehead in helping formulate a publication program for Pallium Aboriginal Relations “lessons learned/insights”</p>	<p>Participants in purpose-specific training have been prepared using a modified “train-the-trainer” model and supplied with Pallium Project, Aboriginal Relations courseware kit</p> <p>Design of publication prospects from learning/insights of Pallium Project, Aboriginal Relations initiatives in broader public domain of peer-reviewed scholarship</p>

Network Development or Relational Activity(ies)	Link to Phase II Goals	Outcomes/Results	Sustainability
<p>British Columbia Aboriginal Relations Outreach Education Initiative [lead collaborator, B.C. Cancer Agency] – Demonstrate collaborative models of cost-shared outreach education for sustainability of Pallium Project (Phase II) initiatives.</p>	<ul style="list-style-type: none"> - Increase access and quality to HPC in rural locales in British Columbia - Build capacity by demonstrating opportunities to leverage resources of multiple partners in provision of customized outreach education 	<p>Conduct one-day customized training in Northern Health Authority (NHA) and Vancouver Island Health Authority (VIHA) for Aboriginal and non-Aboriginal PHC providers from the same service catchment based on Pallium Project, Aboriginal Relations courseware and supporting resources</p>	<p>Demonstrates potential to leverage Health Canada investments in teaching-learning materials development and “as needed, as available” local/provincial operational/program development investment for customized Regional Health Authority (RHA) staff development</p>
<p>University-Community Engagement – Catalyze and broker linkages between academic collaborators and the priority PHC needs of the community by facilitating links to scholars’ curiosity-driven research interests; create meaningful student service learning experiences; and support promising scholarship which could be advanced by public investment. Assist institutions in demonstrating workable, mutually-beneficial models and model elements to enable social accountability/responsibility concept implementation (Note: In this section there is some “matrix reporting” of items discussed elsewhere in this report)</p>	<ul style="list-style-type: none"> - Increase access and quality by linking opportunities to generate relevant evidence with health service evidence needs - Building longer term capacity by creating meaningful pre-career student learning experiences associated with HPC 	<ul style="list-style-type: none"> - Commission first pan-Canadian study of Personal Digital Assistant (PDA) use for HPC among physicians with declared HPC practice; engage undergraduate co-op education student in Health Information Sciences (4 month FTE/2 month part-timer) [lead collaborator University of Victoria] - Facilitate linkages between University of Regina and Regina Bereavement Centre stakeholders to incorporate a formalized academic component to advance longer-term Bereavement Centre linkages - Create meaningful student learning experiences for University of Regina students as part of Health Human Resource (HHR) strategy [lead collaborator, University of Regina] - Create meaningful student learning experiences for University of Calgary health science undergraduates as part of HHR strategy [lead collaborator, O’Brien Centre, University of Calgary] 	<p>Peer-reviewed paper entitled <i>A Survey of PDA Use By Palliative Medicine Practitioners</i> has been accepted for publication and is forthcoming in the <i>Journal of Palliative Care</i>; undergraduate had meaningful pre-career exposure to HPC; information generated as foundation for future prospective capacity-building activities</p> <p>The University of Regina is a founding partner of the new Regina Bereavement Centre, providing leadership in the development of a community-based pre-service education initiative and in collaboratively developing a research agenda for the Centre; several pre-service students from social and health science disciplines had meaningful engagement in HPC issues in grief and bereavement</p> <p>Two undergraduate students of the O’Brien Centre for Health Sciences Education were hired as full-time summer students and provided with significant project evaluation duties under the guidance/supervision of the Phase II Project Evaluator</p>

Network Development or Relational Activity(ies)	Link to Phase II Goals	Outcomes/Results	Sustainability
<p>University-Community Engagement (continued)</p>		<ul style="list-style-type: none"> - Contribute to health services research in HPC by completion of the <i>Palliative Care Service Delivery Decision-Making</i> study [lead collaborator, Centre for Health and Policy Studies, University of Calgary] - Demonstrate effective models of <i>knowledge translation</i> of sponsored research into community-practice and PHC change through the Driving, Decline and Dignity-maintaining Responses (3D) subproject - Create a meaningful student learning experience at the University of Alberta associated with progressive dementia and retirement from driving [lead collaborator, University of Alberta] - Demonstrate extension of curiosity-based, multi-disciplinary applied research in social and health sciences to emerging community-health needs [lead collaborator, University of Alberta] - Establish models of using/leveraging existing curricula for purpose-specific, accredited health sciences continuing education [lead collaborator, McMaster University] - Collaboration with 4 Quebec medical schools in translating/reinterpreting LEAP for use in Quebec/Francophone settings [lead collaborators, Laval University/CHPCA] 	<p>Foundational contribution to better understand health service delivery system leader/manager perspectives about palliation in order to design more effective leadership engagement interventions</p> <p>Extension of initial investment from Alzheimer Canada to study purpose-specific family-based driving cessation support groups and translation of that knowledge into meaningful teaching-learning resources for PHC, patient/family education and community organizations</p> <p>Summer student hired to work on 3D curriculum development has confirmed intent to specialize in Geriatric Medicine</p> <p>Continued development of university-immigrant community based responses to sensitize PHC professionals in ways and means of effectively engaging patients whose first culture/language is other than that of Canada/English</p> <p>Continued use of LEAP Facilitator Kit with supporting license provisions and institution-specific Mainpro-C accreditation from the College of Family Physicians of Canada (CFPC)</p> <p>LEAP Module content available in French language on a licensed basis for use in French-language health science education and continuing education</p>

Network Development or Relational Activity(ies)	Link to Phase II Goals	Outcomes/Results	Sustainability
<p>University-Community Engagement (continued)</p>		<ul style="list-style-type: none"> - Collaborate with McGill University in re-purposing of Phase II teaching-learning resources for English-language nursing outreach distance education - Letters of Support for two multi-institutional CIHR grants 	<p>Phase II teaching-learning resources available through licensing/adaptation arrangement to reduce costs/duplication of mounting distance education for English Language Minorities in Province of Quebec</p> <p>Both initiatives funded and will contribute to future HPC capacity</p>
<p>Comparison and Cross-Cultural Collaboration in Aboriginal and Rural/Remote Health – 2 day site visit to western Canada and structured information exchange to support expression of interest from colleagues in Queensland/Easter Island area of Australia to explore prospective collaborations and comparative analysis between Canadian and Australian experiences with rural and remote palliation as well as initiatives to more effectively engage Aboriginal populations.</p>	<ul style="list-style-type: none"> - Build longer-term cross-cultural research capacity in HPC for key rural/remote and Aboriginal issues 	<ul style="list-style-type: none"> - Expression of interest for further collaboration pending resolution of Phase II and future of Pallium Project 	<p>N/A</p>

Other Primary Health Care Renewal Investment Activities

Assuring longer-term capacity building for hospice palliative care (HPC) requires an awareness and thoughtful appreciation of broader systemic considerations which contribute to the sustainability of Canada’s primary health care systems. Where practical, possible and permissible the Project aligns design, resources and activities so as to leverage other stated areas of public policy importance, including health human resources, youth employment and transition to work, the voluntary sector as primary-health care partner and public participation.

