



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

ANNUAL REPORT



2005 - 2006

Canadian Hospice Palliative Care Association
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Canadian Hospice Palliative Care Association

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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.

Definition of Hospice Palliative Care

Hospice palliative care aims to relieve suffering and improve the quality of living and dying.

Hospice palliative care strives to help patients and families:

- address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears
- prepare for and manage self-determined life closure and the dying process
- cope with loss and grief during the illness and bereavement.

Hospice palliative care aims to:

- treat all active issues
- prevent new issues from occurring
- promote opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization.

Hospice palliative care is appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care.

Hospice palliative care may complement and enhance disease-modifying therapy or it may become the total focus of care.

Hospice palliative care is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and/or professional associations.

*Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P.
A Model to Guide Hospice Palliative Care. Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.*

2005 - 2006 Board of Directors

Executive Committee

Patricia Van Den Elzen – *President*
Dr. Larry Librach – *Vice-President*
Gael P. Page – *Past President*
Andrea Taylor – *Secretary/Treasurer*
Keith Conrad
Wendy Wainwright

Provincial Board Members

Wendy Wainwright
BC Hospice Palliative Care Association

Andrea Taylor
Alberta Hospice Palliative Care Association

Stella Swertz
Saskatchewan Hospice Palliative Care Association

Candace Myers
Hospice & Palliative Care Manitoba

Keith Conrad
Hospice Association of Ontario

Liliane Locke
Ontario Palliative Care Association

Dr. Justine Farley
Réseau de soins palliatifs du Québec

Dr. Sydney Grant
New Brunswick Hospice Palliative Care Association

Ann McKim
Nova Scotia Hospice/Palliative Care Association

Mary Hughes
Hospice Palliative Care Association of Prince Edward Island

Laurie Anne O'Brien
Newfoundland and Labrador Palliative Care Association

Member-At-Large

Solange Lévesque (*Montreal*)

President's Report

The Canadian Hospice Palliative Care Association (CHPCA) has been in a transition stage the past year as it has moved towards a Governance Policy model that emphasizes long-range vision, proactive leadership on key issues and policy development that will define and guide the ongoing work of the association. The new governance committees include:

- Executive Committee
- Organization Development Committee (combines the previous By-Laws Committee, Membership Committee and the Nomination committee)
- Finance Committee
- AdHoc Committees as required

The new structure also includes Advisory Committees that provide advice and feedback to the Executive Director relating to ongoing issues of relevance to the Association and Association Support Committees to provide advice and support to staff on key operational aspects.

The CHPCA Board of Directors approved at their April 2006 Board Meeting a comprehensive three year Strategic Plan to ensure that our organization is well positioned to meet the ever changing hospice palliative care needs nationally and to provide support to the provincial hospice palliative care associations. The five key strategic directions identified during the strategic planning process include:

- **Access to Hospice Palliative Care Programs and Services** - to address the lack of a common/cohesive understanding of hospice palliative care among professionals and the lack of programs and services for delivering hospice palliative care across Canada.
- **Public Policy** - that supports quality hospice palliative care across Canada.
- **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.
- **Sustainability** - to create and maintain a sustainable organization.
- **Awareness and Communications** - Public, Professionals 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 full text of the new 3-year Strategic Plan can be downloaded from the CHPCA web site.

The CHPCA Board, Executive Director and staff will foster the spirit of hospice palliative care to move forward with our government relations strategy to ensure that we continue to be an active partner with Health Canada's Secretariat on Palliative and End-of-Life Care in the development of a National Strategy for Palliative and End-of-Life Care. It is our hope that the valuable work of the five Working Groups (Best Practices and Quality Care, Education for Formal Caregivers, Public Information and Awareness, Research and Surveillance), will continue to evolve over the coming years.



Patricia Van Den Elzen

We wish to acknowledge and thank our corporate sponsors, funders and donors for their commitment to quality end-of-life care and their financial support for our Association. We also extend a special thank you to Senator Sharon Carstairs, who continues to be a strong ally and voice for hospice palliative care, nationally, provincially and regionally.

We do live in an exciting and challenging time for Hospice Palliative Care! We are proud and thankful of our many accomplishments this past year. These achievements were possible because of the collaboration and commitment of our dedicated Board of Directors, Executive Director, Staff, Volunteers, Provincial Associations, Quality End of Life Care Coalition of Canada, The GlaxoSmithKline Foundation and our many friends and key stakeholders.

