Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

2009-2010 Annual Report

“That all Canadians have access to quality end-of-life care.”

www.chpca.net
MISSION STATEMENT

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

CHPCA offers leadership in the pursuit of excellence in care for persons approaching death so that the burdens of suffering, loneliness and grief are lessened.

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 norms 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.

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Web Site: www.chpca.net

Charitable Registration Number: 13760 4195 RR 001

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Dear Colleagues and Friends,

This has been another eventful year for hospice palliative care in Canada and for the Canadian Hospice Palliative Care Association (CHPCA) as the national leader in the field. As President, I have been privileged to see the never-ending growth of advocacy, programs and partnerships that continue to drive our vision forward - “That all Canadians have access to quality end-of-life care”.

It is the dedication and expertise of the CHPCA members, Board and Staff that allows us to accomplish so much from year to year. It requires a team effort to keep us effectively engaging on so many fronts – from the bedside, to volunteer and professional educational programs, to new research, to health policy discussions and government partnerships.

In my role, I am honoured to work with a Board of Directors who inspires and guides me with their collective wisdom. Each person brings a unique geographic, professional and programmatic perspective to our discussions and decisions. I also get to work with Sharon Baxter and her amazing team. They too deserve our appreciation and unqualified thanks for their ongoing commitment and enthusiasm in tackling the work at hand.

Looking ahead, I expect the future to be no less challenging or fascinating. Hospice palliative care will continue to seek its place in health and social policy and in the fabric of Canadian society. As I move into my second year as President, I hope that I am able to contribute to our collective vision and provide the necessary leadership for the CHPCA.

My best wishes to all of you.

Sincerely,

Wendy Wainwright, President CHPCA
The Canadian Hospice Palliative Care Association (CHPCA) is pleased to provide you with highlights of the association’s activities during the 2009 – 2010 fiscal year. Should you wish more detail on anything in this report please contact the national office at 1-800-668-2785 or by e-mail at info@chpca.net.

The CHPCA developed a new Strategic Plan in 2009-2010 which can be found at www.chpca.net. This new Strategic Plan will guide the work of the association for the next five years.

This past year we were still guided by our existing strategic plan and workplan. The CHPCA focused on the following key areas in 2009 - 2010:

• Advocacy and Public Policy
• Communication and Awareness
• National/Provincial Association Relationship
• Sustainability and Governance

Sharon Baxter

Executive Director
Influencing National Policy Decision Makers
The CHPCA continues to interact with the federal government towards improved access to hospice palliative care programs and services in Canada. The CHPCA engaged Health Canada, the Public Health Agency of Canada, Heritage Canada, Human Resource and Social Development Canada, Industry Canada, Canadian International Development Agency, Canadian Revenue Agency (taxation) and other departments that play a role in end-of-life care. The CHPCA has identified nine health strategies within the federal government that could and should incorporate hospice palliative and end of life care into their frameworks. These nine strategies include:

- Canadian Partnership Against Cancer (CPAC);
- Heart Health;
- Chronic Disease Management;
- Seniors;
- HIV/AIDS;
- Diabetes;
- Lung Health;
- Aboriginal Health; and
- Mental Health

The CHPCA is currently attempting to work with each of these strategies in some way.

Political Strategy
The CHPCA remains actively involved at the federal political level. Dr. Jose Pereira and Sharon Baxter presented to the House of Commons, Standing Committee on Finance for the pre-budget consultation around hospice palliative care in November 2009. Although the 2010 federal budget did not include hospice palliative end-of-life life care issues, in spring 2010 a non-partisan Parliamentary Committee on Palliative and Compassionate Care was announced and formed by several finance committee members who understood the need for increased attention to end of life. The multi-party group of MPs spanning the political spectrum for a non-partisan Parliamentary group is aimed at promoting awareness of glaring deficiencies in Canada’s palliative and compassionate care framework, fostering constructive dialogue and substantive research on an array of related subjects, and implementing policies to address this critical deficiency.

Other political activity includes, Bill C-384, An Act to amend the Criminal Code (right to die with dignity), being defeated by Parliament by a 228-59 margin.