PHC Related Activities	Link to Phase II Goals	Outcomes/Results	Sustainability/ Anticipated Future Impact
<p>Health Human Resources (HHR) investment strategy – Where practical, feasible and in alignment with Canada’s Youth Employment Strategy, create meaningful early career exposure to Hospice Palliative Care (HPC) among people throughout Canada with a range of disciplines and skill sets with Phase II funding.</p>	<ul style="list-style-type: none"> - Build longer term system capacity through health human resource (HHR) investments which contribute to project management, communications, evaluation, health information, health services research, policy research, consumer studies, family systems development and other applied and inter-disciplinary capacities which are required for sustainable HPC into the future - Demonstrate capacity building potential of linking/leveraging one-time project investments for longer-term health human resource (HHR)/human resource investment returns in the public interest 	<ul style="list-style-type: none"> - Undergraduate health information science co-op student from University of Victoria led field implementation of national baseline Personal Digital Assistant (PDA) use in palliative medicine study - Two 3rd year undergraduate Health Science students from University of Calgary received significant exposure to Program Evaluation Research through full-time summer internship - Several senior undergraduate and graduate students from University of Regina participated in academic design for Regina Bereavement Centre and supporting studies - Senior undergraduate served as full-time summer student with a senior tenure track gerontologist at University of Alberta - Term specific project employment of three new/recent grads as part of Pallium Project Development Office staff from 2004 - 2006 	<ul style="list-style-type: none"> First significant exposure to Hospice Palliative Care, including 2nd author on an accepted publication in the <i>Journal of Palliative Care</i> First significant exposure to Hospice Palliative Care and to prospective career pathways available in health sciences for program evaluation practitioners Significant early career exposure to importance of well designed and developed grief and bereavement services; prospective publication potential in 2006/2007 Student has confirmed intent to complete Geriatric Medicine specialty, confirming interest was largely facilitated by a positive exposure to issues and challenges associated with an aging population First career employment experience for new science graduate/ public relations graduate; Project Officer successfully moved to Western Economic Diversification (WED) as a Policy Analyst with an appreciation of economic impact/benefits of well designed/supported HPC services

PHC Related Activities	Link to Phase II Goals	Outcomes/Results	Sustainability/ Anticipated Future Impact
<p>Registered Nursing Communication Initiative – Commissioned writing project undertaken by HPC nursing leader/authority sources from several jurisdictions to address Canada’s pool of Registered Nurses who are frequently engaged as informal system navigators for family and friends at times of life-threatening and life-limiting illness. Canada’s provincial nursing professional association magazines and newsletters have a potential total circulation/readership of some 80,000 PHC professionals.</p>	<ul style="list-style-type: none"> - Increase access and quality by exposing a large audience of RNs to contemporary ideas, concepts, nursing standards and practices of Hospice Palliative Care in Canada - Build longer term system capacity by addressing common myths and misconceptions about the role and contribution of Hospice Palliative Care 	<p><i>Hospice Palliative Care Nursing Standards: How Do These Apply to Our Practice?</i> published in <i>Alberta RN</i> magazine April 2005 (confirmed circulation 28,000)</p> <p><i>Common Myths of Hospice Palliative Care</i> and <i>End-of-Life Care Every Nurses Business</i> published in <i>Alberta RN</i> magazine June 2005 (confirmed circulation 28,000)</p> <p><i>Common Myths of Hospice Palliative Care</i> published in <i>RN Journal</i> [Manitoba] in April 2005 (confirmed circulation 13,500)</p> <p>Several requests to run re-print of <i>Common Myths of Hospice Palliative Care</i> in RHA journal and community publications</p>	<p>Licensed content is available for publication in other provincial nursing journals/magazines/newsletters</p> <p>A high-resolution PDF file of a consolidated (all three articles), camera-ready monograph is available from the Pallium Project on-request</p> <p>A low-resolution PDF file of a consolidated (all three articles) monograph is available for downloading and use in new RN orientation/RN staff development as well as pre-service nursing health sciences education in Canada</p> <p>The information contained in these products is essential information for guiding RNs who have HPC as part of their generalist hospital/community practice as well as in their role as informal family system navigators</p>
<p>HPC Association Communications’ Infrastructure Development/Capacity Building – Technical assistance and public relations/communication staff support on an “as needed, as available” basis to provincial associations for duration of Phase II.</p>	<ul style="list-style-type: none"> - Build longer-term system capacity at the provincial level by supporting staff time to work on communication tools (e.g., prepared media kits, background documents, web sites, support for strategic communication planning) 	<p>0.5 FTE secondment for 1 year of Project Communications Assistant to support communications and program development of <i>2005 National Hospice Palliative Care Conference</i> in Edmonton</p> <p>As needed and requested advice to provincial association in B.C., Alberta and Saskatchewan</p>	<p>Contribution of legacies/proceedings generated by 2005 national conference</p>
<p>Childrens’ grief camp (Camp Stepping Stones) process and knowledge development for Manitoba – One-time investment in course fees, transportation and accommodation for HPC champions to complete specialized training for conducting summer camps for grieving children.</p>	<ul style="list-style-type: none"> - Increase access to appropriate bereavement support for children in Manitoba - Build longer-term capacity of other RHAs in Manitoba to plan/manage their own summer children’s grief camps 	<p>Annual children’s grief camps have been conducted in the Interlakes region of Manitoba in 2004, 2005 and 2006</p> <p>Camp Bridges launched with 3 other RHAs based on Stepping Stones model</p>	<p>Briefing session at Service Development Institute (SDI) has led to interest from other provinces/territories in children’s grief camp concept</p> <p>Stakeholders in Manitoba working to translate model to other RHAs as local interest/capacity permits</p>

PHC Related Activities	Link to Phase II Goals	Outcomes/Results	Sustainability/ Anticipated Future Impact
<p>Chronic Pain Management in Primary-care Settings (feasibility and technical assistance) [lead collaborator, Calgary Health Region Regional Pain Program] – Feasibility planning/ assessment of using processes and networks developed during Phase II in western and northern Canada to support capacity-building for chronic non-cancer pain in primary-care practice.</p>	<ul style="list-style-type: none"> - Increase access to improved primary-care pain services - Increase quality of primary-care pain services - Build capacity by demonstrated “extended replication” potential of Pallium Project for other clinical content areas 	<p>100% completion of a concept paper</p> <p>Presentation/engagement of the concept to Academic Pain Directors of Canada at 2006 Canadian Pain Society (CPS) annual general meeting and conference</p>	<p>Companion initiatives in other content areas which support core HPC skill sets such as improved pain management reinforce the early investments made in primary-care level skill investments in Phase II through RWCs, local staff development, etc.</p>

Communication, Dissemination and Evaluation-related Activity

Health Canada, through the PHCTF places significant emphasis on communication of the results of Project activities as a means of promoting dialogue, reflection and forward-thinking action about primary health-care renewal. In keeping with the emphasis placed on communicating the contribution of the Project's activities in support of primary health care renewal, the following communication and dissemination activities have been undertaken in Phase II:

Publication and Professional Communications

Publications in Peer-Reviewed and/or Professional and Trade Journals*

Lau, F., Yang, J., Pereira, J., Daeninck, P., & Aherne, M.J. (2006 accepted). **A survey of PDA use by palliative medicine professionals.** *Journal of Palliative Care.*

Aherne, M.J., & Pereira, J. (2005). **A generative response to palliative service capacity in Canada.** *International Journal of Health Care Quality Assurance, 18* (1, Leadership in Health Services), iii-xxi.