Together, we will enhance the quality of end-of-life care for all Canadians!

Sincerely,

A handwritten signature in cursive script that reads "Patricia Van Den Elzen".

Patricia Van Den Elzen
President

Annual Report 2005 - 2006

The Canadian Hospice Palliative Care Association (CHPCA) is pleased to provide you with this summary of the association's activities during the 2005-2006 fiscal year. The following are some selected highlights. 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.

In 2005-2006 the CHPCA focused on a number of key areas including: Advocacy, Health and Public Policy; Communication & Awareness; Fundraising & Development; Governance; Administration and Projects. Please find brief summaries of each of these areas in the following pages.

I Advocacy, Health and Public Policy

Liaison and Leadership towards the development of a National Strategy for Palliative and End of Life Care (Health Canada)

Health Canada continues to coordinate the development of a National Strategy for Palliative and End-of-Life Care and is currently working towards a re-vamped and renewed National Strategy. 2006-2007 will be the last year that the National Strategy will be managed in the way it has for the last four years. CHPCA expects that the current Working Groups will be retired by March 2007 when a new governance structure will be implemented in its place. To date the Secretariat has received no commitment of funding past this fiscal year, and the budget for 2006-2007 fiscal year is expected to be cut significantly. This will continue to be a primary work plan area. Sharon Baxter continues in her role as co-chair of the Coordinating Body of the National Strategy Working Groups.

The CHPCA is an autonomous organization and as such develops and implements advocacy strategies to ensure that the work towards a National Strategy for Palliative and End-of-Life Care is well funded and sustainable. CHPCA advocacy strategies include working at both the bureaucratic and political levels. CHPCA continues to involve Parliamentarians in advocacy and policy issues with regard to hospice palliative care.

CHPCA delivered two information kits to federal Members of Parliament and the Senate in the fall of 2005 and a third information kit in late April 2006 to coincide with National Hospice Palliative Care Week. CHPCA also published a number of press releases nationally over the course of the year that garnered national media coverage.

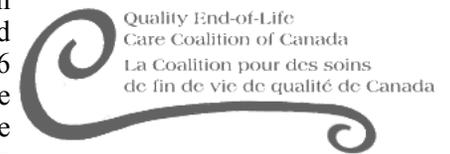
CHPCA continues to maintain a high profile with regard to the review and renewal of the Canadian Health Care system in Canada specifically as it relates to hospice palliative and end-of-life care. CHPCA continues to develop key messages regarding the development of a National Strategy for Palliative and End-of-Life Care in Canada and regularly

shares this information with its stakeholders. Key stakeholders include the following groups: CHPCA members, provincial hospice palliative care associations, the Quality End-of-Life Care Coalition of Canada, and corporate partners.

CHPCA is actively engaged in a number of other initiatives in order to advocate for an increase in the awareness of end-of-life care issues. CHPCA has been liaising with the Canadian Cancer Control Strategy as well as the Chronic Disease Management Group at the Public Health Agency of Canada. There is more work needed to be done in these areas as most of these strategies pay little attention to the issue of hospice palliative care.

Quality End-of-Life Care Coalition of Canada (QELCCC)

The Coalition met in mid January and developed the 2006 Workplan that can be downloaded from the QELCCC web pages located on the CHPCA web site at <http://www.chpca.net/qelccc.htm>.



The QELCCC Executive Committee met face-to-face in March 2006 to review the Workplan and create strategies for moving the Coalition forward. Some of these discussions included fundraising and sustainability. Currently the financial resources of the Coalition are at an all time low.

The CHPCA continues to act as the Secretariat for the Coalition and coordinates the work of the Coalition including work-planning, advocacy, public awareness, and report writing. As the Secretariat, the CHPCA continues to host teleconferences for the 5 QELCCC Committees (Executive, Advocacy; Research Utilization; Family and Caregiver Support; Professional Education Committee)

Renewal of Health Canada's National Strategy for Palliative and End-of-Life Care, and encouraging other national health strategies to include end-of-life care issues as part of their mandate, are two key goals for the Coalition this year.

The QELCCC Executive Committee has written an extensive mid-year report, dated August 2006, that can be found on the QELCCC web pages at <http://www.chpca.net/qelccc.htm>.

Development of Policy Champions and Policy Alerts

The CHPCA has developed 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. Currently the list has approximately 2,000 policy champions.

