



Canadian Atlas of Palliative Care: Alberta Edition

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An aerial photograph of a mountain valley. In the background, there are several mountain peaks, some with patches of snow. The middle ground is dominated by a dense forest of trees, with a winding river cutting through it. The river flows from the upper right towards the lower left, forming several meanders. The foreground shows more of the forest, with some small structures and a road visible. The sky is blue with some white clouds.

Territorial Acknowledgement

Presenter Disclosure

Jeffrey B. Moat

- Pallium Canada - Chief Executive Officer

Dr. Leonie Herx

- Cardus Health - Senior Fellow (honorarium)
- Pallium Canada - Research Associate for Canadian Atlas of Palliative Care

Introduction



The Canadian Atlas of Palliative Care aims to raise awareness of the current state of palliative care in Canada.



Atlases improve the understanding of underserved populations, compare regional availability of palliative care, and highlight and promote best practices.



Atlases guide and inform policymaking, planning and capacity building in the provision of palliative care, enhancing the quality of care in jurisdictions across all provinces and territories.

Core Research Team and Authors

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Partners and Funding Acknowledgements

PARTNERS



Family Medicine
Division of
Palliative Care

FUNDER



Alberta Based Organizations: Collaboration and Engagement



Covenant



Canadian Atlas of Palliative Care: Alberta Edition



Domains and Elements

DOMAIN	ELEMENTS
Demographics	Population Density, Total Area, Hospitals and Classification, Primary Care Involvement, Death per Year (And Causes), Organization of Health Services, Population Profile (Including Indigenous Peoples and Focus Populations)
Policy	Designated Palliative Care Office Palliative Care Policy, Palliative Care Legislation, Standards/Norms of Practice, Monitoring System, Designated Funding, Palliative Care Billing Codes, Advance Care Planning Legislation
Services	Acute Care: Palliative Care Unites, Specialist Teams and Integration of Services, Community-Services: Community-Based Teams, Home Care and Hospice Services, etc.
System Performance	Indicators mainly taken from provincial and territorial reports alongside various stakeholder organizations; leverage of partner organizations toward the Canadian Atlas project
Education	Palliative Care (Sub-) Specialty for Physicians and/or Nurses, Palliative Care in Medical Schools, Education in Residency, Palliative Care in Nursing Schools, Academic Palliative Care Positions/Chairs, Palliative Care Research, Continuing Education
Professional Activities	Palliative Care Association, Palliative Care Directory, Palliative Care Conference(s), Quality Improvement Activities, Research Funding, Palliative Care Publications
Focused Populations	Pediatric Palliative Care, Pediatric Palliative Care Unit(s), Palliative Care for LGBTQ2SIA+, Palliative Care for the Homeless and Marginally Housed, Prison Populations, Immigrants and Refugees, Informal Caregivers
Community Engagement	Volunteer Program(s), Volunteer Training, Compassionate Communities, Compassionate Community Activities, Caregiver Education and Support
Other Activities	Other Resources and Programs

Methods

- A multi-phased, mixed-method approach was used in the collection of data.
- Methods were mainly adopted from the international atlases previously developed.
- Data was gathered in the following ways:



Publicly available data



Standardized online surveys conducted with provincial and regional palliative care leaders and educators