Quality End-of-Life Care Coalition of Canada (QELCCC)
The CHPCA has served as the Secretariat for the Quality End-of-Life Care Coalition of Canada (QELCCC) since its inception in 2000, coordinating the work of the Coalition including work-planning, coordination, and report writing. As the Secretariat, the CHPCA continues to host teleconferences for the six QELCCC Committees (Executive, Advocacy; Research Utilization; Communications & Public Awareness, Family and Caregiver Support; and Education).

The key QELCCC achievement in the past year was the production and release of the Blueprint for Action: 2010 - 2020. The report identified new priority areas and recommendations for the next 10 years and provided a summary of progress made to date, current knowledge, issues and gaps.

The QELCCC met in January 2010 to develop the 2010 Workplan (available for viewing at...
The QELCCC’s major goal in 2010 is to disseminate and use the Blueprint as an advocacy tool. The Blueprint also guides the development of the QELCCC’s annual workplan, and serves as a touchstone for end-of-life care researchers, policy makers and providers. The media release can be found at www.qelccc.ca.

More information about the QELCCC, including its mid-year and annual reports can be found on the QELCCC website at: www.qelccc.ca.

**Advance Care Planning in Canada: A National Framework and Implementation**

In the fall of 2008, the CHPCA began a five-year project – Advance Care Planning in Canada: A National Framework and Implementation. The project will:

- Prepare professionals/health care providers with the tools they need so they can facilitate and engage in the process of advance care planning with their clients.
- Raise the awareness of Canadians about the importance of advance care planning and to equip them with the tools they need to effectively engage in the process.

The ACP Project is being overseen by a Task Group representing stakeholders from across Canada and all sectors – governments, service providers/health care professionals, legal professionals, non-profit organizations, industry, and academics. The Task Group has prepared the document Advance Care Planning in Canada: National Framework. The Framework has gone out to over 80 stakeholders for consultation – including non-governmental organizations; provincial/territorial governments; provincial/territorial hospice palliative care associations and national professional organizations. The feedback has been taken up and a second round of consultation is planned. In October, 2009, with funding from the Canadian Institutes of Health Research, and in partnership with CARENET, a national meeting of researchers and decision-makers was held. The focus was to discuss research priorities in advance care planning in Canada. The outcome was a list of research questions which were then subjected to a priority setting process through an online survey. Through the process of ongoing environmental scanning, the Project has prepared an inventory of tools available for professionals and the public. These are being integrated into an online repository where they will be easy to access. In March, 2010, a national meeting was held of provincial/territorial departments of health along with national non-governmental organizations and professional organizations to provide further feedback on the Framework and develop a strategy for dissemination of the tools. The funders of the ACP Project were:

- The GlaxoSmithKline Foundation – Advance Care Planning in Canada: A National Framework and Implementation – overall project
- Canadian Partnership Against Cancer – overall project
- Palliative and End-of-Life Care Unit, Chronic & Continuing Care Division, Health Canada – national meeting
- Canadian Institutes of Health Research – research priority meeting

**International Hospice Palliative Care Issues**

The International Cooperation Committee continues to work on International Issues around advocacy, twinning and education. The CHPCA has an ongoing relationship with the African Palliative Care Association and most recently have shared resources and materials in French with them in an effort to assist them with the French speaking countries in Africa.

Please visit the website at www.chpca.net for
more details. The CHPCA is also an active member of the Worldwide Palliative Care Alliance (WPCA) please refer to the last section of this report for more details on the WPCA.

**Implementation of Canadian Social Work End-of-Life Competencies into Professional Education Curricula**

In 2004, a task group known as SCOPE (Social Work Competencies on Palliative Education) formed to address a gap in undergraduate and graduate education curricula and continuing education programs on end-of-life care in Canada. Their first project saw the development of 11 competencies to guide social work education and practice with people facing end-of-life issues. The second initiative built upon the previous work and undertook a broader consultation process to validate the competencies and create a strategic plan for implementing them into education and practice settings.

In 2009 the SCOPE task group, in conjunction with the CHPCA began work on the third phase of the project directed towards integrating the competencies into the generalist social work education curricula. The goal of this project is to work towards establishing the competencies as a requirement for schools of social work to address end-of-life care in their curricula. In addition, the project seeks to work toward the development of a set of standardized curriculum components that can be adopted or adapted for use by all schools of social work.

