



**Canadian Hospice Palliative Care Association**

**Association canadienne de soins palliatifs**

**STRATEGIC PLAN  
& PROCESS REPORT  
2006-2009**

**APRIL 2006**

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**CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION  
STRATEGIC PLAN (2006-2009)**

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## EXECUTIVE SUMMARY

In 2005 the Board of Directors of the Canadian Hospice Palliative Care Association (CHPCA) undertook a consultative Strategic Planning Process with the deliverable being an updated Strategic Plan for the association. This process began in the spring of 2005 with the timeline for completion and endorsement of the new Strategic Plan by the Board of Directors being April 2006. This document outlines the elements of the Strategic Planning Process, the resulting Key Issues (KI) and the Strategic Directions (SD) that together make up this 3-year Strategic Plan.

### Summary: CHPCA Strategic Plan (2006-2009)

#### **Key Issues (KI):**

**KI-1: Access to Hospice Palliative Care Programs and Services**

To address the lack of:

- a common/cohesive understanding of hospice palliative care among professionals, and
- programs and services for delivering hospice palliative care across jurisdictions in Canada.

**KI-2: Public Policy** – To further develop public policy that supports quality hospice palliative care across Canada

**KI-3: National / Provincial Association Relationship** – To continue to provide support to the Provincial Hospice Palliative Care Associations in light of the ever-changing health care environment, and the evolution of the hospice palliative care movement

**KI-4: Sustainability** – To create and maintain a sustainable organization

**KI-5: Awareness & Communication – Public, Professional and Key Stakeholders** – To develop a strategy for increased awareness of what hospice palliative care is - among the general public, other professionals, and national partners.

The CHPCA Strategic Plan will guide the development of the CHPCA Annual Workplan for the next three years. The CHPCA Board of Directors approves the Annual Workplan and it is the responsibility of the Board to ensure that the CHPCA Annual Workplan activities and initiatives are in keeping with the CHPCA Strategic Plan.

It is recommended that the CHPCA undertake a formal review of the CHPCA Strategic Plan in three years.

## **1. INTRODUCTION**

In the period since the Canadian Hospice Palliative Care Association (CHPCA) revised the Strategic Plan for the association (September 2001) much has changed regarding the delivery of hospice palliative care services in Canada – and much still remains to be done. To make the most of the available resources, to leverage the achievements of the past 4 years and to take advantage of opportunities for the future, the Board of Directors of the CHPCA agreed to implement a Strategic Planning Process with the deliverable being an updated Strategic Plan for the association. This process began in the spring of 2005 with the timeline for completion of the process and endorsement of the Strategic Plan being April 2006. This document outlines the Strategic Planning Process and the resulting Key Issues (KI) and Strategic Directions (SD) that make up this 3-year Strategic Plan.

## **2. METHODOLOGY – STRATEGIC PLANNING PROCESS**

### *2.1 Review of Information Materials*

The following written material was reviewed and the information analyzed:

- Information on the CHPCA website (www.chpca.net)
- Strategic Planning documents from 1999 and 2001
- Dying for Care – Quality End-of-Life Care Coalition: Status Report, June 2004 (Quality End-of-Life Care Coalition of Canada, 2004)
- Still Not There – Quality End-of-Life Care: A Progress Report, June 2005 (Senator Sharon Carstairs, 2005)

### *2.2 Targeted Input*

Direct input from individuals was solicited from three categories, using a variety of methods:

- **Board Member Survey:**  
All members of the CHPCA Board of Directors were asked to complete and return a 5-question survey.
- **Key Informant Interviews:**  
Nineteen individuals representing organizations who partner with the CHPCA were interviewed using a common interview guide. Organizations represented included:
  - Provincial Hospice Palliative Care Associations
  - The Quality End-of-Life Care Coalition of Canada
  - The Government of Canada (Health Canada)
  - CHPCA General Membership (randomly selected by the project coordinator from the CHPCA membership list)
- **Member Survey Question:**  
The 2005 Membership Survey (June 2005) that was sent to all current CHPCA members via AVISO (CHPCA Newsletter, Issue #47, June 2005) included a question that solicited information from the membership regarding the perceived value and use of various CHPCA activities, services and programs.