Semi-structured key informant interviews

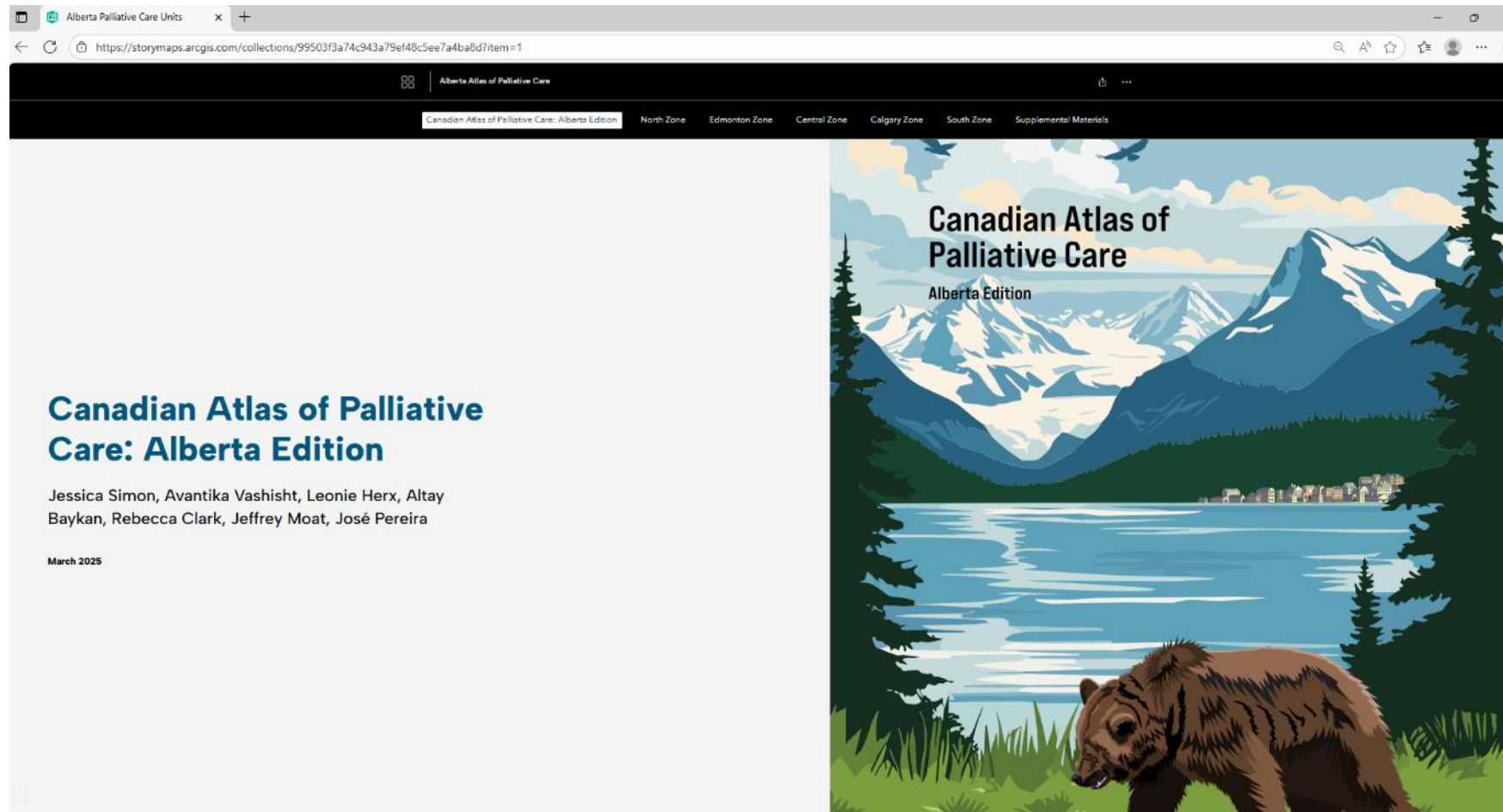


Focus groups to validate, expand, and clarify findings



Member checking with regional leaders to provide final input on the results

Interactive StoryMaps

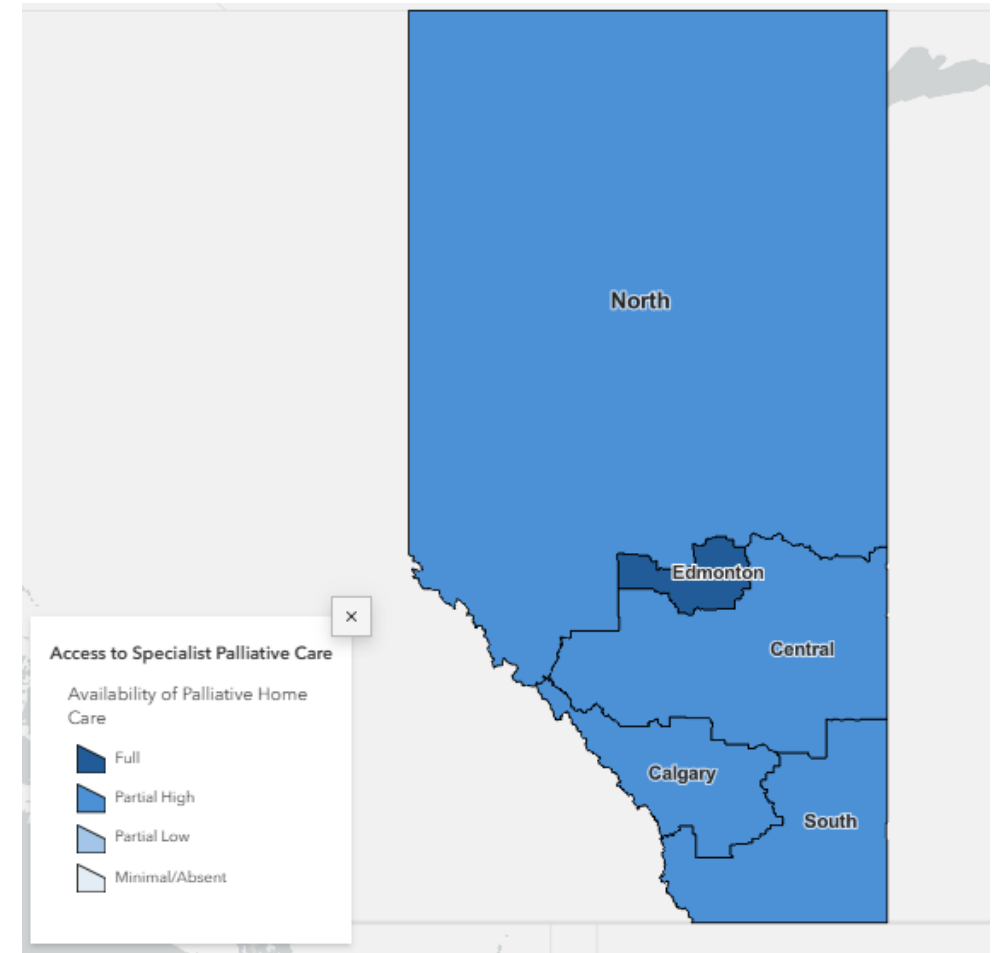


Interactive Story Maps

Indicator	Presence
Access to palliative home care services	●●●● ¹
Availability of 24/7 access	●●●● ^{v2}