Peden, J., Grantham, D., & Paquin, M.J. (2005). **Hospice Palliative Care nursing standards: How do these apply to our practice?** *Alberta RN Magazine*, April 2005.

Peden, J., Hill, E., & Powell, D. (2005). **Common myths of Hospice Palliative Care.** *RN Journal* (Manitoba), April 2005.

Peden, J., Hill, E., & Powell, D. (2005). **Common myths of Hospice Palliative Care.** *Alberta RN Magazine*, June 2005.

Peden, J., Tayler, C., & Brenneis, C. (2005). **End-of-life care: Whose business is it?** *Alberta RN Magazine*, June 2005.

* Examples of extensive local rural newspaper coverage exist, but due to an inconsistency in local course planners/regional communications reporting back to the Project Development Office on print/electronic media uptake associated with HPC in their communities and the RWC program these are not reported here.

Communication at Professional/Sectoral Conferences (Juried oral presentations, workshops, posters)

Juried concurrent oral presentations/workshops

Aherne, M.J. (2006 accepted). **The Pallium Project – Program planning tools, learning resources and future plans.** Juried concurrent session #A5. 17th Annual Palliative Care Conference (Education & Research Days), Capital Health, Edmonton, October 23, 2006.

Pereira, J., & Aherne, M. (2006). **Working together to improve the quality of living and dying: The Canadian Pallium Project (Phase II).** Juried concurrent session #C04B. 16th International Congress on Care for the Terminally-ill. Montreal, September 28.

Aherne, M. & Smith, C. (2006). **The Pallium Project – Program planning tools, learning resources and future plans.** Juried concurrent session at the 16th Annual Provincial Hospice Palliative Care Conference (Manitoba). Winnipeg, September 15.

Pyziak, S. (2006). **Camp Stepping Stones.** Juried concurrent session at the 16th Annual Provincial Hospice Palliative Care Conference (Manitoba). Winnipeg, September 14.

Aherne, M., & Adams, G. (2006). **HPC Learning resources and decision support tools for primary health care providers.** Workshop session #105. 16th Annual Ontario Provincial Conference on Palliative and End-of-Life Care. Toronto, April 24.

Tayler, C., Clark, V., Aherne, M., Béasse, J., Einsiedel, A., Jr., Brenneis, C., McManus, L., Paquin, M.J., Taylor, C., & Syme, A. (2005). **Hospice palliative care telephone protocols for western Canada call centre programs: A telenursing innovation.** Canadian Association of Nurses in Oncology, 17th

Annual National CANO Conference, Concurrent Session #III-01-C, October 4, 2005, Moncton, New Brunswick. Abstract published in the *Final Program of the 17th Annual National CANO Conference*. Vancouver, B.C.: Canadian Association of Nurses in Oncology.

Baxter, S., Aherne, M., Bacon, J., Ferris, F.D., Paquin, M.J., & Weaver, L. (2005). **National norms of practice: A how to use guide, hot off the press.** Canadian Hospice Palliative Care Conference, Concurrent Session #C-PP-A, September 26, Edmonton. Abstract published in *Journal of Palliative Care*, 21(3), 199.

Baxter, S., Lapointe, B., O'Connor, M., Randall-Wood, D., Aherne, M., Pereira, J., & Boyer, A. (2005). **International cooperation in hospice palliative care: Is twinning for you?** Canadian Hospice Palliative Care Conference, Concurrent Session #D-INT, September 26, Edmonton. Abstract published in *Journal of Palliative Care*, 21(3), 201.

Dobbs, B., Dobbs, A., Triscott, J., & Aherne, M. (2005). **Driving, decline and dignity: The medically at-risk driver – implications for life closure and family caregiving.** Canadian Hospice Palliative Care Conference, Concurrent Session #F-NCP, September 27, Edmonton. Abstract published in *Journal of Palliative Care*, 21(3), 204.

Hanson, G., Aherne, M., & Pereira, J. (2005). **Aboriginal clients and families : Providing quality care by respectfully engaging diversity.** Canadian Hospice Palliative Care Conference, Concurrent Session #G-SPI-B, September 27, Edmonton. Abstract published in *Journal of Palliative Care*, 21(3), 207.

Taylor, C., Clark, V., Aherne, M., Béasse, J., Einsiedel, A., Jr., Brenneis, C., McManus, L., Paquin, M.J., Taylor, C., & Syme, A. (2005). **Pallium telenursing project: Hospice palliative care telephone protocols.** Canadian Hospice Palliative Care Conference, Concurrent Session #H-PP-A, September 27, Edmonton. Abstract published in *Journal of Palliative Care*, 21(3), 210.

Cooper, D., & Pallium Spiritual Care Development Group (2005). **Competencies for chaplains in palliative care: The Pallium DACUM Process.** Session 3 of *From Competencies to Curricula*. Canadian Hospice Palliative Care Conference, Concurrent Session #I-EDU, September 28, Edmonton. Abstract published in *Journal of Palliative Care*, 21(3), 212.

Hanson, P.G., & Aherne, M. (2005). **Creating communities of care with Aboriginal clients: A relational and shared values workshop.** Manitoba 15th Annual Hospice Palliative Care Conference, Concurrent Session #1, September 22, Winnipeg.

Cooper, D., & Horst, G. (2005). **The development of a Canadian spiritual care competency profile and core curriculum.** Manitoba 15th Annual Hospice Palliative Care Conference, Concurrent Session #20, September 23, Winnipeg.

Pereira, J. (2005). **Improving palliative care in primary health: The Canadian Pallium Project as a change agent.** Juried oral presentation to Cross Cultural Aspects stream of the 9th Congress of the European Association for Palliative Care, April 8, Aachen, Germany.

Aherne, M. & Baxter, S. (2005). **Tips, tools and tactics for use of the Canadian Hospice Palliative Care Association (CHPCA) Norms.** Workshop session #208. 15th Annual Ontario Provincial Conference on Palliative and End-of-Life Care, April 4, Toronto.

