



Blueprint for Action - 2000

Secretariat:
Canadian Hospice Palliative Care Association

Annex B
Saint-Vincent Hospital
60 Cambridge Street North

Ottawa ON K1R 7A5
Contact : Sharon Baxter
sbaxter@scohs.on.ca

December 2000

Blueprint for Action: Five Priority Areas

<i>Action Area</i>	<i>Timeline</i>	<i>Lead Role</i>	<i>Resources/Partners</i>	<i>Link to 2000 Senate report</i>
<p><u>1. Availability and Access</u></p> <p>Goals:</p> <ul style="list-style-type: none"> • Ensure that all Canadians have access to good end-of-life care • Develop services to meet the needs of all without discrimination • Ensure access that has choice re: time and location of services • Ensure that end-of-life care has core funding and is not dependent on charitable donations • Move this issue up the political agenda • Ensure that end-of-life care is community-driven and community-based with identification of needs and services 	<p>Immediate to long-term. Expanding availability and access to services requires consistent, long-term effort beginning now</p>	<p>Federal government can <u>lead</u> the discussion with the provinces and territories</p> <p>Voluntary and private sectors can play a partnership role</p>	<p>Federal government Provincial/territorial governments Voluntary and private sectors</p>	<p>Recommendation numbers: 1 – national strategy 8 – F/P/T discussions 9-F/PT funding discussions 13-F/P/T five-year plan for 1995 Senate unanimous recommendations</p>

<i>Action Area</i>	<i>Timeline</i>	<i>Lead Role</i>	<i>Resources/Partners</i>	<i>Link to 2000 Senate report</i>
<p>2. Professional Education</p> <p>Goal: To have an adequate number of trained professionals and volunteers to provide end-of-life care to all Canadians</p> <p>Objectives:</p> <ul style="list-style-type: none"> Establish palliative medicine as an accredited specialty for physicians – examine accreditation process in order to move this forward Strategy: include end-of-life questions on final medical exams Introduce mandatory continuing education programs in end-of-life care Develop a briefing document to support change in billing/fee structure to make it more attractive and feasible for physicians to work in end-of-life care 	<p>Immediate</p> <p>June 2002</p> <p>2-3 years</p> <p>6 months – 1 year</p>	<p>Federal lead in convening discussions with medical colleges (professional bodies) and schools of medicine through Association of Canadian Medical Colleges</p> <p>Federal lead in coordinating discussions with provinces funding schools of medicine</p> <p>Deans of medical schools Association of Canadian Medical Colleges</p> <p>Federal lead in facilitating F/PT discussions Provincial/territorial follow-through</p> <p>F/P/T committee</p>	<p>Canadian Society of Palliative Care Physicians</p> <p>Royal College of Physicians and Surgeons of Canada</p> <p>College of Family Physicians of Canada</p> <p>16 medical schools Provincial medical assns.</p> <p>Professional associations Living Lessons (CHPCA/Glaxo Fdn) EPEC (Education for Physicians in End-of-Life Care)</p> <p>Provincial governments Provincial medical associations</p>	<p>6 – training and education</p>

<ul style="list-style-type: none"> Develop peer education modules 	1+ years	Federal government could stimulate professional associations	Models from AIDS care for nurses Palliative specialists to mentor others Web-based programs Professional conferences
<ul style="list-style-type: none"> Incorporate palliative care as part of core curriculum for all health professionals 	Immediate – long term	Federal lead in initiative discussion with provinces/territories Federal lead in stimulating university-based research Provincial lead in follow-up	EPEC Stimulate faculty interest through strategic investment in research
<ul style="list-style-type: none"> Increase training for support workers and volunteers 	Immediate – long terms	Federal lead through initiating discussion, national projects and demonstration projects Provincial/territorial role in follow-through	Telehealth Workshops for volunteers and public in tandem with professional and scientific conferences
<ul style="list-style-type: none"> Expand training opportunities and methods for caregivers: web-based training through school boards and community colleges 		As above	Integrate information resources into Canadian Health Network