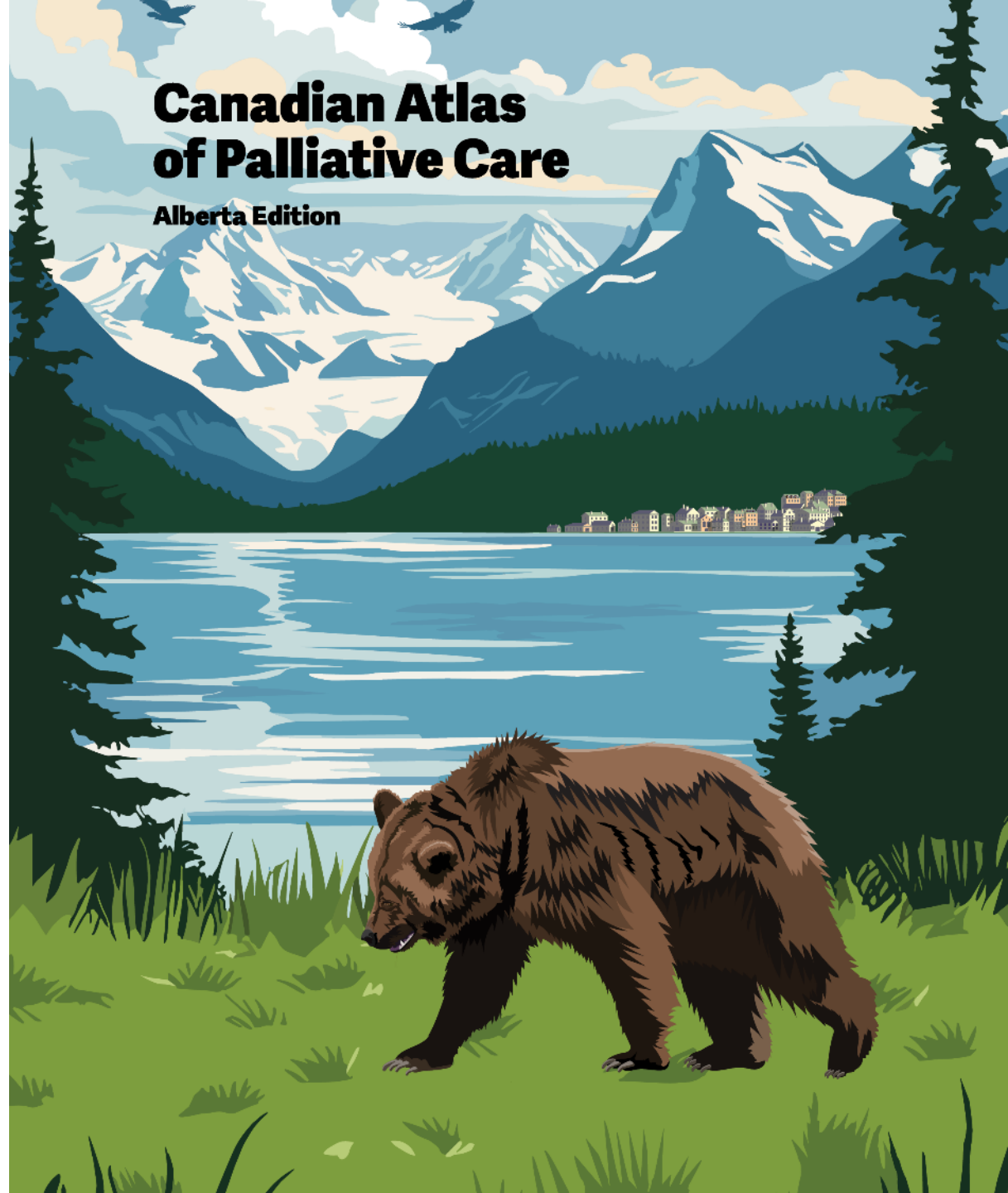
There are specialized palliative home care teams in the larger urban centres. In smaller communities and rural/remote areas, general "integrated home care" provides in-home supports for palliative care. Many integrated home care case managers possess additional skills and experience in palliative care, and some case managers have a predominantly palliative caseload.

After-hours access to palliative home care is an overall partial high with variability across regions. Some urban palliative home care services have 24/7 response teams, and many integrated home care services have 24/7 phone access. However, some home care teams do not have after-hours availability. People living in specialized group homes and some other congregated living residences may have limited access to palliative home care services.



Key Findings

- Alberta has a strong foundation of frameworks and policies to guide palliative care.
- Hospitals provide high levels of access to specialty palliative care teams.
- There is a shortage of palliative care unit beds and hospice beds.
- Access to palliative care in the community is well established.
- Equitable access to palliative care remains a significant challenge.
- The provision of primary palliative care is limited.





Results Part A: Provincial Level

Demographics

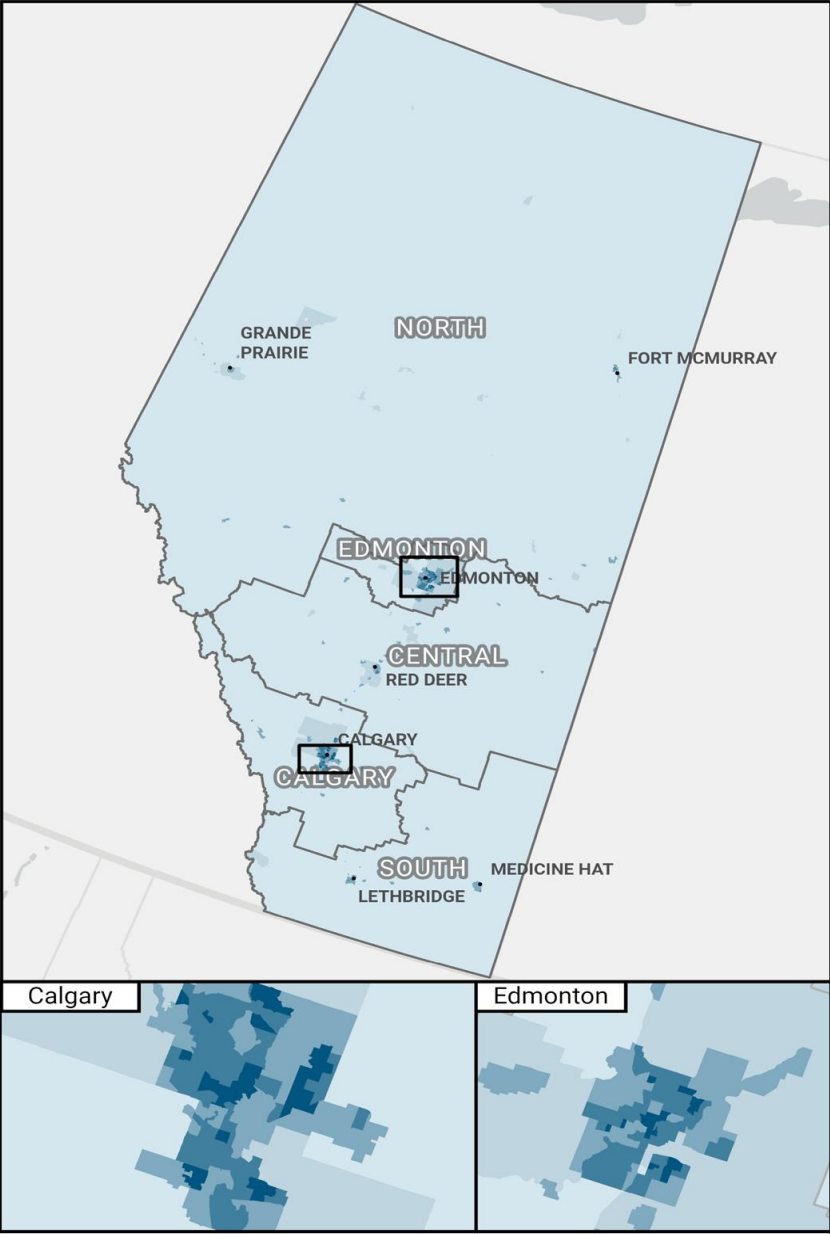
AGE RANGE	POPULATION SIZE*	PERCENTAGE
0-19	1,059,410	25%
20-64	2,574,005	60%
65-74	381,160	9%
75+	248,055	6%