Cooper, D. (2005). **A norms-based experiment in spiritual care competency development: Reflections on a Canadian journey in process.** Juried concurrent session (Abstract#W192) of the 2005 Annual Conference of the Canadian Association of Psychosocial Oncology (CAPO), April 14, Victoria, B.C.

Aherne, M. (2004). **Building an active circle of care: Pallium Project – Phase II.** Juried concurrent session at the 16th Annual Palliative Care Conference – Education and Research Days, Capital Health Regional Palliative Care Program, October 18, Edmonton.

Aherne, M. & Pereira, J. (2004). *Exploring learning strategies that build our capacity to care: What does the evidence say?* Juried concurrent session at the 14th Annual Provincial Hospice Palliative Care Conference, September 24, Winnipeg.

Aherne, M. & Pereira, J. (2004). *Palliative and end-of-life care educational research: Mapping the landscape and exploring future directions.* Juried concurrent session #W22 of the 15th International Congress on Care for the Terminally-ill, September 20, Montreal.

Pereira, J., & Aherne, M. (2004). *Building system capacity for hospice & palliative care: The Canadian Pallium Project as a learning-based agent of change.* Juried concurrent session #W09 of the 15th International Congress on Care for the Terminally-ill, September 20, Montreal.

Hanson, P.G., & Aherne, M.J. (2004). *Creating communities of care with Aboriginal families: A relational and shared-values approach.* Juried concurrent session of the 2004 SIDS (Sudden Infant Death Syndrome) International Conference (Working together to keep our dreams alive), July 4, Edmonton, Alberta.

Aherne, M., Lamble, W., & Einsiedel, B. (2004, June). *Facilitating leadership in engagement for social accountability: The Pallium Project.* Paper appearing in the *Proceedings of the 2004 Canadian Association of University Continuing Education (CAUCE) Conference*, Niagara, Ontario.

Pereira, J, Aherne, M, & Lyndon, J. (2004). *Continuing professional development for health system improvement: The Canadian Pallium Project.* Juried oral presentation at the 2nd National (Australian) Palliative Care Education Conference, May 14, Adelaide, Australia.

Pereira, J, Aherne, M, & Lyndon, J. (2004). *A multi-professional Online Journal Club (OJC) model for rural and remote health care professionals: A Canadian demonstration.* Juried oral presentation at the 2nd National (Australian) Palliative Care Education Conference, May 14, Adelaide, Australia.

Cheperdak, D., Aherne, M., Barwich, D. (2004). *The Learning Centre for Palliative Care & Pallium Project: Collaborating to advance Hospice Palliative Care.* Juried concurrent workshop session at the British Columbia Hospice Palliative Care Association (BCHPCA) 2004 Annual Conference, May 14, Richmond, B.C.

Juried Poster Presentations

Cooper, D. (2005, September). *The development of a Canadian spiritual care competency profile and core curriculum.* Juried poster at Canadian Hospice Palliative Care Conference, Board #044. Abstract published in *Journal of Palliative Care*, 21(3), 222.

Newton, J., Newton, C., Green, S., & Béasse, J. (2005, September). *Edzinkulu – A society for children of AIDS.* Accepted poster for the Education and International Commons of the Canadian Hospice Palliative Care Conference, Poster #055., Edmonton. Abstract published in the *Syllabus of the Education and International Commons*. Ottawa: Canadian Hospice Palliative Care Association.

Leffelaar, D., & Doraty, M. (2005, September). *An undergraduate student service learning experience in palliative care education.* Accepted poster for the Education and International Commons of the Canadian Hospice Palliative Care Conference, Poster #064., Edmonton. Abstract published in the *Syllabus of the Education and International Commons*. Ottawa: Canadian Hospice Palliative Care Association.

Gallagher, R., Pereira, J., & Aherne, M. (2005, September). *The Pallium L.E.A.P. course: A package of educational materials for palliative care education.* Accepted poster for the Education and International Commons of the Canadian Hospice Palliative Care Conference, Poster #090., Edmonton. Abstract published in the *Syllabus of the Education and International Commons*. Ottawa: Canadian Hospice Palliative Care Association.

Aherne, M. & Pereira, J. (2004, October). *Pallium Project – Phase II.* Juried poster session at the 16th Annual Palliative Care Conference – Education and Research Days, Capital Health Regional Palliative Care Program, Edmonton.

Cooper, D. (2004, September). *A norms-based experiment in spiritual care competency development: Reflections on a Canadian journey in progress.* Juried poster at the 15th International Congress on Care for the Terminally-ill, Montreal.

Invited Talks/Plenary Sessions/Screenings

- Aherne, M. (2006). *Principles of online learning & EFPPEC stakeholder screening of Dying For Care: Towards Quality End-of-Life Care*. Interprofessional Symposium on Palliative and End-of-Life Care Education, London, Ontario, April 29, 2006.
- Aherne, M. & Adams, G. (2006). *Hospice Palliative Care resources and the CHPCA Marketplace*. Pallium Project Monthly Continuing Professional Development (CPD) Audioconference Session, April 27, pan-Canadian teleconference.
- Aherne, M. (2006). *Stakeholder briefing on Pallium Project (Phase II) & inaugural provincial screening of Dying For Care: Towards Quality End-of-Life Care*. Semi-annual Meeting of the Alberta Cancer Control Coordinating Committee. Calgary, April 13, 2006. (30 participants).
- Aherne, M. (2006). *Inaugural provincial screening of Dying for Care: Towards Quality End-of-Life Care*. Special screening session at 16th Annual Ontario Provincial Conference on Palliative and End-of-Life Care. Toronto, April 24, 2006. (130 participants).
- Taylor, C., Roberts, D., & MacCormack, D. (2005). *Post-Canadian HPC conference stakeholder briefing on the Enhanced Hospice Palliative Care Tele-nursing Protocols for Existing Call Centres subproject*. Edmonton, September 29th.
- Aherne, M. (2005). *Working together towards an active circle of care for the living and dying in Canada*. Invited Board Briefing to the Board of Directors of Hospice Saint-John & Sussex, New Brunswick (Tele-session from St. Johns, NL), October 6, 2005.
- Pereira, J., & Wootliff, A. (2005) *Invited plenary orientation to Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) and The Palliative Learning Commons*. Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) inaugural symposium, Saskatoon, April 29th.
- Pereira, J. (2005). *Communities of Practice (CoPS) in a Complex System: The Pallium Project in support of primary palliative care education and service development*. Tom Baker Cancer Centre Academic Rounds. March 9, Calgary.
- Aherne, M. (2005). *The Pallium Project (Phase II) Briefing*. 30 minute invited briefing for the University of Alberta's, Research in Aging Policies and Practices Research Group (RAPP) with interactive question and answer session. February 7, Edmonton.
- Aherne, M. (2004). *The Pallium Project (Phase II) Update: National directions and implications*. 30 minute invited plenary briefing of the National Forum session of the 2004 session of the Canadian Strategy on Palliative and End-of-Life Care stakeholders' annual face-to-face meeting, November 19, Calgary.
- Aherne, M. (2004). *The Pallium Project (Phase II) Update*. Invited briefing to the Joint Meeting of the Undergraduate Medical Education and Post-graduate Education Committee of the Canadian Society of Palliative Care Physicians (CSPCP), September, Montreal.
- Hanson, P.G. (2004). *Building and keeping relations with Aboriginal clients and families through primary health care education*. Invited luncheon keynote address to the 2004 Annual General Meeting and Conference of the Aboriginal Nurses Association of Canada (ANAC), June, St. Johns, Newfoundland & Labrador.
- Pereira, J. (2004). *Pallium Project (Phase II): Opportunities for improving community cancer care*. Invited briefing for the Coordinating Committee of the Alberta Cancer Control Strategy, April, Calgary.