- maintain a network
- collaborate
- assume a role of leadership
- advocate

The committee has been focusing its attention on the following four key areas:

- research promotion
- pediatric Norms of Practice
- surveillance and education

The CNPCC maintains a web site, designed and maintained by a volunteer, at www.cnpcc.ca and is linked to the www.chpca.net website.

**International Cooperation Task Group**

The International Cooperation Task Group continues to provide advice and guidance on issues pertaining to international cooperation. In 2009, the task group completed a project funded by the Federal Initiative to Address HIV/AIDS in Canada, HIV/AIDS Global Engagement Grants Programme entitled HIV/AIDS and Hospice Palliative Care: A Global Response. The project promoted learning and knowledge transfer regarding domestic and global responses to HIV/AIDS; and developed a toolkit to permit greater access to international and Canadian best practices in the field of HIV/AIDS and hospice palliative care.

**Volunteer Issues Task Group**

The Volunteer Issues Task Group continues to advise the Volunteer Issues Committee on issues related to the volunteer component. Members of the task group continue to be involved in the program planning of the national conference in 2010. In 2009, the Volunteer Issues Task Group continued to work on the development of a national volunteer training manual. Funding is being sought at this time.

**National Norms of Practice Task Group**

The CHPCA continues to focus efforts on the
dissemination and uptake of A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice (2002). The CHPCA in collaboration with Dr. Frank Ferris of San Diego Hospice has undertaken a project to produce a research article suitable for publication in a peer reviewed journal. This article, should be released in 2010, and focuses on the impact of the Model on hospice palliative care practice and delivery both nationally and internationally. The CHPCA is currently seeking funding for a revision of the square of care and square of organization. If successful this new addendum should be released towards the end of the 2010-2011 fiscal year.

COMMUNICATIONS/AWARENESS

Communication Strategy

The Communication Strategy was revised in 2009 as a three year plan and elaborates on the association’s key messages, the environment we work in, and key communication activities. Additionally, the Strategy now incorporates social media activities to broaden the awareness base for hospice palliative care issues. Issues that continue to be a main focus include: access to hospice palliative care and the inconsistency of availability of hospice palliative care programs and services at the provincial and territorial level; and support for caregivers, including the Compassionate Care Benefit (CCB), for which the CHPCA continues to advocate for expansion. The CHPCA will continue to review its focus and activities in response to relevant socio-economic and political changes.

Media and Public Relations

Media interest was steady throughout most of 2009-2010, with peaks in the spring during the National Hospice Palliative Care Week (NHPCW) and for the DIVA Luncheon held May 14th, 2009, and in the fall, during the Canadian Hospice Palliative Care Conference. The DIVA Luncheon and Conference earned significant interest from local and provincial level media, and the NHPCW received interest at all levels.

The CHPCA is actively engaged with the following federal departments or agencies: Health Canada, Human Resources and Skills Development Canada, Social Development Canada, Canadian International Development Agency and the Prime Minister’s Office (PMO). Both independently, and through its relationship with the QELCCC, the CHPCA has been in correspondence with the federal government around national access to hospice palliative care; the CHPCA also continues to provide advice and support to the provincial associations as they work with provincial and territorial governments on issues relating to health policy.

AVISO

AVISO is the association’s membership newsletter. Now published in January, May and September in print and electronic formats, it offers information to the CHPCA membership regarding research and policy developments in hospice palliative care, both in Canada and internationally. Members may choose to receive the newsletter via e-mail or by regular mail. Regular features include: President’s Report, Executive Director’s Report, Provincial Association Updates, updates on the CHPCA projects and updates from the CHPCA Interest Groups and Committee work. AVISO also regularly features articles submitted from the hospice palliative care community on a variety of topics.

CHPCA Websites

The CHPCA remains committed to its policy of hosting both an English language and French language website, and is pleased to note that more than 90% of the website content is mirrored in both languages on both sites. A key resource
found on the web site (www.chpca.net) is the CHPCA’s Hospice Palliative Care Fact Sheet. The Fact Sheet provides current “quick facts” regarding the availability and accessibility of hospice palliative care services and is often used as an advocacy tool. Drastically updated in early 2010, the CHPCA encourages its members to use it regularly. The CHPCA also continues to post news releases and links to internal and external reports of interest to the hospice palliative care community.