*Data taken from 2021 Canadian Census

HEALTH ZONE	POPULATION SIZE*	POPULATION DENSITY PER KM ²
North Zone	474,696	1
Edmonton Zone	1,451,927	120
Central Zone	476,092	5
Calgary Zone	1,727,705	43
South Zone	312,255	5

*Data taken from 2021 Canadian Census






Population Density Across Alberta Health Zones



Policy

POLICIES, STRUCTURES AND LAWS	PRESENCE
Designated office, secretariat or program responsible for palliative care	YES
A formal palliative care strategic plan, policy or framework	YES ¹
Law to ensure palliative care access	NO
Standards and norms for palliative care	YES ²
Designated palliative care leads	YES
Law related to advanced care planning	YES ³
Compassionate care benefits	YES ⁴
FORMAL STRATEGIES	PRESENCE
Home and community care	YES
Inpatient and outpatient hospital services (cancer and non-cancer)	PARTIAL ⁵
Long-term care facilities	YES ⁶
Rural and remote	NO
Paramedic/emergency services	YES
GOVERNMENT FUNDING	PRESENCE
Palliative care home service	YES
Hospice residences	PARTIAL
Community hospice services	PARTIAL
Medications: In hospital	YES
Medications: Out of hospital	YES ⁶
Supplies and equipment: In hospital	YES
Supplies and equipment: Out of hospital	PARTIAL ⁷
Continuing palliative care education in various settings	PARTIAL ⁸

SERVICES – Inpatient Palliative Care Beds

	TYPES OF BEDS	NUMBER	ADEQUACY*	% OF TARGET BEDS
	Palliative Care Units (PCUs)	3		
	Palliative Care Unit beds ¹	40	INADEQUATE	31.3%
	Other palliative care beds ²	35		
	Hospice residences	19		
	Hospice beds in residences ³	271	ADEQUATE ⁴	93.8%
	Other hospice beds ³	9		
	Total number of inpatient palliative care beds (PCU and hospice combined)	355	INADEQUATE	83.3%

*Catalonia formula (10 beds per 100 000 population of which 3 are PCU beds and 7 are hospice or continuing care type beds). Only dedicated beds are included.

SERVICES - Acute Care

HOSPITALS

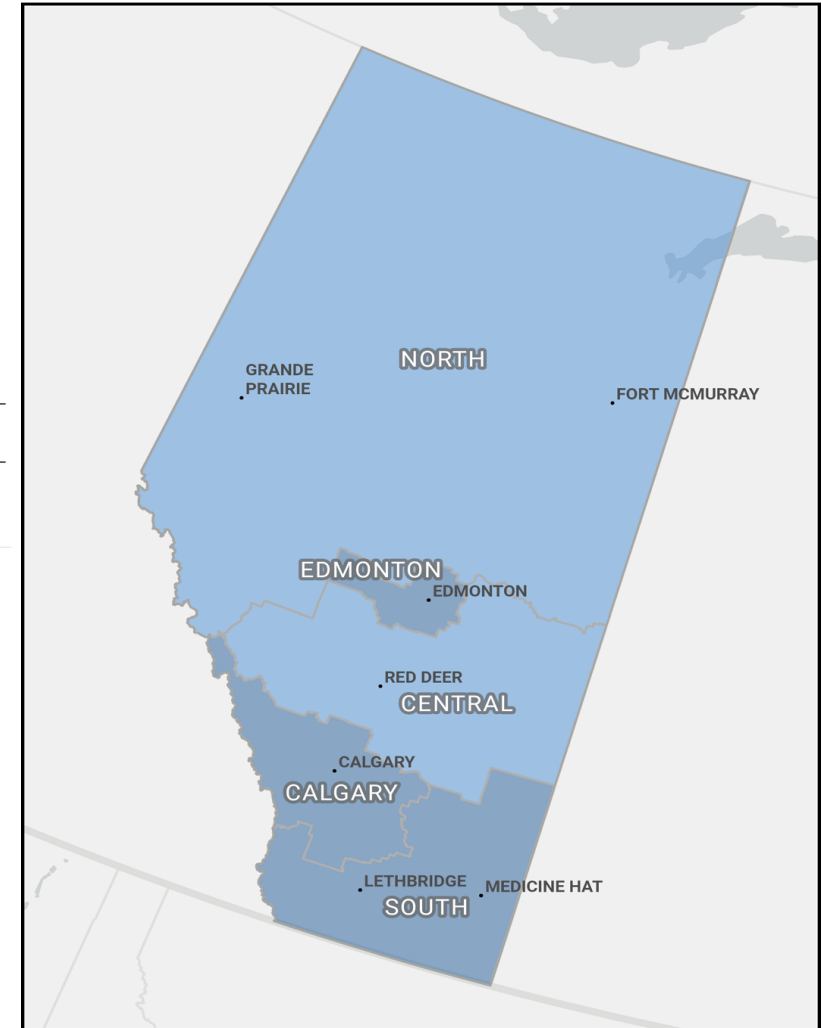
Access to specialist-level palliative care teams in hospitals