The Champion e-mail list was used a number of times in the

2005-2006 fiscal year to provide policy information to key champions. It was utilized especially effectively in December 2005 and January 2006 prior to the general election. It was also utilized in the past year to provide information updates regarding changes to the Compassionate Care Benefit.

National Policy Development Framework

Each year the CHPCA develops an Advocacy Strategy concerning current health policy related to hospice palliative care. The 2005 Advocacy Strategy was circulated widely via e-mail and is also available for download from the CHPCA website. The workplan detailed in the Advocacy Strategy was for the most part completed. The provincial hospice palliative care associations have continued to meet with their provincial/territorial governments when possible. At a national level, the CHPCA continues to develop key messages and frameworks for a well-funded national strategy for palliative and end-of-life care. The CHPCA has also taken advantage of opportunities to meet with federal Members of Parliament and Senators when possible.

Prior to the federal election, CHPCA sent individual letters to each of the four main political parties to ascertain their commitment to improving hospice palliative care services in Canada. Copies of these letters were sent to the Champions e-mail list and are available upon request from the CHPCA office.

The 2006 Advocacy Strategy is currently being developed and will be published in the early fall.

National Norms of Practice Follow-Up

In the fall of 2005 the CHPCA published a toolkit entitled *Applying A Model to Guide Hospice Palliative Care - An Essential Companion Toolkit for Planners, Policy Makers, Caregivers, Educators, Managers, Administrators and Researchers - To be used in conjunction with: A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice*. CHPCA has exhausted the stock of printed copies, however the document is available for free download in both official languages from the CHPCA Marketplace.

(<http://www.chpca.net/marketplace/index.htm>)

CHPCA currently has a very limited number of printed copies of A Model to Guide Hospice Palliative Care available through the CHPCA Marketplace. However, in the fall of 2005 the CD-Rom version of the Model was updated in a project funded by Purdue Pharma. All Internet hyperlinks were verified and an Internet link to new references and resources published since the Model was published in 2002 was added to the CD-Rom. CHPCA pressed 5,000 copies of the updated CD-Rom and they are available for purchase through the CHPCA Marketplace. New CHPCA members continue to receive a complimentary copy of the Model with their new membership.

In 2005 the CHPCA also worked closely with the Pallium Project to conduct workshops to implement the Model in British Columbia, Alberta, Saskatchewan, Manitoba, Newfoundland & Labrador, New Brunswick, Nova Scotia and Prince Edward Island.

CHPCA continues to work with the Norms Committee to ensure that the dissemination and utilization of the Model continues to move forward.

II Communication/Awareness



AVISO is the association's membership newsletter. Published in February, June and October in print and electronic formats, the newsletter provides information to the CHPCA membership regarding the current state of hospice palliative care in Canada. Members can choose to receive the newsletter via e-mail or by regular mail. Regular features in the newsletter include: President's Report, Executive Director's Report, Provincial Association Updates, suggested Resources, updates on CHPCA Projects and updates from the CHPCA Interest Groups and Committee work. AVISO regularly features articles submitted from the hospice palliative care community on a variety of topics.

National Hospice Palliative Care Week

Again this year, National Hospice Palliative Care Week (NHPCW) was a terrific success. Here are some of the CHPCA highlights of the Week:



- More than 10,000 posters distributed to more than 800 locations across Canada
- Smaller posters distributed in more than 250 public libraries across Canada
- We received an official letter of greeting from The Hon. Tony Clement, Minister of Health, highlighting NHPCW 2006
- NHPCW electronic resources posted on the CHPCA Web Sites in both official languages. Resources included PowerPoint presentations on the topic of Advance Care Planning, hospice palliative care fact cards and policy tips
- An Internet Media Campaign on www.bourque.com that boosted traffic to CHPCA's website by more than 2,500% during the week!!
- 2 Press Releases issued during the week, one on Advance Care Planning and another on Health Care Funding for Hospice Palliative Care
- CHPCA sent each Member of Parliament and the Senate an general information kit on hospice palliative care

- A video presentation produced by the Pallium Project entitled “Dying for Care” was distributed to each Member of Parliament and Senator in the information kit.
- The Pallium Project “Dying for Care” video was played in the lobby of one of the Health Canada buildings in Ottawa in conjunction with a National Hospice Palliative Care Week display coordinated by the Secretariat on Palliative and End of Life Care (Health Canada)
- Copies of the “Dying for Care” DVD were made available along with a local briefing kit through the Pallium Project. Additional copies of the DVD will be made available through the CHPCA Marketplace in the coming months.