**Monthly Information Updates**

Monthly Updates are prepared and sent electronically to the CHPCA members and those with an interest in hospice palliative care issues, allowing for timely communication to a broad stakeholder base. The Updates focus on providing information about recent key activities related to hospice palliative care policy issues, as well as the CHPCA activities. The CHPCA continues to use the HTML e-mail service provider to allow for more efficient and effective communication, as well as more reliable e-mail delivery, and easier administration of e-mail addresses. Currently the Monthly Update is sent to approximately 4,000 individuals. Persons wishing to receive copies of the CHPCA monthly updates can be added to the distribution list by sending a request to info@chpca.net.

**Policy Champions and Policy Alerts**

The CHPCA maintains an e-mail list of policy champions who are periodically sent information and breaking news regarding hospice palliative care issues. This e-mail list is designed to quickly contact key individuals interested in hospice palliative care advocacy and public policy issues.

The Champion e-mail list was used a number of times in the 2009-2010 to provide information updates regarding the Let’s Talk About Hospice Palliative Care Instead campaign and to announce the release of the Senator Carstairs’ report on palliative care entitled Raising the Bar: A Roadmap for the Future of Palliative Care in Canada, and the CHPCA’s reaction to it.

**Circle of Champions**

In the spring of 2010, the CHPCA introduced its new Circle of Champions in Caring as a way to build stronger relationships with existing individual donors, to connect with new donors and to establish a formal channel to provide more in-depth information for donors. The Circle of Champions in Caring will be one of the main vehicles for donors to learn about their impact as champions of hospice palliative care in Canada.

The Circle of Champions in Caring shares a common hope – that when the end of life comes to us or a loved one, that it may be peaceful and free from pain.

By making an annual donation to the CHPCA, each donor becomes part of the Circle of Champions in Caring and joins other compassionate community leaders who believe that hospice palliative care is an essential part of life so that, at the end of life, the burdens of suffering, loneliness and grief are lessened.

Each Circle of Champions in Caring member receives the following:

- Quarterly electronic updates of your gift at work
- A copy of all Living Lessons® resources
- Recognition on the CHPCA Donor Wall at the National Hospice Palliative Care Conference
- One year subscription to the CHPCA Newsletter, AVISO
- Recognition in the CHPCA Annual Report (for donations over $500)
Champion’s Council
As the hospice palliative field has grown, it has also evolved to include more and more people from outside our community offering to lend their voice and be champions, as we continue to work together to deal with the issues of end-of-life care, including an aging population and an increasing death rate every year.
In continuing to show leadership on this issue and in helping to change the face of hospice palliative care in Canada, the CHPCA put together a Champion’s Council. The Champion’s Council is comprised of a group of key leaders in Canada who have offered to advance the profile of hospice palliative care across the country. The CHPCA has a strong history of good governance as well as a long history of working with the provincial hospice palliative care associations across the country. The Champion’s Council will provide further opportunity to interface with an even wider range of expertise, to harness new energies and to reflect the diversity that is Canada.
The CHPCA will launch the Champion’s Council in the Fall of 2010.

CHPCA Marketplace
The CHPCA marketplace is a dynamic ‘one-stop shop’ for resources and products related to hospice palliative care, such as:
- information brochures
- training manuals
- research documents
- DVD’s
- caregiver handbooks
- on-line resources
Located at www.market-marche.chpca.net these items and more can be viewed and ordered online.

New to the CHPCA is the Training Manual for First Nations Home Support Workers, available in both paper and online versions. The purpose of this manual is to guide facilitators as they train home support workers to strengthen their knowledge and skill in providing hospice palliative care in First Nations communities. Production of this product has been made possible through a financial contribution from Health Canada.

The CHPCA also distributes the marketplace catalogue when the CHPCA exhibit booth is displayed at national and provincial conferences.