Evaluation Activity	Completion Status	Dissemination/Availability
One-year post-intervention evaluation of the Service Development Institute (SDI) – A detailed one-year post-intervention investigation of the inaugural Service Development Institute, including local progress/barriers associated with implementation of Participation Action Plans	100% complete	- Report available upon request; manuscript moved into peer-reviewed health services literature
Post-intervention analysis of 7 Creating Communities of Caring with Aboriginal Clients and Families – A stakeholder-based, key informant analysis of the 7 multi-site educational interventions undertaken in collaboration with Hospice & Palliative Care Manitoba (HPCM) and Manitoba's health regions	100% complete	- Report available upon request; data to be used in a broader peer-reviewed publication about HPC capacity-building for Aboriginal clients and families in Canada
Regional Weekend Course (RWC) Program Evaluation – Quantitative and qualitative analysis of the Phase II Regional Weekend Course program	100% data entry/cleaning completion and prep for analysis	- Preliminary data used in Phase II external evaluation - Data to be published as an educational research manuscript in 2007 as a post-project activity
Monthly Continuing Professional Development (CPD) Audio-conference Program (Year One) Program Evaluation – Quantitative and qualitative analysis of Phase II Monthly CPD Audio-conference Program	100% data entry/cleaning completion and prep for final analysis	- Preliminary data used in Phase II external evaluation - Data to be published as an educational research manuscript in 2007 as a post-project activity
Development of Phase II External Evaluation Framework, Formative Evaluation (2004-2006) and External Evaluator Final Report – Portfolio-based formative and summative external evaluation	100% complete	- External evaluator final report submitted as part of Phase II Final Report to PHCTF - Design/implementation to be published in peer-reviewed evaluation/health services research literature
Pursuit of Possibility (PoP) – A Report Back to Stakeholders accountability video – Based on 8 hours of key informant interviews conducted by the external evaluator in late 2005, Pursuit of Possibility uses a Grounded Theory approach to present a succinct synthesis of the Phase II project for circulation/playback to a broad range of audiences as an accountability to stakeholders product.	100% complete	- DVD versions purposefully distributed at accountability report-back sessions in Manitoba, Saskatchewan, Alberta and Montreal (Fall 2006) and by mail to Phase II Collaborating Stakeholders - Streaming media version & MP4 available via the web at pallium.ca in November 2006

APPENDIX A

Collaborating Stakeholders of the Pallium Project at Submission of the April 2003 PHCTF Proposal

For the purposes of fairness and practical engagement stakeholders held Collaborating Stakeholder status with respect to the Pallium Project Phase II if they actively participated in Phase I as a founding collaborator, or if they had tabled a letter of support and prospective participation in the April 2003 application to Health Canada's, Primary Health Care Transition Fund (PHCTF). Those organizations are:

- Alberta Cancer Board, Division of Medical Affairs & Community Oncology [Project Sponsor & Administrative Hosting Authority]
- Alberta Cancer Board, Palliative Care Research Initiative
- Alberta Hospice Palliative Care Association (formerly Palliative Care Association of Alberta)
- BC Cancer Agency, Pain & Symptom Management/Palliative Care services
- British Columbia Hospice Palliative Care Association
- Calgary Health Region, Regional Palliative and Hospice Care Service
- Capital Health Authority (Edmonton), Regional Palliative Care Program
- Canadian Hospice Palliative Care Association (CHPCA)
- Canadian Virtual Hospice (CVH) Project
- CancerCare Manitoba
- Centre for Distance Education and Research in Palliative Care (CEDER)
- Government of the North West Territories
- Grant MacEwan College, Palliative Care Program
- Health Canada, Secretariat on Palliative & End-of-Life Care
- Hospice & Palliative Care Manitoba (HPCM)
- Manitoba Provincial Palliative Care Coordinators Network (PPCN)
- Regina Qu'Appelle Health Region, Regional Palliative Care Services
- Saskatchewan Hospice Palliative Care Association (SHPCA)
- University of Alberta, Department of Oncology, Division of Palliative Medicine
- University of Alberta, Division of Continuing Medical Education
- University of Alberta, Institute for Professional Development [status assumed by Department of Family Medicine upon IPD disbandment]
- University of British Columbia, Division of Palliative Care, Department of Family Practice
- University of Calgary, Division of Palliative Medicine
- University of Calgary, Office of Continuing Medical Education & Professional Development
- University of Manitoba, Continuing Education Division
- University of Manitoba, Section of Palliative Medicine, Department of Family Medicine
- University of Saskatchewan, College of Nursing
- University of Saskatchewan, Extension Division
- Saskatoon Health Region, Regional Palliative Care Program
- Victoria Hospice Society (VHS)
- Winnipeg Regional Health Authority (WRHA), Palliative Care Sub Program
- Yukon Palliative Care Advisory Committee

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APPENDIX B

Phase II - Stated Goals and Objectives (from accepted April 2003 PHCTF proposal)

National Envelope Objective	Phase II - Pathway to Achievement
<ul style="list-style-type: none"> • Enhancing the sustainability of the primary health care system by engaging stakeholders and the public in a dialogue on primary health care renewal. • Educate the public about primary health care renewal. • Maximize synergies and the use of common/collaborative approaches to renewal by providing for information sharing on primary health care renewal experiences. • Improve the availability and quality of information on primary health care nationally (e.g., evaluation, progress indicators). • Create common practical tools to address the challenges that will arise during the renewal process. • Facilitate collaboration among professions involved in primary health care. • Facilitate changes to practice patterns for primary health care providers. 	<ul style="list-style-type: none"> • Extend linkages to empower primary caregivers and design initiatives so that primary caregivers are full partners with specialists in delivery of hospice palliative care. • Implement learning systems and information and decision supports such that hospice palliative care is fully supported at the community level. • Focus on a dual strategy of development, aligned with the CHCPA's "Square of Care" and "Square of Organization" such that due care and attention is given to both foundational requirements in capacity building. • Collaborate with provincial and national hospice palliative care associations and local networks to inform the public about hospice palliative care options within the context of primary care renewal. • Engage in collaborative development such that there are greater efforts between the voluntary sector and paid health care providers in the provision of partnership-based hospice palliative care. • Use the CHCPA's Model to Guide Hospice Palliative Care as a foundation for continuing professional and organizational development activities. • Integrate Outreach Education into knowledge development and communication to build a critical mass of evidence-based responses to care. • Use of Institutes and other Action Learning and Appreciative Inquiry-based approaches to promote development of a consistent Canadian approach to hospice palliative care, leading from primary care renewal, and emphasizing integration with informal care givers and specialty care. • Collaborative development of best practices and benchmarks in hospice palliative care based on various settings and context of care. • Communications activities to target various stakeholders in communicating results of various collaborative development and action learning activities. • Collaborative development of information and knowledge products (e.g., learning objects), based on building out from currently available content and make available via affordable licensing and resource sharing arrangements. • Use of World Wide Web and other digital and traditional media to ensure the most appropriate information is available in the most appropriate time when people are ready to receive it. • Extend professional community model to further enhance integration among primary care givers and specialty care. • Continued emphasis on multi-provider (e.g., interdisciplinary; multiprofessional) learning. • Promotion of just-in-time learning, so that the context of practice and problems encountered in practice drive the learning and associated changes required to practice patterns.