### **3. SUMMARY OF INFORMATION MATERIALS – STRATEGIC PLANNING PROCESS**

#### *3.1 Current Focus of CHPCA*

##### *3.1.1 Mission Statement (August 1999)*

The Canadian Hospice Palliative Care Association (CHPCA) is the national association which provides leadership in hospice palliative care in Canada.

CHPCA will strive to achieve its mission through:

- collaboration and representation;
- increased awareness, knowledge and skills related to hospice palliative care of the public health care providers and volunteers;
- development of national standards of practice for hospice palliative care in Canada;
- support of research on hospice palliative care;
- advocacy for improved hospice palliative care policy, resource allocation and supports for caregivers.

##### *3.1.2 Focus of Work*

The primary work of the CHPCA falls into four focus areas:

- Advocacy and Public Policy Development
- Awareness and Information
- Communication regarding Public Policy
- Member Support

#### *3.2 Previous Strategic Priorities*

##### *3.2.1 1999 Strategic Priorities*

The key priorities identified in the 1999 strategic planning process were:

- Completion and dissemination of national standards and norms of practice for hospice palliative care
- Fundraising for CHPCA operations and projects
- Advocacy
- Communications

##### *3.2.2 2001 Strategic Priorities*

In October 2001 the CHPCA conducted a one-day strategic planning session involving board members from the provincial hospice palliative care associations and members of the CHPCA Board of Directors. The results of this strategic planning session were summarized in the 2001 Strategic Priorities document. In this document the following Strategic Areas and Priorities for Action were identified:

###### *Strategic Areas*

- o Standards (Norms of Practice)
- o Communication
- o Fundraising
- o Advocacy
- o Organizational Development

### *Priorities for Action*

- 1) Completion and dissemination of the national norms of practice for hospice palliative care using multiple strategies.
- 2) Development of partnerships (e.g. Private sector, other interested groups) to support both the advocacy and fundraising goals of CHPCA.
- 3) Development of a business plan regarding the sustainability of CHPCA
- 4) Advocate for hospice palliative care as a core service (funded) in all provinces and territories.
- 5) Enhance fundraising expertise and activities to support the organization's operations.
- 6) Enhance advocacy efforts by working more collaboratively with the provincial hospice palliative care associations as well as by broadening the base of public awareness and support for hospice palliative care.
- 7) Implement a variety of strategies to improve internal and external communications, ensuring consistent delivery of consistent messages, a strong national voice, and good information sharing.
- 8) Implement strategies to promote collaboration with and between the provincial hospice palliative care associations, with the goal being increased resource sharing, mentorship opportunities, enhancing capacity and achieving maximum leverage from the efforts of each group.
- 9) Introduce a "Report Card" for CHPCA or a similar accountability mechanism to obtain feedback from members and other stakeholders.

### *3.3 Recent Reports on the Status of Hospice Palliative Care in Canada*

#### *3.3.1 Dying for Care – Quality End-of-Life Care Coalition of Canada: Status Report, June 2004*

This report was prepared by the Quality End-of-life Care Coalition of Canada and released in September 2004. The report made the following four recommendations:

- 1) All provincial/territorial governments work with the federal government to provide quality end-of-life services that enables Canadians to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice.
- 2) All provincial/territorial governments fund a comprehensive, coordinated and integrated set of end-of-life services that would include access to:
  - Hospice palliative care professionals and volunteers 24 hours a day / 7 days a week
  - Home care services including home support
  - Care for the caregiver often referred to as respite care
  - Compassionate leave for the caregiver (financial assistance)
  - Prescription medications
  - Non-prescribed therapies
- 3) All provincial/territorial governments work with the federal government to create a "basket of services" at end of life that include the six items in Recommendation #2 (listed above). This would then assist in having a universal, equitable and transferable set of services across the country.