Living Lessons Information Service
The Living Lessons® Information Service continues to be a valuable initiative in providing end-of-life information and support to Canadians across the country and around the world. Since its inception in 1997, it has undertaken a number of activities to raise the awareness of patients, caregivers (professional, family and informal), policymakers, decision-makers, and the general public regarding hospice palliative care resources, programs and services in their community.
In January 2010, Living Lessons® launched the Influencing Change advocacy toolkit. The CD-ROM includes the digital files for Influencing Change: A Patient and Caregiver Advocacy Guide, the Facilitator’s Handbook, and the PowerPoint presentation file. This workshop was also piloted at the 2008 and 2009 Canadian Hospice Palliative Care Conference.

In 2009-2010, the Living Lessons® Information
Service continued to respond to requests and provided assistance with enquiries regarding: resources for patients, caregivers, volunteers, family members, doctors, nurses, social workers, spiritual counsellors, researchers, those working in pediatrics, rural health workers, pharmacists, alternative medical care providers, aboriginal issues, volunteer groups, students, media and the general public; availability of hospice palliative care programs and services throughout Canada and other countries; and resources and information for bereaved caregivers, volunteers, family members and friends.

The CHPCA gratefully recognizes The GlaxoSmithKline Foundation for the ongoing partnership with the CHPCA in supporting the Living Lessons® Information Service.

**Hike for Hospice Palliative Care**

2009 marked the seventh annual Hike for Hospice Palliative Care across Canada which took place on Sunday May 3rd, 2009. Over 6,000 people participated throughout 99 hospice palliative care organizations. 2009 marked an increase in total funds, raising over $1,263,053 nationally. The purpose of the Hike is not only to raise much-needed funds for hospice palliative care in Canada, but also to raise awareness of the many challenges within the hospice palliative care field and to promote the phenomenal work that volunteers and professionals perform daily. We sincerely thank all national sponsors for their commitment to this important event.

2009 was the second year that the CHPCA coordinated the use of an on-line fundraising website for the Hike. This tool proved to be very successful as it allowed registrants to easily collect donations on-line and was a great way to increase funds for hospice palliative care hike sites.

The sponsors of the 2009 Hike for Hospice Palliative Care were:

- Bayshore Home Health
- The GlaxoSmithKline Foundation
- Wyeth

Planning began for the 2010 Hike for Hospice Palliative Care and the CHPCA was pleased to have recruited Peter Mansbridge as the Honorary Chair for both the 2010 Hike for Hospice and the National Hospice Palliative Care Week.

**National Hospice Palliative Care Week**

National Hospice Palliative Care Week (NHP-CW), the CHPCA’s annual awareness campaign, celebrates and shares the achievements and advancements of hospice palliative care throughout the nation. It also educates Canadians about hospice palliative care and is a time to reflect on many of the challenges facing professionals, families and informal caregivers. The 2009 NHPCW took place from May 3-9, 2009. This year, the CHPCA and the National Hospice Palliative Care Committee chose to build upon the World Hospice Palliative Care Day’s campaign, as it is an important issue that affects us all: “Hospice Palliative Care: A Human Right” – all Canadians should have access to quality end-of-life care. Organizations across Canada hosted a variety of events which included: a palliative care fundraising concert; volunteer appreciation activities; ribbon campaigns; French palliative care education seminars; selling flowers for awareness; ‘lunch and learns’; hospice open houses; and palliative care conferences.
The sponsors of the 2009 National Hospice Palliative Care Week were:
- Bayshore Home Health
- Health Canada
- The GlaxoSmithKline Foundation
- Valeant Canada Limited
- Wyeth

Planning began for the 2010 National Hospice Palliative Care Week campaign and Peter Mansbridge was recruited to participate as the Honorary Chair.

**Canadian Hospice Palliative Care Conference**
From October 18th to 21st, 2009 more than 550 health care professionals including physicians, nurses, administrators, social workers, therapists, pastoral care providers, academics, volunteers and students gathered in Winnipeg, Manitoba at the Winnipeg Convention Centre to take part in the 2009 Canadian Hospice Palliative Care Conference: Voyages in Care and Understanding.

The CHPCA worked in partnership with the Hospice and Palliative Care Manitoba (HPCM) to plan this event. The CHPCA coordinated the logistics and planning of the Conference at a national level and HPCM coordinated volunteers and local logistical support.