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Other broad goals and objectives the initiative is trying to achieve (as listed in April 2003 PHCTF proposal)

- Lead further development of Canada's Hospice Palliative Care system, ensuring human resources and organizational development supports are available for a range of settings and learning needs.
- Promote Hospice Palliative Care as an integrated component of the health care continuum, and enable leadership from all facets of Canada's health care and voluntary sector, to promote change management so that Hospice Palliative Care is appropriately balanced with curative care during Primary Health Care renewal.
- Promote collaborative development, including meaningful front-line staff and community participation, as a model to ensure appropriate attention is given to both caregiver development (i.e., knowledge, skills, attitudes) and to organizational development (i.e., enabling, appropriately designed and resourced care environments, consistent, standards-based care, etc).
- Promote approaches to Primary Health Care reform that distributes the power, responsibility and accountability for hospice palliative care equitably among governments, the health delivery systems, and the consuming public.
- Demonstrate new approaches to human resources and organizational development that are clearly focused on building system capacity and enabling performance improvement.
- Demonstrate how shared resource development (based on state-of-the-art workplace learning and knowledge management approaches) and use of digital media (e.g., www, hand held devices, tele-health infrastructure) can be used to enable workplace learning that is oriented to the just-in-time learning opportunities that primary-care givers require.

APPENDIX C

Community-based Interventions by Major Activity Category (Through to March 31, 2006)

REGIONAL WEEKEND COURSES (RWC)

1	Parkland RHA Dauphin, Manitoba Sept 27 – 29, 2002 (<i>Phase I</i>)	16	Cypress RHA Swift Current, Saskatchewan February 25 – 27, 2005
2	Sunrise RHA Yorkton, Saskatchewan March 14 – 16, 2003 (<i>Phase I</i>)	17	Prince Albert/Parkland RHA Prince Albert, Saskatchewan March 4 – 6, 2005
3	Assiniboine RHA Minnedosa, Manitoba February 6 – 8, 2004	18	David Thompson Health Region Red Deer, Alberta March 4 – 6, 2005
4	Interlake RHA Gimli, Manitoba March 19 – 21, 2004	19	East Central Health (Eastern/Saskatchewan border) Viking, Alberta March 11 – 13, 2005
5	Sun Country RHA Estevan, Saskatchewan March 26 – 18, 2004	20	Interior Health Authority Castlegar, B.C. May 6 – 8, 2005
6	North Eastman HA Beausjour, Manitoba May 14 – 16, 2004	21	Brandon RHA Brandon, Manitoba May 6 – 8, 2005
7	Peace Country Health Grande Prairie, Alberta May 28 – 20, 2004	22	Vancouver Island Health Port Hardy, B.C. May 27 – 29, 2005
8	Saskatoon Health Region Humboldt, Saskatchewan June 5 – 6, 2004	23	Chinook Health Region Lethbridge, Alberta June 10 – 12, 2005
9	East Central Health Camrose, Alberta June 11 – 13, 2004	24	NOR-MAN RHA Flin Flon, Manitoba June 10 – 12, 2005
10	Interior Health Authority Kimberley, B.C. October 1 – 3, 2004	25	Interior Health Authority Kamloops, British Columbia Sept 30 - October 2, 2005
11	Central RHA Winkler, Manitoba Nov 5 – 7, 2004	26	Sunrise Health Region Yorkton, Saskatchewan October 14 – 16, 2005
12	Prairie North RHA Meadow Lake, Saskatchewan Nov 6 - 7, 2004	27	Burntwood RHA Thompson, Manitoba October 14 - 16, 2005
13	South Eastman RHA La Broquerie, Manitoba Nov 26 – 28, 2004	28	Five Hills Health Region Moose Jaw, Saskatchewan October 14 – 16, 2005
14	Central RHA Portage la Prairie, Manitoba Jan 28 – 30, 2005	29	Vancouver Island Health Campbell River, B.C. October 14 - 16, 2005
15	Interior Health Authority Castlegar, B.C. February 11 – 13, 2005	30	Yukon Territorial Government Whitehorse, Yukon October 21 - 23, 2005

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<p>31 Peace Country Health Grande Prairie, Alberta October 21 - 23, 2005</p>	<p>37 Northern Health Region Prince George, B.C. January 13 – 15, 2006</p>
<p>32 Parkland RHA Dauphin, Manitoba October 28 – 30, 2005</p>	<p>38 Yukon Territorial Government Whitehorse, Yukon January 13 – 15, 2006</p>
<p>33 Kelsey Trail Health Region Nipawan, Saskatchewan November 4 - 6, 2005</p>	<p>39 Aspen Health Region Whitecourt, Alberta January 27 - 29, 2006</p>
<p>34 Northern Health Region Dawson Creek, B.C. November 18 – 20, 2005</p>	<p>40 Vancouver Coastal Health Richmond, B.C. January 20 – 22, 2006</p>
<p>35 South Eastman Health Steinbach, Manitoba November 25 – 27, 2005</p>	<p>41 Fraser Health Region Maple Ridge, B.C. January 27 – 29, 2006</p>
<p>36 Aspen Health Region St. Paul, Alberta November 25 – 27, 2005</p>	<p>42 Palliser Health Region Medicine Hat, Alberta January 27 - 29, 2006</p>

OTHER OUTREACH EDUCATION & CUSTOM CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