- 4) All provincial/territorial governments create a mechanism to track (i.e., funding, volume of usage) what end-of-life services and programs are available throughout their province or territory.

### 3.3.2 *Still Not There – Quality End-of-Life Care: A Progress Report, June 2005* (Senator Sharon Carstairs)

The report entitled “Still Not There – Quality End-of-Life Care: A Progress Report” was produced by Senator Sharon Carstairs and was published on the 5-year anniversary of the release of the Senate or Canada Report “Quality End-of-Life Care: The Right of Every Canadian”. Senator Carstairs’ Progress Report examined the current status of hospice palliative and end-of-life care in Canada under the categories of:

- National Strategy
- Education and Training
- Research
- Guidelines and Standards
- Advance Directives
- Legislative Initiatives
- Caregiver Support
- Homecare / Pharmacare

The Progress Report makes 10 new recommendations in five areas: National Strategy; Patient and Caregiver Support; Training and Education for Formal and Informal Health Care Providers; Government and Citizens Working Together; and Planning for the Future.

#### *Summary of Recommendations:*

##### National Strategy

1. Health Canada provide long-term, sustainable funding for the further development of a Canadian Strategy on Palliative and End-of-Life Care which is cross-departmental and cross-jurisdictional, and meets the needs of Canadians.
2. Federal, Provincial and Territorial governments make palliative and end-of-life care programs a top priority in the restructuring of the health care system through:
  - implementing consistent norms of practice to eliminate disparities between different jurisdictions;
  - integrating services to make the transitions between all health care settings (including hospital, long-term care, home and hospice) seamless; and
  - enhancing homecare and pharmacare, including the provision of respite care.

##### Patient and Caregiver Support

3. The federal government amend the Compassionate Care Leave Benefit under the Employment Insurance Program to improve Canadians’ access and eligibility under the Benefit by:
  - extending the leave from 8 weeks to 16 weeks, including a two week waiting period;
  - allowing the patient to determine the best person to be their caregiver, be it a family member or a friend;

- not limiting the benefit to the last six months of life, especially for children; and
  - mounting a public education campaign designed to inform Canadians about the benefit.
4. The federal government and the Provinces and Territories amend their respective Labour Code provisions to reflect these changes to the compassionate care leave benefit.

#### Training and Education for Formal and Informal Health Care Providers

5. The federal government support the development of multi-disciplinary education and training with respect to palliative and end-of-life care and support an integrated and coordinated approach to palliative and end-of-life care across care settings.
6. Health care providers be educated on the practice of providing treatment for the purpose of alleviating suffering that may have the unintended effect of shortening life and the circumstances in which the withholding and withdrawal of life-sustaining treatment is legally acceptable.

#### Government and Citizens Working Together

7. Those territories that do not have advance directive legislation adopt such legislation, and all provinces and territories establish a protocol to recognize advance directives executed in other provinces and territories.
8. Health Canada, in cooperation with the provinces and territories and the hospice palliative care community, sponsor a national campaign designed to inform the public about end-of-life care, including information on:
  - palliative and end-of-life care services available in their region;
  - advance directives and end-of-life care planning;
  - the compassionate care leave benefit and how to apply for it;
  - their legal rights with respect to the withdrawal and withholding of life-sustaining treatment; and
  - caring for the dying as an informal caregiver.

#### Planning for the Future

9. That the Canadian Institute for Health Information be encouraged to develop indicators for quality end-of-life care.
10. That the Canadian Institutes of Health Research undertake research into the socio-economic issues of palliative and end-of-life care, including the physical, mental and economic impact on informal caregivers.