<i>Action Area</i>	<i>Timeline</i>	<i>Lead Role</i>	<i>Resources/Partners</i>	<i>Link to 2000 Senate report</i>
<p><u>3. Research and Data Collection (includes surveillance)</u></p> <p>Goal: to have an adequate research base for high-quality health service delivery</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Establish a research committee of the Quality End-of-Life Care Coalition of Canada • Build on the Research Agenda (CHPCA) • Meet granting agencies to discuss • Study models: CSHA/CBCRI • Further develop CHPCA research agenda with these components: <ul style="list-style-type: none"> -protected funding -supportive structure for workshop proposals -research fellowships to build expertise and capacity -identify resource levels • Develop champions • Incorporate end-of-life research agenda into established CIHR institutes (cancer, aging, etc) • Develop cancer control strategy that has palliative care component 				<p>10-CIHR</p> <p>11-CIHI</p> <p>12-coordinated research</p>
	Spring 2001	Quality End-of-Life Care Coalition of Canada	Canadian Society of Palliative Care Physicians Canadian Cancer Society Can. Assn on Gerontology Can. Nurses Assn CHPCA Stats Can	
	Medium – longer term	Quality End-of-Life Care Coalition of Canada	CIHR NCIC/Cancer Control Strategy Health Canada Can. Breast Cancer Research Initiative	
	Medium-long term	Coalition members		
	Medium-long term	Federal govt can take lead in encouraging CIHR to engage in discussion Coalition CIHR	Coalition CIHR Research community (CHPCA)	
	Short-medium term	Federal lead through secretariat of CCCS	Stakeholders	

<ul style="list-style-type: none"> Invest in capacity building – a dedicated strategy, standardized peer review, priorities 	Medium-long term	Federal lead with CIHR Coalition partners	CIHR Coalition Stakeholders Researchers
<ul style="list-style-type: none"> Build on existing pockets of data sets (eg indicator development) 	Medium-long term	Federal lead through building on existing work	Health service providers Provinces Researchers
<ul style="list-style-type: none"> Develop inventory of palliative care centres as bases for data collection 	3-6 months	Health Canada CHPCA	
<ul style="list-style-type: none"> Include focus on end-of-life care as module in next Canadian Community Health Survey 	3-6 months	Health Canada	
<ul style="list-style-type: none"> Examine option of piecing together information on end-of-life care from a variety of sources vs. developing a new model for collecting data 	3-6 months	Health Canada	
<ul style="list-style-type: none"> Develop strategy for data collection for surveillance, including budget and resources 	3-6 months	Health Canada-Pop Health Stats Can CIHI Palliative care centres	
<ul style="list-style-type: none"> Implement surveillance system 	Medium term	As above	

<i>Action Area</i>	<i>Timeline</i>	<i>Lead Role</i>	<i>Resources/Partners</i>	<i>Link to 2000 Senate report</i>
<p>4. <u>Family and Caregiver Support</u></p> <p>Goal: that families and caregivers be supported so that they will be able to provide care and maintain their health</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide income and job security for family caregivers - distribute CHPCA family protection kit - extend CPP child care drop-out provision to include caregivers - provide income supplement for extra needs - tax credits for converting home for care - change definition of disability • expand Canada Health Act to include home care • provide additional support/respite for caregivers • include caregiver/family as part of the team and decision-making • improve coordination of supports and services 	<p>Immediate – long term</p> <p>Immediate – medium term</p> <p>Long-term</p> <p>Immediate-medium term</p>	<p>Federal lead with income security (HRDC) Federal government as exemplary employer Federal coordination of F/P/T discussion of job protection</p> <p>Customs and Revenue Canada</p> <p>Federal lead in discussion with provinces</p> <p>Caregiver Coalition provinces</p> <p>Caregiver Coalition Professional associations Regional/local health authorities</p> <p>As above plus provinces</p>	<p>QEL Coalition CHPCA Caregiver Coalition EAO/HR assoc. Conference Board Disability coalitions</p> <p>Home care sector study (HRDC) Health care practitioners Caregiver Coalition</p>	<p>5-income & job security</p>

<i>Action Area</i>	<i>Timeline</i>	<i>Lead Role</i>	<i>Resources/Partners</i>	<i>Link to 2000 Senate report</i>
<p><u>5. Public Education and Awareness</u></p> <p>Goal: that Canadians be informed about their care choices and that they participate in creating these choices</p> <p>Objectives:</p> <ul style="list-style-type: none"> • QEL Coalition to develop one-page document to address changing beliefs and attitudes about dying • Talk to corporate sponsors and groups with public awareness mandates • Begin development of an educational/public awareness framework for action • Conduct environmental scan, attitude survey (eg Angus Reid), survey existing campaigns and materials, determine and assess target groups • Develop response strategy/plan 	<p>Immediately – long-term for all following items</p> <p>Short-term</p>	<p>QEL Coalition CHPCA Living Lessons</p> <p>Voluntary sector</p> <p>If a national strategy is approved and implemented by the federal and provincial/territorial governments, this information will likely be part of the communications strategy – F/P/T coordination</p> <p>As above</p>	<p>Existing awareness weeks Media strategy models e.g. Mothers Against Drunk</p> <p>Living Lessons - CHPCA</p>	<p>1-national strategy</p>