The theme for 2006: “**My Living, My Dying. Informed, Involved and In-Charge... Right to the End**” truly captured the pressing need for Canadians to discuss their end-of-life wishes with their loved ones, friends, family and doctor. This year was the beginning of a multi-year campaign that will focus on Advance Care Planning. In 2007 the Campaign will target health care professionals.

CHPCA would like to thank our national sponsors The GlaxoSmithKline Foundation and Bayshore Home Health for their support of this year’s campaign. Funding for this year’s campaign was funded in part by Health Canada. Additionally, many thanks to the national advisory committee for their guidance throughout the planning stages.

National Hospice Palliative Care Week provides hospice palliative care programs and services across Canada with a chance to showcase their services and encourage Canadians to discuss end-of-life care issues. We thank all of those organizations that hosted events during the week.

If you are not listed on the CHPCA On-Line Directory of Hospice Palliative Care Programs and Services and you would like to guarantee that you automatically receive National Hospice Palliative Care Week resources in 2006, please visit:

http://www.chpca.net/canadian_directory_of_services.htm to register your organization free of charge.

The dates for 2007 National Hospice Palliative Care Week will be Monday, May 7th to Sunday, May 13, 2007.

Living Lessons® Hospice Palliative Care Information Service

The Living Lessons® Hospice Palliative Care Information Service continues to provide end-of-life information and support to Canadians across the country and around the world.

Since its inception in 1997 the service has engaged in a number of activities to raise the awareness of patients, caregivers (professional, family and informal), policy-

makers, decision-makers, and the general public regarding hospice palliative care resources, programs and services in their community. Some of the elements of the campaign have included the following resources: a media training kit for health care workers, a Caregivers Bill of Rights, information pamphlets including the *You are Not Alone* brochure, a bilingual website (www.living-lessons.org); a Physicians Training Guide, an advocacy campaign directed at Canadians, elected officials and the media, and the very popular *A Guide for Caregivers*. CHPCA is pleased to report that The GlaxoSmithKline Foundation was able to re-print 35,000 copies of *A Guide for Caregivers* was late in 2005, and copies can be obtained through the CHPCA Marketplace

CHPCA and The GlaxoSmithKline Foundation have been hard at work on a new *Living Lessons®* resource - a national patient advocacy guide - that will be available in the early fall. A national advisory committee was formed to provide expertise and oversee the production of this new resource.

In 2005-2006 the *Living Lessons®* Information Service responded to 5,644 requests and provided assistance with enquiries regarding:

- General resources for patients, caregivers, volunteers, family members, doctors, nurses, social workers, spiritual counsellors, physiotherapists, those working in pediatrics, rural health workers, pharmacists, alternative medicine, aboriginal issues, volunteer groups and the general public.
- Availability of hospice palliative care programs and services in Canada and other countries.
- Specific resources and information on how to care for loved ones facing the end of life.
- Resources and information for bereaved caregivers, volunteers, family members and friends.

The CHPCA would like to recognize The GlaxoSmithKline Foundation for their ongoing partnership with the CHPCA and their financial support which keeps the *Living Lessons®* Hospice Palliative Care Information Service alive. The GlaxoSmithKline Foundation and the staff at GlaxoSmithKline are past recipients of the CHPCA Leadership Award for their leadership, vision, dedication and contribution to hospice palliative care in Canada.

Communication Strategy

CHPCA continues to pursue media opportunities when appropriate. The CHPCA is pleased to report that it was successful in garnering excellent media attention in 2005-2006 including the publishing of a series of 28 articles in the *Ottawa Citizen* in April 2005. CHPCA will continue to update its media contact list to ensure that hospice palliative care remains in the news.

Government Relations Strategy

As we all know, the federal government, after many years of

being controlled by the Liberal Party of Canada, is currently being led by the Conservative Party of Canada. This change in government at the federal political level has resulted in many changes for CHPCA. CHPCA continues to work hard to ensure that hospice palliative care is a federal agenda item, however, competing priorities continue to make this a challenge. CHPCA has been successful in meeting with a variety of Members of Parliament and Senators and was also able to meet with senior staff for the Honourable Tony Clement, Minister of Health. To date CHPCA has not been able to meet directly with the Minister.