<p>1 NWT Territorial Conference Yellowknife, NWT February 7 – 9, 2003 (<i>Phase I</i>)</p>	<p>8 Building Communities of Care with Aboriginal Families (RHA Central Manitoba) HPCM Annual Multi-site Workshop Series Dakota Tipi First Nation, Manitoba May 2, 2005</p>
<p>2 Palliative Care Essentials Update HPCM Post-conference Session Winnipeg, Manitoba September 25, 2004</p>	<p>9 Building Communities of Care with Aboriginal Families (Interlakes RHA) HPCM Annual Multi-site Workshop Series Ashern, Manitoba May 3, 2005</p>
<p>3 Palliative Care Essentials Update for Physicians-in-Office Practice Regina, Saskatchewan November 20, 2004</p>	<p>10 Building Communities of Care with Aboriginal Families (Parkland RHA) HPCM Annual Multi-site Workshop Series Dauphin, Manitoba May 5, 2005</p>
<p>4 Palliative Care Essentials Update for Physicians-in-Office Practice Saskatoon, Saskatchewan November 27, 2004</p>	<p>11 Building Communities of Care with Aboriginal Families (NOR-MAN RHA) HPCM Annual Multi-site Workshop Series The Pas, Manitoba May 10, 2005</p>
<p>5 Palliative Home Care for Remote Locales Nunavut Dept. of Health & Social Services Iqaluit, Nunavut February 18 – 19, 2005</p>	<p>12 Building Communities of Care with Aboriginal Families (NOR-MAN RHA) HPCM Annual Multi-site Workshop Series Thompson, Manitoba May 12, 2005</p>
<p>6 Building Communities of Care with Aboriginal Families (North Eastman HA) Hospice & Palliative Care Manitoba (HPCM) Annual Multi-site Workshop Series Pine Falls, Manitoba February 15, 2005</p>	<p>13 Clinical Introduction to Palliative & End-of-Life Care (Pre-LEAP course) Facilitator Pool Commissioning Calgary, Alberta September 5 - 6, 2002 (<i>Phase I</i>)</p>
<p>7 Building Communities of Care with Aboriginal Families (Assiniboine RHA) HPCM Annual Multi-site Workshop Series Minnedosa, Manitoba February 22, 2005</p>	

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- | | |
|---|---|
| <p>14 Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) Western Canada, Facilitator Orientation
Calgary, Alberta
August 27 – 28, 2004</p> | <p>19 Hospice Palliative Care for First Nations & Inuit Health Branch (FNIHB), Community-based Licensed Practical Nurses/Home Health Aides, Province of Saskatchewan
Saskatoon, Saskatchewan
February 21 - 22, 2006 (in partnership w/ Health Canada, FNIHB, Saskatchewan)</p> |
| <p>15 Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) South Ontario, Facilitator Orientation
McMaster University, Hamilton, Ontario
August 18 – 19, 2005</p> | <p>20 Lakehead University/Northern Ontario Aboriginal Hospice Palliative Care Train the-Trainer custom 2-day training
March 2006
Thunder Bay, Ontario</p> |
| <p>16 Building and Keeping Relationships with Aboriginal Clients & Families National Facilitator Pool Commissioning
Vancouver, B.C.
September 13 – 15, 2005</p> | <p>21 Responsive Hospice Palliative Care with Aboriginal Clients and Families
Prince George, B.C.
March 29, 2006 (in partnership with B.C. Cancer Agency and Northern Health Region, Aboriginal Services Unit)</p> |
| <p>17 Hospice Palliative Care for First Nations & Inuit Health Branch (FNIHB), Community-based Nurses, Province of Saskatchewan
Saskatoon, Saskatchewan
October 26 – 28, 2005 (in partnership w/ Health Canada, FNIHB, Saskatchewan)</p> | <p>22 Responsive Hospice Palliative Care with Aboriginal Clients and Families
Nanaimo, B.C.
March 30, 2006 (in partnership with B.C. Cancer Agency and Vancouver Island Health)</p> |
| <p>18 Palliative Nursing for Remote Locales
Churchill RHA
Churchill, Manitoba
November 18 - 19, 2005</p> | |

MONTHLY CPD AUDIOCONFERENCE PROGRAM

(Sites = Number of Confirmed Sites; Participants = Number of Confirmed Reported; P/T = Number of Provinces/Territories)

- | | |
|--|---|
| <p>1 Family Caregiver: How to Provide Support?
Dr. Priscilla Koop,
Faculty of Nursing, University of Alberta
Feb 24, 2005
Sites – 32; Participants – 169; P/T - 06</p> | <p>5 Team Building: Working effectively with local physicians
Dr. Romaine Gallagher
Providence Health, Vancouver, B.C.
June 23, 2005
Sites - 58; Participants – 176; P/T - 09</p> |
| <p>2 Spiritual and Religious Care of the Hospice Palliative Care Client
Rev. Dan Cooper, Palliative Care Services,
Regina Qu'Appelle Health
March 24, 05
Sites – 50; Participants – 231; P/T - 08</p> | <p>6 Hydration in Hospice Palliative Care: Where do you Stand?
Lucille Taylor, End-of-Life Care, Fraser Health, B.C.;
Sue Campbell, Regional Palliative Care Prgm,
Capital Health, Edmonton
July 28, 2005
Sites – 68; Participants – 217; P/T - 08</p> |
| <p>3 A Caregiver's Guide: A Handbook About End-of-Life Care Panel
Carleen Brenneis,
Reg. Palliative Care Program, Capital Health;
Robert Clarke (Publisher),
Order of St. Lazarus;
Jacquie Peden (Co-author);
April 28, 2005
Sites – 66; Participants – 180; P/T - 08</p> | <p>7 End-of-Life Care for Children: Adding Life to a Child's Time
Maria Rugg, Palliative and Bereavement Care
Program, Hospital for Sick Children, Toronto
August 25, 2005
Sites – 54; Participants – 158; P/T - 09</p> |
| <p>4 Magnifying Hope - Shrinking Hopelessness
Wendy Edey,
The Hope Foundation of Alberta
May 26, 2005
Sites - 70; Participants – 241; P/T - 09</p> | <p>8 Initiating a Dialogue with Family
Barry Ashpole
Communication Consultant in HPC, Ontario
September 22, 2005
Sites – 85; Participants – 259; P/T - 10</p> |