The Program Committee developed a program including workshops, oral presentations and poster presentations. The five Conference streams included: Advocacy and Leadership, Education, Innovations and Partnerships in Service Delivery, Interdisciplinary Patient and Family Centered Care and Research.

The sponsors of the 2009 Canadian Hospice Palliative Care Conference were:
- Government of Canada
- Bayshore Home Health
- Canadian Partnership Against Cancer
- Health Canada
- Cancer Care Manitoba
- Purdue Pharma
- Rx&D – Canada’s Research-Based Pharmaceutical Companies
- The GlaxoSmithKline Foundation
- Valeant Canada Limited
- Wyeth

**National on-line Directory of Hospice Palliative Care Programs and Services**
Since launching the Canadian Directory of Hospice and Palliative Care Programs and Services in 2002, the CHPCA has leveraged broad access to information concerning the availability of hospice palliative care programs and services in every province and territory in Canada. The searchable Directory currently contains contact information for more than 525 hospice palliative care programs and services in Canada. Discussions for a directory update project began in 2009 with the expected launch of the new Directory in 2010.

Programs and Services can register at: http://www.chpca.net/canadian_directory_of_hospice_palliative_care_services.htm

**CHPCA Interest Groups**
The Canadian Hospice Palliative Care Association has encouraged the establishment of eleven Interest Groups for the use of its members. These Interest Groups have been created by the members, as a means of information sharing across Canada and abroad. The members of the Interest Groups typically meet face to face each year just before the association’s Annual General Meeting.

Vehicles for sharing information include:
- free space in the Association’s newsletter

AVIS0
space on the CHPCA website devoted to each of the eleven Interest Groups
• Yahoo list serve

For more information about the CHPCA interest groups please visit: http://www.chpca.net/interest_groups/about_igs.html

**National/Provincial Association Relationship**
The CHPCA continues to look for opportunities to work in partnership with the provincial associations. Information sharing, education and advocacy continue to be the mainstays of our joint initiatives. In 2009, the CHPCA Memorandum of Understanding was signed by all of the Provincial Associations, further strengthening our valuable relationships.

**SUSTAINABILITY AND GOVERNANCE**

**Board of Directors**
The Canadian Hospice Palliative Care Association is led by an active, dedicated Board of Directors. In October 2009, the Board of Directors hosted the association’s Annual General Meeting in Winnipeg, Manitoba.

In keeping with the CHPCA governance model, the Board of Directors continues to have four main committees including the Executive Committee, the Organizational Development Committee, the Finance Committee, and the Awards Committee. These committees assist the Board of Directors in the effective operation of the association.

The Board of Directors were pleased to present the following award at the Annual General Meeting:
• Award of Excellence – Ms. Rose De Angelis

**Organizational Development Committee**
The Organizational Development Committee (ODC) is a committee of the Board of Directors charged with overseeing the ongoing development and governance of the CHPCA. The ODC operates with the following three sub-committees:
• **Federal/Provincial Sub-Committee:** The Federal/Provincial Sub-Committee continues to work with the provincial associations to maintain a strong working relationship.
• **Policy Sub-Committee:** The Policy Sub-Committee oversaw the annual perpetual calendar ensuring that current policies were reviewed and affirmed as per the perpetual calendar.
• **Nomination/By-Laws Sub-Committee:** The Nominations/By-Laws Sub-Committee oversaw the nomination process for Members-at-Large to the Board of Directors, elected by the general membership during the 2009 Annual General Meeting.

**Euthanasia and Assisted Dying Working Group**
In response to the resurfacing of the issue of euthanasia and physician assisted dying (also known as Physician Assisted Suicide), the CHPCA struck a Physician Assisted Dying (PAD) Task Group in 2005, comprised of CHPCA Board members with a keen interest in these issues, (which became Euthanasia and Assisted Dying Working Group in 2008). To facilitate the process, the CHPCA engaged a professional researcher/writer to assist with the development of the discussion document, which was released in late 2006.

In 2008, the Committee thoroughly reviewed all feedback received since the release in 2006 and reaffirmed its decision to not create a formal position statement on this issue, due to the huge diversity of background and opinion represented among its 3,000 members that was again reflected in the feedback process. However, the Com-
mittee did make some revisions to the document, based on suggestions from individual and association members. The revised Issues Paper was completed and released in early 2010.