The federal government did not fund any voluntary sector initiative grants this past spring, a loss in anticipated funding that has been a significant stress on small voluntary health sector organizations such as CHPCA.

CHPCA Web Sites - Development and Maintenance

CHPCA maintains two Web Sites - <http://www.chpca.net/> (English) and <http://www.acsp.net/> (French). The use of the Internet is a key component of the Communications/Awareness Strategy of the CHPCA. As technology improves and advances, we expect the use of the Internet to communicate our issues will increase.

In the spring of 2006 the CHPCA Board approved in principle an implementation plan to upgrade the CHPCA Marketplace on the web site enabling on-line shopping. This is an exciting step forward for CHPCA as the association continues its tradition of offering quality resources to the public and health care professionals.

The CHPCA continues to maintain and update the information contained on the web site on a regular basis.

Monthly National Office E-mail Updates

The CHPCA prepares monthly e-mail updates that are sent electronically to CHPCA members and those with an interest in hospice palliative care issues. The updates focus on informing recipients about recent activities at the national office. In 2005-2006 the monthly updates were used to provide information about: the 2005 Advocacy Strategy; the 2006 Hike for Hospice Palliative Care and National Hospice Palliative Care Week and project updates. The distribution of the Monthly Update allows the CHPCA to disseminate information in a timely manner. Currently the Monthly Update is sent to approximately 2,000 e-mail addresses. Persons wishing to receive copies of the CHPCA monthly update can be added to the address book by sending a request to info@chpca.net.

CHPCA Interest Group Web Pages

CHPCA maintains pages on its Web Site for the use of the following (11) CHPCA Interest Groups:

- Aboriginal Issues Group
- Canadian Network of Palliative Care for Children
- Complementary/Integrative Therapies

- Long-Term Care/Continuing Care
- Rural and Remote Issues Group
- Nurses Group
- Pharmacists Group
- Physiotherapists Group
- Social Workers/Counsellors Group
- Spiritual Advisors Group
- Volunteer Issues Group

The basic information contained on these pages is the contact information of the chair(s) of each Group and the Terms of Reference for the Group. For those Groups that request it, the CHPCA will also post information and resources specific to the interests of the Group.

National On-Line Directory of Hospice Palliative Care Programs and Services

Since going on-line in 2002 the CHPCA's Canadian Directory of Hospice and Palliative Care Programs and Services has enabled broad access to information concerning the availability of hospice palliative care programs and services in every province and territory in Canada. The Directory currently contains the contact information of over 480 hospice palliative care programs and services in Canada and continues to be a self-registering service where programs and services can update their information when necessary.

In 2006 the CHPCA began using the On-Line Directory as its distribution list to disseminate complimentary resources such as National Hospice Palliative Care Week materials and complimentary copies of the *A Caregivers Guide: A Handbook About End of Life Care*.

If your program or service is not listed on the CHPCA On-Line Directory of Hospice Palliative Care Programs and Services and you would like to guarantee that you automatically receive complimentary resources, please visit http://www.chpca.net/canadian_directory_of_services.htm to register your organization free of charge.



CHPCA Marketplace

The Canadian Hospice Palliative Care Association (CHPCA) sells a limited selection of hospice palliative care resources and information that have largely been developed and produced by the CHPCA. These resources have included items such as information brochures, training manuals, research documents, videos, and *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice*. As well, as a partner with The GlaxoSmithKline Foundation's *Living Lessons*® campaign, the CHPCA has been the clearinghouse for all materials related to the campaign since it was created in 1998. In 2005 the CHPCA partnered with the Military and Hospitaller Order of St. Lazarus of Jerusalem to publish and disseminate a national

adaptation of a provincial care guide for family and informal caregivers. This guide is available free of charge to family and informal caregivers and is sold to programs and services for a nominal shipping and handling fee. In early 2006 the CHPCA entered into discussions with the Pallium Project to become the national distributor of hospice palliative care resources developed by or with the financial assistance of the Project. Some resources are now available through the CHPCA Marketplace, including items such as “99 Common Questions (and more) About Hospice Palliative Care - A Nurses Handbook - 3rd Edition”, and the “LEAP Manual (Learning Essential Approaches to Palliative and End-of-Life Care)”. Additional resources will be added to the Marketplace as they become available.

