

History and Timeline of Significant Developments in Volunteer Component Standards

	1985-1990	1991-1995	1996-2000	2001	2002	2003
Standards Development	Various efforts, especially in Ontario and BC. Publication of BCHPCA's Hospice: A Resource Guide	Processes merge into CPCA national Standards Committee. Committee reaches consensus and publishes Palliative Care: Towards a Consensus in Standardized Principles of Practice (1995)	Core document distributed; Revisions Workgroup formed; consensus-building workshops (17) in all provinces. How Close are We to Consensus (1998) and in Québec Le Rapport Final (2000)	Revisions of 1995 document issued as 2001 Proposed Norms of Practice . Web-based survey; dissemination by provincial champions; analysis of data; drafted final document; received approval of CHPCA Board	Publication of Model to Guide Hospice Palliative Care	
CHPCA approach to Volunteer Component			Established <i>Ad Hoc Committee on Volunteer Issues</i> (1998). Committee presented national agenda that was adopted by CHPCA Board. Key item: when national standards process completed, Volunteer Component will be first to develop its standards as a companion document.	Committee status changed to that of <i>Standing Committee of the Board</i> . Funding sought for standards development without success.		Joint meeting with Task Group : Committee endorses work of Task Group in partnership with <i>Standing Committee</i> and CHPCA.
National Volunteer Interest Group		Begins meeting at the national conference, and in alternate years at the Montréal Congress.	Publishes irregular items in national newsletter, <i>AVISO</i>	Major meeting at Victoria conference. Affirms need for national volunteer component standards.		Major meeting at Québec Conference introduces work of Task Group . High level of interest shown from all regions.

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Federal Government involvement in Palliative and End-of-Life issues		Special Senate Committee on Euthanasia and Assisted Suicide issues its report: Of Life and Death	Subcommittee to update Of Life and Death issues its report Quality End-of-Life Care: The Right of Every Canadian , calling for a national strategy on End-of-Life Care as a key priority. Health Canada supports CHPCA in convening key stakeholders. <i>Quality End-of-Life Coalition [QEOLC].</i>	March: <i>QEOLC workshop issues Blueprint for Action</i> Senator Sharon Carstairs appointed by the Prime Minister as Minister with Special Responsibility for Palliative Care. June: Health Canada establishes Secretariat on Palliative and End-of-Life Care	March: Secretariat convenes National Action Planning Workshop. September: Secretariat forms five Working Groups: (1) <i>Best Practices and Quality;</i> (2) <i>Surveillance;</i> (3) <i>Research;</i> (4) <i>Education for Formal Caregivers;</i> (5) <i>Public Information and Awareness.</i> December: <i>Best Practices and Quality WG</i> establishes Task Group on Best Practices and Quality in the Volunteer Component.	January-June: Task Group formed; creates model for development of competencies, best practices & quality in the <i>Hospice Palliative Care Volunteer Component</i> September: <i>Task Group</i> begins dissemination of model, process for gathering input from volunteers and volunteer support staff.
Accreditation		<i>Canadian Council on Health Services Accreditation (CCHSA)</i> has some palliative care standards embedded in other accreditation components (eg acute care, cancer care) but does not offer palliative care program accreditation.	⇒	⇒	<i>CCHSA</i> Executive Director joins <i>Best Practices and Quality Working Group.</i>	<i>CCHSA</i> and <i>Best Practices Working Group</i> agree to work together to develop accreditation standards for palliative care programs, and explore feasibility of accreditation for free-standing hospices and volunteer-based hospice palliative care programs. Members of the <i>Task Group on Best Practices and Quality in the Volunteer Component</i> to serve on accreditation Advisory Committee.