## **4. SUMMARY OF TARGETED INTERVIEWS AND SURVEYS – STRATEGIC PLANNING PROCESS**

### *4.1 Targeted Input*

#### *4.1.1 Key Successes of CHPCA*

(In order of number of references from individual interviews and the survey of the CHPCA Board of Directors)

- a. Raising awareness and strength in advocacy regarding hospice palliative care and related issues (31)
- b. CHPCA's growth as an organization and increased profile (18)
- c. Strength of CHPCA partnerships and the opportunities these partnerships provide for networking (18)
- d. Broad communications about issues (15)
- e. Development and dissemination of Norms of Practice (13)
- f. Involvement in and Leadership of the Quality End of Life Care Coalition of Canada (10)
- g. Involvement in the federal government's process towards the creation of a national Compassionate Care Benefits (9)
- h. National Conference (9)
- i. Hike for Hospice Palliative Care (8)
- j. Partnership with Senator Carstairs and Health Canada's Secretariat on Palliative and End-of-Life Care (National Strategy) (8)
- k. Support to Provincial Hospice Palliative Care Associations (7)

#### *4.1.2 Challenges Identified by Targeted Input*

(In order of number of references from individual interviews and the survey of the CHPCA Board of Directors)

- a. CHPCA is a relatively small organization resulting in minimal human and financial resources (24)
- b. Lack of a cohesive national hospice palliative care strategy (19)
- c. Developing and maintaining strong connection/communication with the broad membership (14)
- d. Lack of a common understanding/awareness across Canada of what hospice palliative care is and the need for it (12)
- e. Lack of "political will" to support hospice palliative care (9)
- f. Inconsistent and generally low funding for hospice palliative care programs and services both at the local, regional, provincial and national level (4)
- g. Need for increased research in the field of hospice palliative care (2)

#### *4.1.3 Key Trends to Watch*

- a. Need for National Integrated Palliative Care System/Model (36)
- b. Need for National Leadership & Coordination (25)
- c. Palliative Care is Emerging as a Priority Health Care Issue (16)
- d. Funding Needs (12)
- e. Health Human Resources (12)
- f. Role/Involvement of Volunteers (9)
- g. Rural/Remote Concerns (8)

- h. Aging Population (6)
- i. Ethical Issues (4)

#### *4.1.4 Expectations for the Next 5 Years*

- a. Maintain the Advocacy Focus (22)
- b. Increase Public Awareness regarding Hospice Palliative Care (14)
- c. Increase the Financial Resource Base of Organization (11)
- d. Develop/Support/Coordinate a Cohesive National Movement (10)
- e. Continue to Refine and Strengthen Relationships with Provincial Hospice Palliative Care Associations (10)
- f. Integration of National Norms of Practice (9)
- g. Increase Frequency of National Conference – Annually (6)
- h. Continue to Focus on Communications (6)
- i. Work towards improving the Federal Government’s Compassionate Leave Benefit Program – Advocacy and Policy Development (5)
- j. Continue to Support and Work towards the Development of a comprehensive National Strategy for Hospice Palliative Care (3)
- k. Discuss Remote/Northern Issues (3)
- l. More Development of the Volunteer Component (3)

## 5. ANALYSIS – STRATEGIC PLANNING PROCESS

### 5.1 Advocacy and Public Policy

- There is strong acknowledgement of and ongoing support for the important role that the CHPCA plays in advocacy and analysis and development of public policy.
- The following advocacy issues emerged from the review of the Dying for Care Status Report and the Still Not There Yet Progress Report:
  - Universal Accessibility
  - Health Human Resources
  - National Norms and integrating the Norms with the CCHSA processes to develop National Hospice Palliative Care Standards
  - Caregiver Supports
  - Consistent Funding for Hospice Palliative Care Across the Country
  - Pharmaceutical Coverage
  - Research (advocating for) and Knowledge Transfer
- The issues which seemed to recur the most throughout the targeted interviews were:
  - Integrated Palliative Care Model/System
  - Cohesive National Strategy
  - Implementing the Norms of Practice
  - Rural/Remote and Northern Issues
  - Caregiver Supports (in connection with the Compassionate Care Leave Benefits)
  - Mention was also made of the increasing importance of addressing ethical issues related to hospice palliative care.