Orders for CHPCA resources are currently received by phone, fax, e-mail and surface mail. The CHPCA can receive payment for resources and information by credit card (VISA and MasterCard) and by cheque. The current marketing of resources and information sold by the CHPCA consists of full-page ads in AVISO (the CHPCA membership newsletter), a section on the CHPCA website called “The CHPCA Marketplace”, and occasional mention of available resources in the CHPCA monthly office update e-mail. The CHPCA also distributes its resource order form when the CHPCA exhibit booth is displayed at national and provincial conferences.

The CHPCA Board of Directors has recognized an opportunity to expand the current CHPCA Marketplace section of its operations by expanding the scope and selection of hospice palliative care consumer items for sale. A renewed CHPCA Marketplace will include the sale of items such as books, videos, and promotional items - all with a hospice palliative care theme. At the present time Canada does not have a national retailer and clearinghouse of hospice palliative care resources, information or promotional items. The CHPCA will fill this gap by developing its marketplace.

The CHPCA has identified the need for a national Marketplace based on the reality that the majority of hospice palliative care programs and services in Canada are volunteer-based and do not have the capacity to develop resources on their own. The CHPCA as the national voice for hospice palliative care will fill the gap and provide resources, information and promotional items at costs that are affordable to all Canadian hospice palliative care programs and services. Some of these resources and promotional items will be developed by the CHPCA, while others items will be purchases from wholesale distributors for re-sale on the CHPCA Marketplace. As the CHPCA Marketplace grows and develops it will be able to offer a wide selection of items specific to the hospice palliative care community. The result will be a national hospice palliative

care Marketplace that will be the “one-stop-shop” for hospice palliative care:

- Resources - produced in-house by the CHPCA as well as resources produced externally
- Information - provided by CHPCA through the *Living Lessons*® Hospice Palliative Care Information Service as well as partnerships with services such as the Canadian Virtual Hospice
- Promotional items - produced for CHPCA for national distribution

Work on the development of the CHPCA Marketplace is currently under way as is expected to be completed before the end of the 2006 calendar year. Please visit www.chpca.net for more information.

III Fundraising and Development

Fundraising and Development

CHPCA is pleased to report that it was successful in securing sponsorship funding from three new private sector partners. CHPCA has hired a half-time fundraiser and is optimistic that we will continue to increase our support throughout 2006.

IV Governance

Board of Directors

The Canadian Hospice Palliative Care Association is led by an active, dedicated Board of Directors who meet face-to-face twice each year and twice per year via teleconference.

When the Board is not in session, the CHPCA Executive Committee is charged with conducting the business of the association and meets regularly via teleconference. In September 2005 the Board of Directors hosted the association’s Annual General Meeting in Edmonton, Alberta. The Board of Directors is also responsible for the preparation of the Annual Report and the Audited Statements for the CHPCA.

Board Governance Review

CHPCA has been engaged in a board governance review process for the past two years that has recently been completed. The CHPCA board governance model is available from the office upon request.

Board Committees

In keeping with the new CHPCA governance model, the Board of Directors now has three main committees including the Executive Committee, the Organizational Development Committee and the Finance Committee. These new or renewed Committees assist the Board of Directors in the effective operation of the association.



Terms of Reference for each Committee were revised and approved by the Board of Directors in April 2005. A copy of each Committee's Terms of Reference can be found on the CHPCA website.

Provincial Hospice Palliative Care Association Liaison and Support

This activity supports CHPCA's role in relation to the provincial hospice palliative care associations. CHPCA continues to liaise with the provincial hospice palliative care associations in a number of ways: Firstly, each provincial hospice palliative care association appoints a representative to sit as a member of the CHPCA Board of Directors. It is the responsibility of each provincial Board Member to act as an effective liaison between the CHPCA and their provincial hospice palliative care association. Secondly, the CHPCA coordinates and monitors an e-mail list that contains the addresses of each provincial president as well as the CHPCA president. This e-mail list allows the provincial presidents to communicate easily with the other provincial and national presidents when appropriate. It is our hope that this service will assist provincial hospice palliative care associations with inter-provincial dialogue.

To foster excellent communication the CHPCA is constantly looking for opportunities to connect the CHPCA with the provincial hospice palliative care associations both jointly and severally.