EXTERNAL ORGANIZATION LIAISON

Health Charities Coalition of Canada (HCCC)
The Health Charities Coalition of Canada (HCCC) provides health policy leadership for the health of Canadians. The HCCC is a collective authoritative voice of national health charities in public policy and health research issues that affect the health of all Canadians. The CHPCA is an active member of HCCC, sharing office space and personal. Sharon Baxter, Executive Director of the CHPCA, is currently the chair of the Policy Committee.

Worldwide Palliative Care Alliance (WPCA)
The CHPCA is also an active member of the Worldwide Palliative Care Alliance (WPCA). Sharon Baxter sits on the Board of Trustees of the WPCA as well as chairs the WPCA Advocacy Committee. The WPCA is active in international, regional and national advocacy. The WPCA is the co-author of the Joint Declaration on Pain and Palliative Care and the secretariat for World Hospice Palliative Care Day held in early October each year.
NATIONAL OFFICE STAFF  
(effective March 31, 2010)  
Executive Director - Sharon Baxter  
Administrative Coordinator - Cheryl Spencer  
Administrative Assistant - Laureen Nickerson  
Communications Officer - Jennifer Kavanagh  
Partnership and Development Officer - Caroline Kayll  
National Conference Coordinator - Michael Peterson  
Project Coordinator (Hike/Week) - Linda Truglia  
Finance Officer (Part time contractor) - Sandie Lessard  
Administrative Assistant - ACP Project - Kristel Blais

BOARD OF DIRECTORS 2009-2010  
Executive Committee  
President – Wendy Wainwright  
Past President – Larry Librach  
Vice President – Ann McKim  
Treasurer - Andrea Taylor  
Member – Laurie Anne O’Brien  
Member – Sarah Walker  
Provincial Members  
Alberta – Sarah Walker  
British Columbia – Wendy Pratt  
Manitoba – Paul Henteleff  
New Brunswick – Mary Hitchman  
Newfoundland - Laurie-Anne O’Brien  
Nova Scotia – Krista McMullin  
Ontario (HAO) – Rick Firth  
Ontario (OPCA) – Debbie Gravelle  
Prince Edward Island – Mary Hughes  
Québec – Louis Roy  
Saskatchewan – Corinne Sandström  
Members-at-Large  
Heather Mohan Van Heerden

CHPCA BOARD COMMITTEES  
Executive Committee  
Chair: Wendy Wainwright

Organizational Development Committee  
Chair: Dr. Larry Librach

Policy Sub-Committee  
Chair: Ann McKim

Federal/Provincial Sub-Committee  
Chair: Dr. Larry Librach

By-Laws & Nominations Sub-Committee  
Chair: Dr. Larry Librach

Finance Committee  
Chair: Andrea Taylor

Awards Committee  
Chair: Sarah Walker

Euthanasia and Assisted Dying Working Group  
Chair: Dr. Larry Librach
**CHPCA TASK GROUPS**

*Canadian Network of Palliative Care for Children (CNPCC)*
*Co-Chairs: Simone Stenekes & Dr. Mike Harlos*

**Education Task Group**
*Chair: Sharon Baxter*

**HIV/AIDS Task Group**
*Chair: Deborah Randall-Wood*

**International Cooperation Task Group**
*Chair: Dr. Bernard Lapointe*

**National Public Policy Task Group**
*Chair: Sharon Baxter*

**Norms of Practice Task Group**
*Chair: Dr. Frank Ferris*

**Volunteers Issues Task Group**
*Chair: Krista McMullin*

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**SUPPORTERS**

The Canadian Hospice Palliative Care Association (CHPCA) would like to extend a very sincere thank you to the following supporters whose generosity ensures the success of our programs and projects. The CHPCA gratefully acknowledges all contributions received in the 2009-2010 fiscal year and thanks those who made our work possible. The following are our top contributors in 2009/2010. Although we appreciate all gifts, only contributions $5,000 or more are listed.