### 5.2 Cohesive Approach by Provincial and National Associations

- Respondents commented on the need for more cohesion between the provincial and national hospice palliative care associations
- Concern was voiced regarding perceived or actual ‘fragmentation’ among some provincial hospice palliative care associations and other CHPCA member organizations

### 5.3 Member Support

- Many of the targeted interviewees spoke about benefit of the national events such as the *Hike for Hospice Palliative Care*
- There is strong support for an *Annual National Hospice Palliative Care Conference*
- *Training and skills support* regarding issues such as advocacy received high priority
- A few interviewees mentioned the need for more support/training for *volunteers*, especially in rural and remote communities

### 5.4 Communications

- The Strategic Planning Process revealed a great appreciation of the communication efforts made by the CHPCA to keep those involved and interested in hospice palliative care in touch with what is happening. There is interest in exploring communication models that are interactive and less “information-dumping”.

### *5.5 Organizational Issues*

- There is a great appreciation for the quality and amount of work that a small staff with limited funding can accomplish. Some interviewees raised the concern of whether or not this was sustainable. Others felt that there are insufficient human resources to complete the work required. As a result, *human and financial resources* have been identified as priority issues for the organization.

## 6. OUTCOMES OF THE CHPCA STRATEGIC PLANNING MEETING

The CHPCA held a one day Strategic Planning Meeting on Saturday, September 24<sup>th</sup>, 2005 in Edmonton, Alberta. Attendees at this meeting included the CHPCA Board of Directors and up to two representatives from each of the 11 provincial hospice palliative care associations. Discussion for the day was facilitated by the contractor who conducted the targeted interviews and review of the information materials. The goal of the meeting was to review and discuss the potential Key Issues (KI) identified by the Strategic Planning Process and endorse, reject or redefine these issues as the Key Issues (KI) for the CHPCA Strategic Plan.

### *6.1 Potential Key Issues Identified during the Strategic Planning Review Process and Targeted Interviews*

The potential key issues below were identified by the project consultant as a result of the review of previous CHPCA Strategic priorities and the targeted interviews. These potential key issues were identified to facilitate discussions during the September 2005 Strategic Planning Meeting held in Edmonton, Alberta.

#### Potential Key Issues for discussion:

- A lack of common/cohesive understanding of, and programs for, delivering hospice palliative care across jurisdictions in Canada. What is the CHPCA's unique role in addressing this?
- The need for continued development of public policy that supports hospice palliative care across Canada
- A cohesive National /Provincial Association relationship – How to continue to support each other as the environment changes and the movement evolves
- The need to maintain a sustainable organization

### *6.2 Revised Key Issues – September 2005 Strategic Planning Meeting*

The attendees at the Strategic Planning Meeting discussed the potential Key Issues (KI) identified during the Strategic Planning Process. The result of the discussions was agreement on the following revised Key Issues (KI) for the CHPCA Strategic Plan:

#### Key Issues (KI):

##### KI-1: Access to Hospice Palliative Care Programs and Services

To address the lack of:

- a common/cohesive understanding of hospice palliative care among professionals, and
- programs and services for delivering hospice palliative care across jurisdictions in Canada.

##### KI-2: Public Policy – To further develop public policy that supports quality hospice palliative care across Canada

##### KI-3: National / Provincial Association Relationship – To continue to provide support to the Provincial Hospice Palliative Care Associations in light of the ever-changing health care environment, and the evolution of the hospice palliative care movement

KI-4:            Sustainability – To create and maintain a sustainable organization

KI-5:            Awareness & Communication – Public, Professional and Key Stakeholders – To develop a strategy for increased awareness of what hospice palliative care is - among the general public, other professionals, and national partners.

### *6.3 Strategic Directions to Support the Strategic Plan*

Once the Strategic Planning Meeting confirmed the Key Issues (KI) of the CHPCA Strategic Plan, the attendees discussed and developed the Strategic Directions (SD) that will guide the association as it implements the CHPCA Strategic Plan over the next three years. Section 7 of this document provides a chart that identifies the Key Issues (KI) and Strategic Directions (SD) of the CHPCA Strategic Plan.