CHPCA Strategic Planning

The CHPCA Board of Directors approved at their April 2006 Board Meeting a comprehensive three year Strategic Plan to ensure that our organization is well positioned to meet the ever changing hospice palliative care needs nationally and to provide support to the provincial hospice palliative care associations. The five key strategic directions identified during the strategic planning process include:

- **Access to Hospice Palliative Care Programs and Services** - to address the lack of a common/cohesive understanding of hospice palliative care among professionals and the lack of programs and services for delivering hospice palliative care across Canada.
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- **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.
- **Sustainability** - to create and maintain a sustainable organization.
- **Awareness and Communications** - Public, Professionals 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 full text of the Strategic Plan can be downloaded for free from the CHPCA web site and is the culmination of an intensive and comprehensive consultation with various stakeholder groups as well as the CHPCA membership.

Membership Issues

Under the terms of the new Governance Policy, the work of the Membership Committee is now the responsibility of the Organizational Development Committee (ODC). The ODC will continue the work of the Membership Committee to ensure that member issues are addressed.

V Projects & Initiatives

Award of Excellence

At the 2005 Annual General Meeting held in Edmonton, Alberta, the CHPCA recognized the exemplary efforts of Dr. S. Lawrence Librach by presenting him with the Award of Excellence. Through an open nomination process the Award of Excellence recognizes an outstanding Canadian who exemplifies personal and or professional commitment and achievement in the field of hospice palliative care.



Dr. S. Lawrence Librach

Dr. Librach has long been a national advocate for change to ensure quality end-of-life care for all Canadians. As one of the very first pioneers and innovators of hospice palliative care in Canada, he has spent the last 27 years of his working life involved in an immeasurable number of initiatives that affect the patient and his or her family and ensure quality end-of-life care.

Dr. Librach's accomplishments are best described by his nominators who state: "... Larry is one of the leading educators and mentors in hospice palliative care in Canada and internationally. He has inspired and been a key leader in the development of the modern hospice palliative care movement ...", and, "... What distinguishes Larry from the many other tireless individuals who have worked in palliative care in this country is the number of others - professionals from across the disciplines, volunteers, and policy makers - who he has directly or indirectly inspired and supported in their contributions to hospice palliative care."

Additional information regarding the Award of Excellence including a list of past recipients can be found on the CHPCA web site.

Leadership Award

The CHPCA Leadership Award was presented to Dr. Frank D. Ferris in recognition of his outstanding contribution to hospice palliative care in Canada. The award was presented during the CHPCA Annual General Meeting that took place in Edmonton, Alberta.



Dr. Frank D. Ferris

The CHPCA Leadership Award is presented by the CHPCA Board of Directors to an individual or group in recognition of their exceptional leadership, dedication and vision in advancing hospice palliative care for all Canadians.

Dr. Ferris personifies what it means to be a leader in hospice palliative care by envisioning the path ahead and ensuring that all decisions he is part of places the patient and his or her family first to ensure quality end-of-life care.

Dr. Ferris is the principal author of *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice*. This landmark document, the first of its kind in the world, details nationally accepted norms and principles of practice for hospice palliative care. In May 2003, Dr. Ferris was awarded the Golden Jubilee Medal of Her Majesty Queen Elizabeth II by the Governor General of Canada for his boundless dedication to hospice palliative care. He is also the co-founder of Toronto's Hospice Palliative Care Network (HPCNet) and is a consultant for the Temmy Latner Centre for Palliative Care at Toronto's Mount Sinai Hospital.

In accepting his award, Dr. Ferris stated, "It is thrilling that Canada now leads the world with a national model to make hospice palliative care available to every Canadian, urban or rural, in his or her own home, when he or she needs it." He went on further to state, "I can imagine no greater professional satisfaction than anticipating the relief from pain and suffering to be provided to millions of Canadians. I am very pleased to be a part of the hospice palliative care professional family in Canada and am equally pleased to accept this award."

Additional information regarding the Leadership Award, including a list of past recipients can be found on the CHPCA web site.

Hike for Hospice Palliative Care



2006 marked the fourth edition of the Canadian Hospice Palliative Care Association's Hike for Hospice Palliative Care. The slogan used for the 2006 Hike was 'Come Hike With Us', the same as the previous edition. The

Hike is traditionally held the first Sunday in May and this year was no exception with the Hike occurring May 7th with approximately 6,000 people representing 84 hospice palliative care organizations across Canada.

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 faced by hospice palliative care and to promote the phenomenal work that all volunteers and professionals in the field perform daily.