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- 9 Building Cultural Competence: An Aboriginal and Multicultural Perspective** 15
P. Gaye Hanson, Aboriginal Nurses Association of Canada, Whitehorse
Dr. Adrienne Wiebe, Multicultural Services, Royal Alexandra, Capital Health, Edmonton
October 27, 2005
Sites – 68; Participants – 147; P/T - 10
- 10 Avoiding Burnout and Compassion Fatigue: Feeding One’s Soul** 16
Dr. Mary Vachon, U. of Toronto/Wellspring
November 24, 2005
Sites – 115; Participants – 430; P/T - 11
- 11 Supporting the Bereaved Through the Holiday Season** 17
Wendy Wainwright,
Victoria Hospice Society, B.C
December 15, 2005
Sites – 85; Participants – 247; P/T - 11
- 12 When Your Patients Choose Complementary and Alternative Medicine: Exploring Issues and Shifting Roles** 18
Barbara Findlay
The Samuelli Institute (Alexandria, VA);
Former Executive Director for the Tzu Chi Institute for Complementary and Alternative Medicine, Vancouver, BC
January 26, 2006
Sites – 80; Participants – 258; P/T - 11
- 13 When Meds Are Not Enough: Exploring Total Pain (Panel)** 20
Dr. Romyne Gallagher
Providence Health, Vancouver, BC;
Chaplain Carol Barwick
Hospice Calgary Society;
Dr. David Morrison
P.E.I. Cancer Treatment Centre
February 23, 2006
Sites – 97; Participants – 402; P/T - 12
- 14 Managing Loss and Declines with Dignity: The Medically-At-Risk Driver**
Dr. Bonnie M. Dobbs
University of Alberta, Edmonton
Dr. Allen R. Dobbs
DriveABLE Assessment Centres Inc.
March, 30, 2006
Sites – 69; Participants – 219
- Hospice Palliative Care Resources**
Mr. Greg Adams, Canadian Hospice Palliative Care Association (CHPCA),
Ottawa, Ontario;
Michael Aherne, Pallium Project
Development Office, Edmonton, Alberta
April 27, 2006
- Advanced Care Planning**
Janet Dunbrack, Health Policy Consultant,
Ottawa, Ontario;
Sue Grant, Fraser Health, Surrey, B.C.;
Joan Rush, Independent Legal Counsel,
Vancouver, British Columbia
May 25, 2006
- Music at the End-of-Life**
Louise Cadrin, Regina Qu’Appelle Health
Region, Regina, Saskatchewan;
Bev Foster, Room 217, Toronto, Ontario
June 22, 2006
- Palliative Sedation – Medical & Nursing Perspectives**
Dr. Ted Braun & Heather Shantz,
Calgary Health Region, Calgary, Alberta
July 27, 2006
- Three Family Caregivers (A Personal Retrospective on the EoL Experience)**
August 24, 2006
- Challenging Cases in the Community**
Dr. Pippa Hall, SCO Health Service,
Ottawa, Ontario;
Dr. Doris Barwick, Fraser Health,
Surrey, British Columbia
September 21, 2006

Pallium Project, Phase II Operations – Summary Report (2004 – 2006)

SERVICE DEVELOPMENT

- 1 Putting Progress Into Action**
Manitoba Provincial Workshop
Winnipeg, June 7, 2004
- 2 Putting Progress Into Action**
Alberta/Territorial Provincial Workshop
Edmonton, June 16, 2004
- 3 Putting Progress Into Action**
Saskatchewan Provincial Workshop
Regina, June 22, 2004
- 4 Putting Progress Into Action**
British Columbia Provincial Workshop
Richmond, June 28, 2004
- 5 Multi-Jurisdiction**
Service Development Institute (SDI)
Calgary, Alberta
November 1 – 3, 2004
- 6 Putting Progress Into Action**
New Brunswick Provincial Workshop
(In partnership with CHPCA)
Fredericton, September 13, 2005
- 7 Putting Progress Into Action**
Nova Scotia Provincial Workshop
(In partnership with CHPCA)
Halifax, September 14, 2005
- 8 Putting Progress Into Action**
Newfoundland & Labrador
Provincial Workshop
(In partnership with CHPCA)
St. John's, October 6, 2005
- 9 P.E.I. Healthcare System Transition**
Provincial HPC Strategic Planning
(In partnership with CHPCA)
Charlottetown, January 10, 2006

Pallium Project, Phase II Operations – Summary Report (2004 – 2006)

LEARNING RESOURCES & KNOWLEDGE DEVELOPMENT INITIATIVES NATIONAL HUBS/COORDINATION POINTS

- | | |
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| <p>1 Spiritual Care Development Initiative
Palliative Care Services
Regina Qu'Appelle Health Region
Regina, Saskatchewan</p> <p>2 Building and Keeping Relationships
with Aboriginal Clients & Families
Pallium Project Collaborator Office
Whitehorse, Yukon</p> <p>3 HPC Distance Education
Initiative Development
Centre for Distance Education and
Research in Palliative Care (CEDER)
Calgary, Alberta</p> <p>4 Learning Essential Approaches to
Palliative and End-of-Life Care (LEAP)
University of British Columbia,
Division of Palliative Care, Vancouver, B.C.;
University of Calgary,
Division of Palliative Medicine,
Calgary, Alberta</p> <p>5 Clinical Communication in Hospice
Palliative Care
Pallium Project Development Office
Edmonton, Alberta</p> <p>6 Palliative Learning Commons
Pallium Project Development Office
Edmonton, Canada</p> <p>7 CHPCA Norms Toolkit
Canadian Hospice Palliative Care Assn.
Ottawa, Ontario</p> <p>8 99 Common Question (and more)
About Hospice Palliative Care: A
Nurses Handbook (3rd edition)
Capital Health, Regional Palliative Care
Program, Edmonton, Alberta</p> <p>9 HPC Telenursing Protocols Development
Fraser Health Region, Surrey, B.C.;
Regina Qu'Appelle Health Region, Regina,
Sask. (in partnership with Pallium Project)</p> | <p>10 A Caregiver Handbook (for Inuit
Family Caregivers)
The Military & Hospitaller Order of Saint
Lazarus of Jerusalem; Edmonton/Ottawa;
Government of Nunavut, Iqaluit;
Canadian Hospice Palliative Care Assn.,
Ottawa, Ontario</p> <p>11 Driving, Decline & Dignity-Maintaining
Responses (3D)
Department of Family Medicine,
University of Alberta, Edmonton, Canada</p> <p>12 Culturally Responsive Care & Dementia
Department of Family Medicine,
University of Alberta, Edmonton, Canada</p> <p>13 Palliative Care Service-Delivery
Decision Making Study
Centre for Health and Policy Studies (CHaPS)
University of Calgary, Faculty of Medicine</p> <p>14 Palliative Pocketbook
University of Calgary, Division of Palliative
Medicine, Calgary, Alberta</p> <p>15 Personal Digital Assistants (PDA) for HPC
University of Victoria, Health Information
Science unit, Victoria, British Columbia;
EFFPEC Project, Ottawa, Ontario;
Canadian Society of Palliative Care
Physicians (CSPCP), Winnipeg/Edmonton</p> <p>16 Pediatric Palliative Care –
Physician Fellowship curriculum
University of Manitoba/Winnipeg Regional
Health Authority, Winnipeg, Manitoba</p> <p>17 Regional Health Authority Interface
demonstration projects
Hospice Palliative Care Network, MACO Div.
Alberta Cancer Board, Calgary</p> <p>18 Territorial HPC Model Development
Yukon Palliative Care Advisory Committee;
Yukon Department of Health & Social Services;
Hospice Yukon Society;
Whitehorse General Hospital;
Whitehorse, Yukon</p> <p>19 LEAP French Language Translation
Laval University, Medical Faculty;
Canadian Hospice Palliative Care Assn,
Ottawa, Ontario</p> |
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