Funding models for palliative care physicians

FEE-FOR-SERVICE/ALTERNATIVE
RELATIONSHIP PLAN²

Access to Specialist Level Care Support Teams in Hospital



Legend

- Major Cities
- Full
- Partial High

SERVICES – Acute Care

INPATIENT UNITS AND OUTPATIENT CLINICS

Integration* in inpatient units



Integration* in outpatient clinics – Cancer



Integration* in outpatient clinics – Other**



*Integration includes clinicians and staff with core palliative care competencies to provide a palliative care approach; early activation of a palliative care approach; timely referral to palliative care specialist teams when needed; and collaboration with specialist palliative care teams.

**Cardiology, respirology, nephrology, and neurology

SERVICES - Community

COMMUNITY

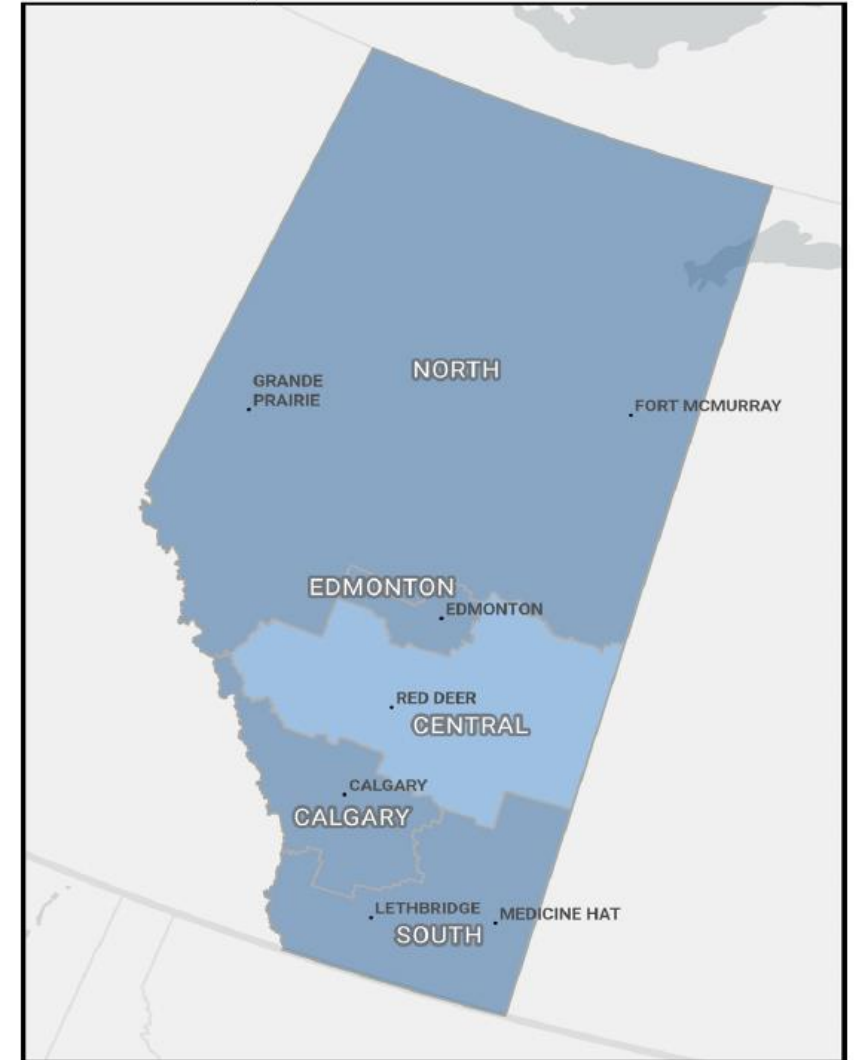
Access to community specialist care teams