## 7. CHPCA STRATEGIC PLAN - KEY ISSUES (KI) AND STRATEGIC DIRECTIONS (SD)

Key Issue #1	KI-1 - Strategic Directions (SD)
<p><b>KI-1 : Access to Hospice Palliative Care Programs and Services</b></p> <p><i>To address the lack of:</i></p> <ul style="list-style-type: none"> <li>• <i>a common/cohesive understanding of hospice palliative care among professionals</i></li> <li>• <i>programs and services for delivering hospice palliative care across jurisdictions in Canada.</i></li> </ul>	<p><b>SD-1</b> – Facilitate the development of an Integrated Hospice Palliative Care Model/System and disseminate details of this model/system to the hospice palliative care community</p> <p><b>SD-2</b> - Develop and disseminate a clear language Policy Statement and or Definition what hospice palliative care is – suitable for professionals and the general public.</p> <p><b>SD-3</b> - Encourage and facilitate the sustainable education / intervention regarding development of hospice palliative care programs and services in Canada</p> <p><b>SD-4</b> - Facilitate the development of electronic communications networks between professional disciplines by providing the means to create these networks.</p> <p><u>Continue to:</u></p> <p><b>SD-5</b> - Partner with the Secretariat on Palliative and End-of-Life Care (Health Canada) regarding the revitalization and implementation of a National Strategy for Palliative and End-of-Life Care</p> <p><b>SD-6</b> - Develop and disseminate the CHPCA Norms of Practice by:</p> <ul style="list-style-type: none"> <li><b>SD-6.1</b> - Facilitating the education of professionals, including volunteers, regarding the Norms and how they can be implemented within individual programs or services. This can include dissemination and development of teaching and education tools such as the Norms Toolkit</li> <li><b>SD-6.2</b> - Supporting work of the CCHSA regarding the dissemination and implementation of national accreditation standards regarding hospice palliative care</li> </ul>