**Partner Level ($50,000+)**
Bayshore Home Health
Canadian Partnership Against Cancer
Health Canada
The GlaxoSmithKline Foundation
Wyeth

**Compassion Level ($25,000 - $49,999)**
The Military and Hospitaller Order of St. Lazarus of Jerusalem

**Dignity Level ($10,000 - $24,999)**
Canadian Society for International Health
Canadian Institute for Health Research
Correctional Services Canada
Health Charities Coalition of Canada
Human Resources and Skills Development Canada
Inuit Tapirriit Kanatami
Purdue Pharma
Canada’s Research-based pharmaceutical companies (RX&D)
sanofi aventis
Valeant Canada Limited

**Comfort Level ($5,000 - $9,999)**
Canadian Cancer Society
Designated CanadaHelps Gifts
Designated United Way Gifts
Grant MacEwan College
Help the Hospices (United Kingdom)
CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2010

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<td></td>
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<tr>
<td>Cash</td>
<td>$211,894</td>
<td>$564,118</td>
</tr>
<tr>
<td>Investments</td>
<td>200,000</td>
<td>-</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>158,621</td>
<td>167,507</td>
</tr>
<tr>
<td>GST recoverable</td>
<td>26,205</td>
<td>15,520</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>67,519</td>
<td>80,759</td>
</tr>
<tr>
<td></td>
<td>$664,239</td>
<td>$827,904</td>
</tr>
</tbody>
</table>

| LIABILITIES |          |          |
| CURRENT     |          |          |
| Accounts payable and accrued liabilities | $111,077 | $164,732 |
| Deferred revenue (note 5) | 347,377 | 458,701 |
|         | 458,454 | 623,433 |

| NET ASSETS |          |          |
| BALANCE - END OF YEAR |          |          |
|         | 205,785 | 204,471 |
|         | $664,239 | $827,904 |

Commitments (note 8)

Approved on behalf of the Board:

__________________________  _________________________
Director                    Director
CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 2010

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference</td>
<td>$372,924</td>
<td>$387,022</td>
</tr>
<tr>
<td>Donations</td>
<td>402,877</td>
<td>426,651</td>
</tr>
<tr>
<td>Grants</td>
<td>407,926</td>
<td>223,613</td>
</tr>
<tr>
<td>Interest</td>
<td>527</td>
<td>12,637</td>
</tr>
<tr>
<td>Membership fees</td>
<td>45,480</td>
<td>51,470</td>
</tr>
<tr>
<td>Resource materials</td>
<td>34,891</td>
<td>32,840</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>27,728</td>
<td>1,975</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$1,292,353</td>
<td>$1,136,208</td>
</tr>
</tbody>
</table>

|                  |          |          |
| **EXPENDITURE**  |          |          |
| Advertising and promotion | 2,466 | 129     |
| Bank charges     | 18,849   | 12,670   |
| Contracted services | 294,654 | 250,277 |
| Dues and subscriptions | 2,936 | 2,555   |
| Facility rental  | 194,624  | 98,100   |
| Human resources  | 412,254  | 458,886  |
| Insurance        | 4,259    | 4,259    |
| Meeting costs    | 8,785    | 4,951    |
| Office supplies  | 14,456   | 10,161   |
| Postage          | 22,275   | 24,760   |
| Printing         | 38,468   | 71,636   |
| Professional fees | 6,907 | 5,168   |
| Rent             | 33,722   | 25,041   |
| Teleconferences  | 5,965    | 5,275    |
| Telephone and facsimile | 9,362 | 8,633   |
| Training and professional development | 1,000 | 2,129 |
| Translation      | 76,987   | 47,206   |
| Travel           | 143,550  | 101,305  |
| Voluntary recognition and honoraria | - | 1,346 |
| **Total Expenditure** | $1,291,519 | $1,134,487 |

|                  | 2010     | 2009     |
| **NET REVENUE FOR THE YEAR** | $834 | $1,721 |
Navigating Safe Pathways to Quality Hospice Palliative Care

Including - An Evening in Support of Hospice Palliative Care, presented by TELUS and joined by the warmth, charm and wit of Newfoundland and Labrador’s highest ranking officer in history, General Rick Hillier, Former Chief of the Defense Staff for Canadian Forces.

MARK YOUR CALENDARS!!!

SEPTEMBER 8-11, 2011
DELTA ST. JOHN’S HOTEL AND CONFERENCE CENTRE
ST. JOHN’S, NEWFOUNDLAND