The Pallium Project
le projet Pallium
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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

REACHING BEYOND - PALLIUM PROJECT

Phase III Consultation Results & Proposed Directions

Michael Aherne[1], José Pereira[2]
[1]The Pallium Project
[2]Division of Palliative Care, University of Ottawa

BACKGROUND & CONTEXT

Since March 2001, the Pallium Project has worked with two one-time Government of Canada investments. These financial investments totaled $4.57 million. The investment, combined with extensive in-kind investments of time, insights and wisdom from academic health, service delivery, voluntary and other sectoral contributors, has resulted in a unique, pan-Canadian networked model of knowledge development and sharing. This model has been focused on improving Hospice Palliative Care access, quality and service delivery capacity. It has been largely enabled by collaboration, innovation and knowledge-management strategies.

In late 2006, the Pallium Project stakeholder-based Phase II, Project Advisory Committee (PAC) directed a Phase III Feasibility Study be undertaken. This study was to expand on a national open invitation consultation process of Summer 2006. The focus of the Feasibility Study was purposeful consultation with founding Project stakeholders and key opinion leaders/champions provincially/territorially, integration with environmental scan/context and other feedback.

A series of consultations were conducted throughout 2007. These included key informant interviews by telephone, site visits to areas with potentially beneficial and "scalable" local initiatives, and purposeful engagement in policy formulation/ research direction setting consultation meetings. Planning data was gathered and thematically analyzed, also considering the Phase II project summative evaluation.

RESULTS

There is general agreement that The Pallium Project has made a unique and enduring contribution to Hospice Palliative Care (HPC) in Canada. There is a widespread lack of clarity about The Pallium Project's design, intent and the breadth and depth of activities it has enabled, through its model of mobilizing teams of passionate and deeply-committed HPC champions throughout Canada.

There is also some confusion about the current operating status of the Pallium Project, with many believing it continues as an ongoing concern while others clearly understand the Project has operated on two one-time investments, with a commitment to legacy and "evergreening" key initiatives where ever possible.

Stakeholders report they have been proud of their association with The Pallium Project. They report they have seen the benefits of their participation return with "flow backs" to local service delivery organizations/communities that they can readily demonstrate to regional senior management.

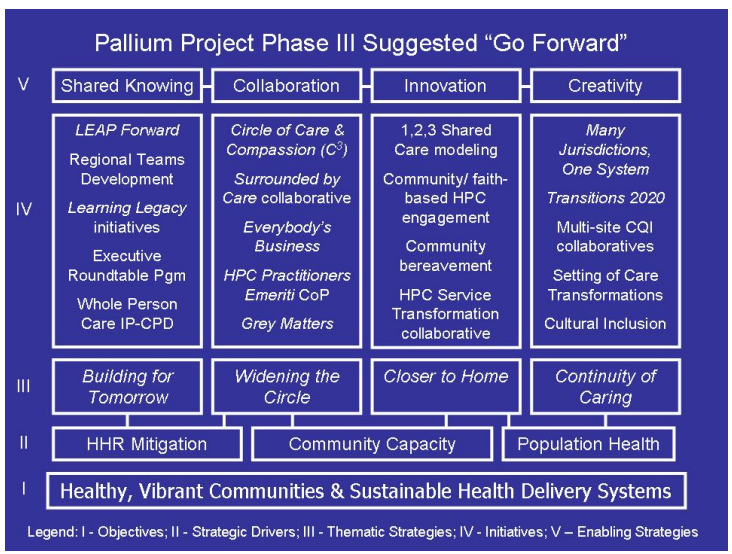
There is frustration by some HPC voluntary sector leaders, who have expressed concern the Project has been skewed to-date towards the institutional health service delivery sector.

RESULTS

Stakeholders consulted almost universally agree that an aging population "bubble" combined with an increase in chronic progressive illness threaten to "swamp" existing HPC service delivery capacity. Clear themes that emerged include deep concern about family caregivers, frustration about persons/families waiting until it is too late in an illness for HPC services to be beneficial, and continued frustration with colleagues who do not understand, nor respect HPC service delivery. Some described the latter in the context of "the wait time issue," with palliative services seen as a place for specialty areas to "off load" patients who are progressively-ill.

There is strong interest among many throughout western and northern Canada especially, to continue building on the primary-care, capacity-building model of Phase II, with specific new investments in a Regional Teams model and more breadth and depth in clinical education. This includes more depth to introductory clinical issues of the *Learning Essential Approaches to Palliative and End-of-Life Care* (LEAP) courseware. There is also some emerging discourse suggesting that primary-care practitioners are ready for more purposeful engagement in whole-person care, with a particular emphasis on further integration of psycho-social content within LEAP as well as special purpose teaching-learning development for psycho-social professionals. There is also continued concern that LEAP's current main delivery design of the Retreat Weekend Course (RWC) may not support the growing number of LPNs with substantive clinical responsibilities for the dying.

There is also concern among some academic health programs about how much additional development work they might be able to take on in the future.



Further Reading

Aherne, M., Pereira J.L. (2008). Learning and development dimensions of a pan-Canadian primary health care capacity-building project. *Leadership in Health Services, 21*(4), 229-266.

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

RESULTS

There is a specific acknowledgement that more persons in Canada would like to stay at home as long as possible. There is also recognition that many persons may not wish to/be able to actually die at home and the manifestation of much chronic progressive illness and advanced cancer means many settings of care would best serve patients and their families. There is concern about being able to successfully achieve a *Closer to Home* strategy, particularly in rural western Canada. In 2006 and 2007, some provinces/territories have also reported extreme short staffing situations and considerable health workforce challenges. It is generally understood that communities and local service delivery systems will be under extreme strain in the next decade, although many are hopeful that creative solutions could help share many of the tasks of enabling dignified life closure and care for the dying by leveraging untapped community capacity. There is also considerable concern about sustaining community and health delivery systems among many stakeholders.

PROPOSED DIRECTIONS

There is general feeling that a "re-resourced" Pallium Project could make a considerable contribution to enhancing living and dying well at the community-level throughout Canada, provided that suitable resources could be identified and secured. A detailed discussion of the Phase III consultation results can be found in *Reaching beyond: Pallium Project (Phase III) design options.*

The proposed objectives are two-fold. One is enabling healthy, vibrant communities throughout Canada who are well positioned to engage and creatively respond to more serious illness and dying within local communities. A second linked proposed objective would firmly position HPC as a partner in sustainability of Canada's federal, provincial/territorial and local delivery systems.

The three strategic drivers are emerging HHR challenges, transformative potential within many communities, and population health responses, particularly for family caregivers and those living with chronic progressive illness. Four thematic areas have been proposed for "clustering" initiatives, sub-projects and activities. These are *Building for Tomorrow*, *Widening the Circle*, *Closer to Home* and *Continuity of Caring*. A proposed set of "actionable" initiatives, informed by the consultation process, are broadly outlined. They include a series of new Continuing Professional Development (CPD) initiatives to bring more depth to primary-care providers and regional teams, collaboratives, and purposeful engagement of Canada's voluntary/social sectors. The four overarching "touchstones" or enabling strategies for a potential Phase III initiative are continued knowledge management via specific shared developed/dissemination strategies (e.g., see Pereira & Aherne poster), purposeful/well-structured collaboration, process/conceptual and programming innovation and creativity.

CONTACT
Michael Aherne
1-888-475-4933
michael.aherne@pallium.ca