Communities with 24/7 access to specialist palliative care teams



Access to Specialist Level Care Support Teams in the Community



Legend

- Major Cities
- Full
- Partial High

SERVICES - Community

PALLIATIVE HOME CARE

Access to palliative home care services



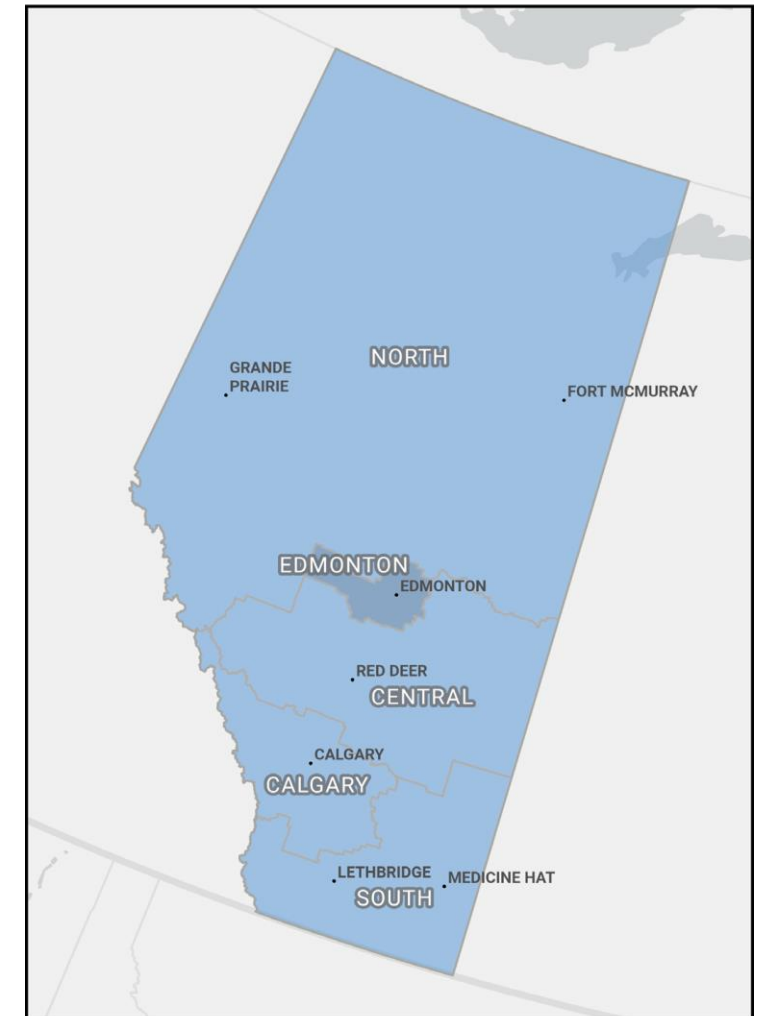
Availability of 24/7 access



Highlight:

Two Zones (North and Edmonton) pioneered nurse practitioners serving as consultants for home care and/or as in-home care providers. In situations where patients do not have a family physician available to prescribe opioids, or the family physician is unable to provide palliative-focused care or home visits, these nurse practitioners may take over care for these patients.

Access to Palliative Home Care Services



Legend

- Major Cities
- Full
- Partial High

SERVICES - Community

PRIMARY CARE

Overall provision of primary palliative care	● ● ○ ○ V ¹
Providing palliative care to ambulatory patients	● ● ● ○ V
Providing palliative care home visits	● ● ○ ○ V
Clinics providing 24/7 on-call coverage	● ● ○ ○ V
Standards/indicators for overall provision of primary palliative care	NO ²
Training for primary care professionals on the palliative care approach available	YES

SERVICES - Community

RURAL AND REMOTE AREAS

Access to specialist palliative teams	● ● ● ○ V ¹
Strategic plan to build primary palliative care capacity	NO ²
Standards/indicators for access to primary palliative care	NO
Funding for education on the palliative care approach	YES
Training of primary care professionals on the palliative care approach available	YES



Highlight:

The Provincial Rural Palliative Care In-Home Funding Program provides top up funding that can be accessed by rural palliative patients for end-of-life care when they require additional support to be able to live and die at home, avoiding admissions to distant facilities. Patients can select whom they want to hire for direct patient care. This includes paying neighbours, family and friends, as accessing formal caregivers can be a challenge in rural and remote areas.

SERVICES - Community

LONG-TERM CARE (LTC)

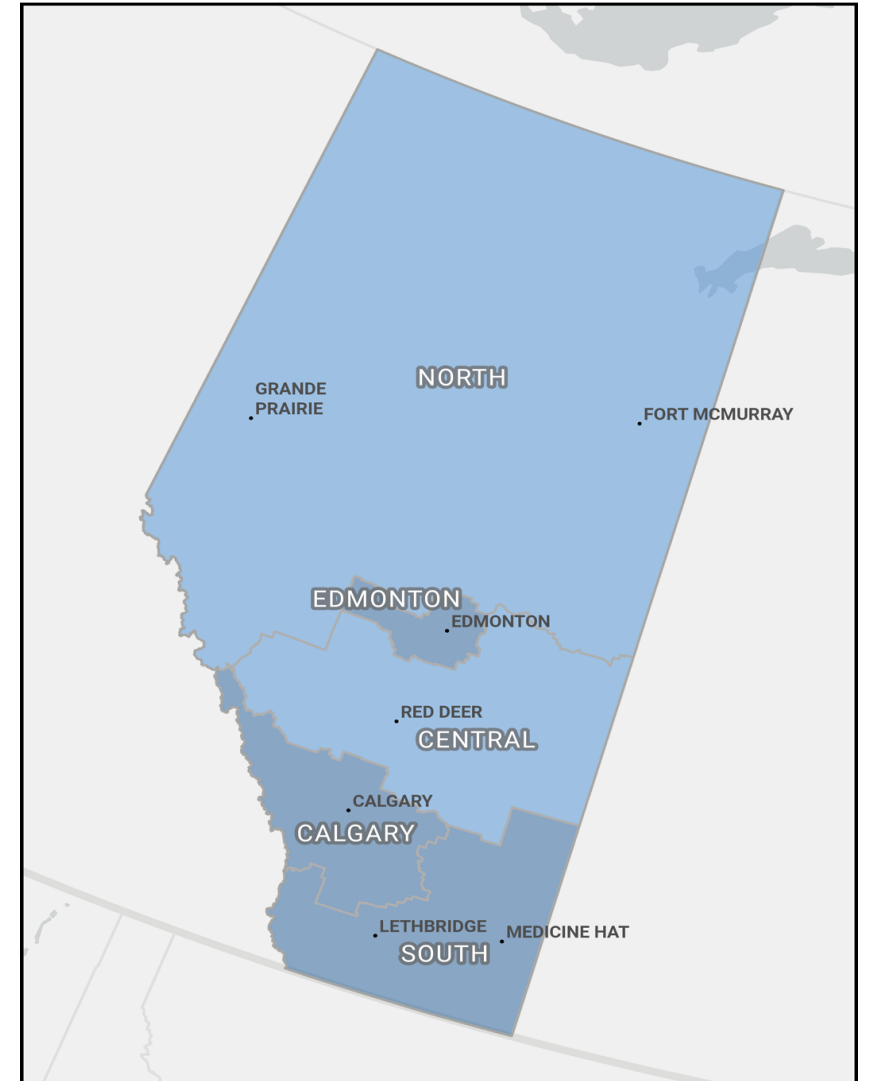
Access to specialist palliative care services	● ● ● ○ V ¹
Integration of palliative care approach	● ● ● ○ V ²
Standards/indicators for providing palliative care	YES
Formal standards of training on palliative care approach	YES
Training programs on the palliative care approach available	YES ³
Funding for education on the palliative care approach	YES ⁴