<p><b>Key Issue #2</b></p> <p><b>KI-2 : Public Policy</b></p> <p><i>To further develop public policy that supports quality hospice palliative care across Canada</i></p>	<p><b>KI-2 - Strategic Directions (SD)</b></p> <p>SD-1 - Implement the decision of the Board of Directors to create an annual National Hospice Palliative Care Conference coordinated by the CHPCA office to provide a forum for presentation of public policy issues.</p> <p>SD-2 - Facilitate advocacy training for the national and provincial boards of directors. This would include the development of a workshop or series of workshops that share the key elements of successful advocacy strategies and lessons learned</p> <p>SD-3 - Identify the gaps highlighted by the QELCCC's "Dying for Care" report and implement a national campaign to work with each provincial hospice palliative care association board of directors to engage their provincial governments in addressing and overcoming the identified gaps</p> <p>SD-4 - Implement a process for the identification and creation of national position statements and policy statements in keeping with the Mission Statement of the Association</p> <p>SD-5 - Identify key public policy issues related to hospice palliative care and, working with the national and provincial boards of directors, develop successful targeted advocacy strategies to address specific outcomes related to the identified issues</p> <p><u>Continue to:</u></p> <p>SD-6 - Utilize and refer to the CHPCA Communication Strategy regarding the development and implementation of position statements and policy statements regarding hospice palliative care</p> <p>SD-7 - Engage in targeted advocacy to keep a forward-moving focus on priority issues concerning hospice palliative care.</p>
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<p><b>Key Issue #3</b></p> <p><b>KI-3 : National / Provincial Association Relationship</b></p> <p><i>To continue to provide support to the Provincial Hospice Palliative Care Associations in light of the ever-changing health care environment, and the evolution of the hospice palliative care movement</i></p>	<p><b>KI-3 - Strategic Directions (SD)</b></p> <p>SD-1 - Identify the unique roles and contributions of the national association (CHPCA) and each of the 11 provincial associations by:</p> <p>SD-1.1 - Identifying and documenting the unique spheres of influence and how these spheres support all 12 associations (including CHPCA)</p> <p>SD-1.2 - Formalizing relationships between all 12 associations (including CHPCA) while ensuring the uniqueness of each association. This can be facilitated by the development and ratification of a Memorandum of Understanding</p> <p>SD-2 - Develop a Communications Agreement between the national association and the provincial associations to ensure that Common Key Messages are being distributed to the media and the general public by each association. This can include the development of interactive communication mechanisms such as a searchable database of key messages.</p>
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<p><b>Key Issue #4</b></p> <p><b>KI-4 : Sustainability</b></p> <p><i>To create and maintain a sustainable organization</i></p>	<p><b>KI-4 - Strategic Directions (SD)</b></p> <p>SD-1 - Develop and begin to implement a Business Plan for Financial Stability. This could include:</p> <ul style="list-style-type: none"> <li>SD-1.1 - Membership Fee Structure</li> <li>SD-1.2 - Marketplace</li> <li>SD-1.3 - Private Sector Partnerships</li> <li>SD-1.4 - Project Funding</li> <li>SD-1.5 - Sustained Government Funding</li> <li>SD-1.6 – Annual National Conference</li> <li>SD-1.7 - Joint Publishing Ventures</li> </ul> <p>SD-2 - Commit to ongoing strategic thinking and planning processes to guide the overall direction of CHPCA:</p> <ul style="list-style-type: none"> <li>SD-2.1 - Establish a regular Strategic Planning cycle (3 – 5 year)</li> <li>SD-2.2 - Review the Mission Statement and create a Vision Statement by the end of year, 2006.</li> <li>SD-2.3 - Establish and implement an annual priority-setting process for advocacy and programming or member support. This could include an annual membership survey.</li> </ul> <p><u>Continue to:</u></p> <p>SD-3 - Provide development and education opportunities for the Board of Directors so that they will be consistently informed and effective in their role.</p>
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<p><b>Key Issue #5</b></p> <p><b>KI-5 : Awareness &amp; Communication – Public, Professional and Key Stakeholders</b></p> <p><i>To develop a strategy for increased awareness of what hospice palliative care is – among the general public, other professionals, and national partners</i></p>	<p><b>KI-5 - Strategic Directions (SD)</b></p> <p>SD-1 - Implement and continue to produce national events that raise the profile of hospice palliative care among the general public, media, academia and government. These events include:</p> <p>SD-1.1 - National Hospice Palliative Care Week  SD-1.2 - Hike for Hospice Palliative Care  SD-1.3 - Annual National Hospice Palliative Care Conference  SD-1.4 - Development of additional national awareness campaigns (TV &amp; Radio Public Service Announcements (PSAs) or paid commercials, bus/subway advertisements)</p> <p>SD-2 - Redefine the role and responsibilities of the Association’s Patron(s). This may include the creation of multiple Patrons with specific tasks and responsibilities.</p> <p><u>Continue to:</u></p> <p>SD-3 - Utilize and distribute the Association’s Information Brochure  SD-4 - Utilize and develop the Association’s Web Sites  SD-5 - Develop and foster the creation of strategic Hospice Palliative Care Champions</p>
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## **8. EVALUATION AND ANNUAL WORKPLAN PREPARATION**

The CHPCA Strategic Plan will guide the development of the Annual Workplan of the Canadian Hospice Palliative Care Association for the next three years. The Annual Workplan is approved by the CHPCA Board of Directors at the beginning of each fiscal year. The CHPCA Board of Directors will ensure that the CHPCA Annual Workplan activities and initiatives relate to the CHPCA Strategic Plan. Discussion and approval of the CHPCA's Annual Workplan provides the CHPCA Board of Directors with a mechanism to conduct an informal annual review of the CHPCA Strategic Plan and ensures that the CHPCA continues to address the Key Issues (KI) and Strategic Directions (SD) as identified in the CHPCA Strategic Plan.

It is recommended that the CHPCA undertake a formal review of the CHPCA Strategic Plan in three years.