Highlight:

The Integrated Supportive and Facility Living (ISFL) – Palliative Care Community of Practice program empowers staff in ISFL facilities to enhance their capacity to provide a palliative approach to care through fostering a supportive learning environment. This includes peer exchange, education on different palliative care topics, and support for complex cases.

Access to Specialist Level Care Support Teams in Long-term Care Homes



Legend

- Major Cities
- Full
- Partial High

SERVICES - Community

HOSPICE SERVICES

Standards/indicators for hospice residences	YES ¹
Hospice residences	18
Community hospice organizations	39

PARAMEDIC EMERGENCY SERVICES

Training paramedics in palliative care	YES
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Highlight:

The Emergency Medical Services Palliative and End of Life Care Assess Treat and Refer Program (EMS PEOLC ATR Program) is an award winning, Alberta-wide program, developed to support both adult and pediatric patients, and their families, who have elected to receive palliative and end-of-life care at home. Frontline paramedics work in collaboration with home care clinicians and specialist palliative care consultants (in person or by phone) to determine how to treat emergent symptom needs and administer emergency medication, oxygen, and other required support. The EMS PEOLC ATR Program may be initiated by paramedics responding to a 911 call or by home care clinicians during a palliative care emergency. If a basic life support ambulance team is unable to meet the patient's needs, an Advanced Life Support ambulance may be dispatched.

SERVICES - Community

PALLIATIVE CARE RESOURCES

Advance Care Planning resources/programs	YES ¹
Palliative care competencies elaborated for different professions and levels	YES ²



Highlight:

Alberta implemented the first province-wide policy and procedure for Advance Care Planning and Goals of Care Designations in 2014. This includes a medical order used to describe and communicate the general aim or focus of care, including the preferred location of that care, which is in use across every care setting and guides transitions of care.

SYSTEM PERFORMANCE

- Provincial palliative care indicators monitored and tracked across all zones by AHS and Covenant
- Alberta Health monitors continuing care standards and indicators, including operator and provider compliance to the Continuing Care Health Service Standards and new Continuing Care Act and regulations.
- Health Quality Council of Alberta - public-facing palliative care services dashboard

EDUCATION

MEDICAL AND NURSING SCHOOLS*

Medical schools	2 ¹
Nursing schools (RPN, RN, Graduate, Post-graduate programs)	17 ²

POSTGRADUATE EDUCATION AND CERTIFICATION

Physician Education

Palliative care residency programs:	
College of Family Physicians of Canada Certificate of Added Competence in Palliative Care and Residency program	YES
Royal College of Physicians and Surgeons of Canada Subspecialty in Palliative Medicine and Residency program	YES – ADULT

Nursing Education

Nursing specialization or certification in palliative care**	YES
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*See the Regional reports for the extent to which palliative care appears in undergraduate and post-graduate curricula.

**Nursing specialization is through CHPC(N) national certification

PROFESSIONAL ACTIVITIES

Palliative care association or organization	YES ¹
Existence of palliative care directory of services	YES
Dedicated resources to organize palliative care continuing professional development	YES ²
Palliative care conference/symposia provincially	YES
Research activities	YES ³
Palliative care quality improvement initiatives	YES

FOCUSED POPULATIONS - Pediatrics

PEDIATRIC PALLIATIVE CARE

Formal strategy for pediatric palliative care	NO
Pediatric hospice residence(s)	YES ¹
Outpatient palliative care programs for pediatric populations	YES ^{1,2}
Respite pediatric palliative care (hospice or hospital setting)	YES ¹
Pediatric palliative care consultation team(s)	YES ^{1,2}
24/7 access to specialist pediatric palliative care consult team(s)	YES ^{1,2,3}
Education program(s) for pediatric palliative care	YES ⁴

FOCUSED POPULATIONS - Other

POPULATION	FORMAL STRATEGY	PROGRAM/INITIATIVE
2SLGBTQI+*	NO	NO
Homeless and marginally housed	NO	YES ¹
Incarcerated people (correctional facilities)	NO	NO
Recent immigrants and refugees	NO	NO

*Refers to Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and additional people

COMMUNITY ENGAGEMENT

VOLUNTEERS

Formal strategy for palliative care volunteers	NO
Programs or initiatives for volunteers	YES ¹
Training programs for volunteers	YES ¹

COMMUNITY RESOURCES

Compassionate Community activities and other community engagement activities/ resources*	YES ²
Grief and bereavement services	YES ³
Formal strategy for support of informal caregivers	NO
Programs or initiatives for informal caregivers	YES ⁴



*e.g., Death Cafes, visiting programs, and support groups.

A stylized illustration of a mountain landscape. The scene features several snow-capped mountain peaks in shades of light blue and white, set against a clear, light blue sky. Two dark blue birds are shown in flight, one in the upper left and one in the upper right. The foreground consists of dark green, silhouetted evergreen trees. In the bottom right corner, a small cluster of colorful buildings is visible. A dark green horizontal bar is positioned across the middle of the image, containing the text 'Results Part B: Regions' in white.

Results Part B: Regions

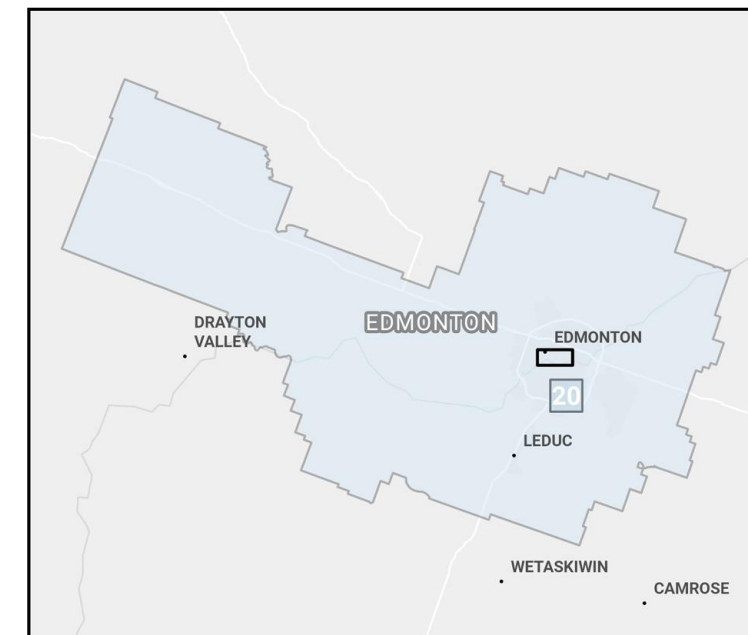
SERVICES – Palliative Care Units

Edmonton Zone

	NUMBER	ADEQUACY*	% OF TARGET BEDS
 Palliative care units (PCUs)	1		
 Palliative care unit beds	20 ¹	INADEQUATE ²	45.9%
Other palliative care beds	0		
Total palliative care beds	20		

*Catalonia formula (10 beds per 100 000 population, of which 3 are PCU beds and 7 are hospice or continuing care type beds). Only dedicated beds are included.

Palliative Care Units in Edmonton Health Zone



Legend

- Major Cities
- Alberta Health Zones

Facility, Type



- PCU, Acute
- PCU, Mixed
- Other Palliative Care Beds, NA

Facility labels report number of beds available.

SERVICES – Hospice

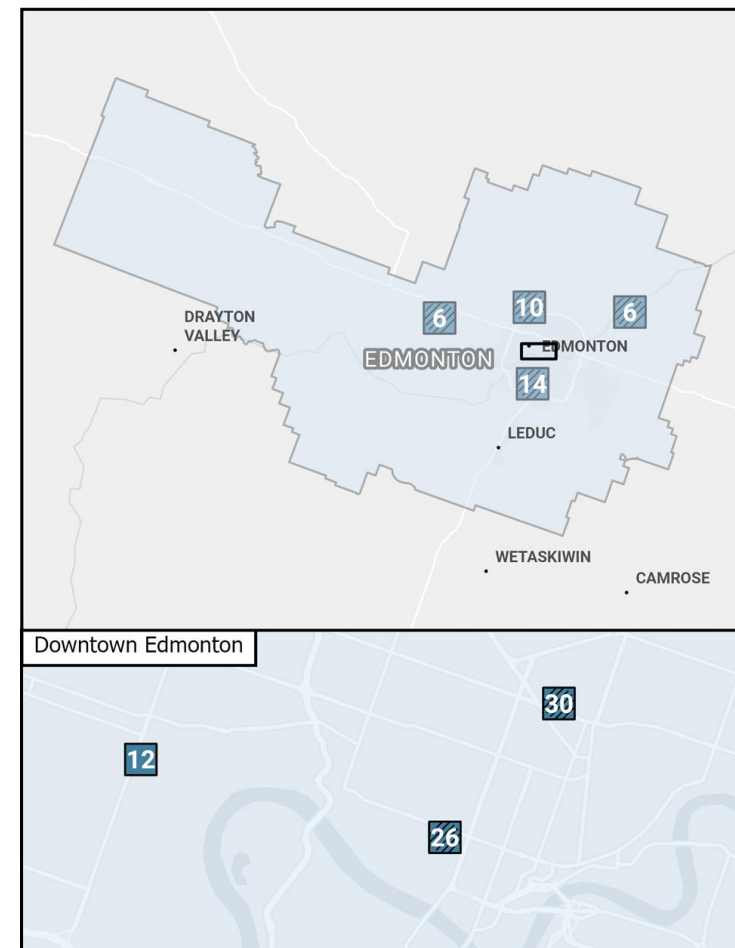
Edmonton Zone

Hospice Residences and Services

	RESPONSES	ADEQUACY*	% OF TARGET BEDS
 Hospice residences	7 ¹		
 Hospice beds in residences	104	ADEQUATE	
Other hospice beds	0		
Total hospice beds	104		
Standards/indicators for hospice residences	YES ²		
Community hospice organizations	6		

*Catalonia formula (10 beds per 100 000 population, of which 3 are PCU beds and 7 are hospice or continuing care type beds)

Hospices in Edmonton Health Zone



Legend

- Major Cities
- Alberta Health Zones
- Facility, Patients, Location-type
- Hospice Residence, Adult Cancer, Stand-alone
- Hospice Residence, Adult, Stand-alone
- ▨ Hospice Residence, Adult, Embedded residence
- Hospice Residence, Pediatric, Stand-alone
- ⊗ Other Hospice Beds, Adult, Co-located

Facility labels report number of beds available.

Next Steps



Leveraging the Atlas



Explore data across key domains, including Demographic, Policy, Services, System Performance, Professional Activities, Education, Focused Populations, Community Engagement, Other Activities.



Review strengths, gaps and opportunities for system improvement.



Explore palliative care access at provincial and regional levels.

Call to Action and Next Steps

- How to use and disseminate the Atlas:
pallium.ca/albertaatlas or
via QR code
- Identify opportunities for future collaboration and impact.





Thank you | Merci

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