95% of Canadians say they want quality hospice palliative care at the end of their life, yet currently less than 15% have access to it because of the lack a long-term, well-funded, sustainable national strategy. As services are mostly delivered at the provincial level, there are a number of inequities in what is available from province to province and often within the province itself. A national strategy provides a framework for hospice palliative care programs and services that all Canadians should have access to regardless of where they live. Funds raised through the Hike can ensure that more Canadians receive the end-of-life care they wish for. 100% of the funds raised remain in the community in which the Hike occurred.

In 2006, the CHPCA distributed 6,500 bilingual posters. An estimated 6,000 Canadians participated in the 2006 Hike, raising a record \$675,000 (approx).

The 2006 Hike for Hospice Palliative Care was once again made possible through the continued support of Founding Sponsor, The GlaxoSmithKline Foundation. The Foundation is committed to finding creative ways to achieve community wellness. The Foundation supports and works with many organizations, primarily in the areas of health, science, education and hospice palliative care. 2006 also saw the introduction of Bayshore Home Health as exclusive Home Care Sponsor. Bayshore Home Health branches were encouraged to participate with local hike sites and help them raise money and awareness for hospice palliative care.

Edmonton 2005 - National Hospice Palliative Care Conference

Kaleidoscope: Dialogue and Diversity in Hospice Palliative Care, the theme for the 2005 National Hospice Palliative Care Conference couldn't have been named better. On September 25th more than 900 participants from across Canada gathered in Edmonton, Alberta at the Shaw Conference Centre for four days of plenary sessions, workshops, exhibits and poster presentations.

Participants were presented with challenging plenary presentations from Dr Nathan Cherney, Dr Serge Dumont, Dr Linda Kristjanson, Mr Jerry Rothstein, Health Canada and Dr Eduardo Bruera. With 14 workshop streams and 9 workshop sessions, the workshops provided everyone with an opportunity to expand their horizons and learn about hospice palliative care strategies from colleagues across

Canada.

CHPCA was pleased to welcome more than 30 exhibitors and over 100 poster presentations to the exhibit hall. With so much to see the exhibit hall was a busy place during breaks. The CHPCA sincerely thanks each exhibitor for taking the time to attend our conference and make it a success.

Highlights of the conference included the Annual General Meetings for the CHPCA and the Alberta Hospice Palliative Care Association (AHPCA), a dinner banquet, a memorial service, an extensive bookstore, and an Education and International Commons. The Education and International Commons featured poster presentations that focused on Canadian-led educational and international initiatives and innovations in hospice palliative care. The Education and International Commons was a project of the CHPCA and was sponsored by Health Canada and the Military & Hospitaller Order of Saint Lazarus of Jerusalem.

The CHPCA National Conference requires more than a great program, great speakers, and a great facility in order to be a success; it needs great volunteers. Without the energy, enthusiasm and dedication of wonderful volunteers the conference would be what it is. The CHPCA would like to take this opportunity to recognize and thank Nancy Guebert, Chair of the Conference Steering Committee, every member of the Conference Steering Committee and Sub-Committees, as well as each and every conference volunteer who worked countless long hours in preparation for the conference. We could not have done it without you! Thank-you!

The CHPCA would like to extend sincere thanks to each of the following Sponsors for their generous financial contribution towards the success of the conference: The GlaxoSmithKline Foundation; Purdue Pharma; The Pallium Project; The Military & Hospitaller Order of Saint Lazarus of Jerusalem; Novartis Oncology; Capital Health; Calgary Health Region; Bayshore Home Health; Janssen-Ortho; Manulife Financial; McInnis & Holloway Funeral Homes; The Alberta Cancer Board Hospice Palliative Care Network; Edmonton Division of Palliative Medicine, Department of Oncology, University of Alberta; Baxter; Hole's Greenhouses and Gardens Ltd.; K-Bro Linen Systems Inc., and Pharmascience.

Toronto 2007 - National Conference Planning

Planning for the 2007 Canadian Hospice Palliative Care Conference is well under way. The dates of the conference are November 4-7, 2007 and the conference will be held at the Westin Harbour Castle Hotel in Toronto, Ontario. For the first time, CHPCA will coordinate the planning of the conference and will work in partnership with the Hospice Association of Ontario, and the Ontario Palliative Care Association. The Planning and Program Committees have been meeting regularly for the past number of months and

are beginning to put together a program that you will not want to miss. Look for the preliminary announcement to be released in the fall of 2006.

Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC)

Educating Future
Physicians in Palliative
and End-of-Life Care



Former les futurs
médecins dans les soins
palliatifs et de fin de vie

The Project Team headed by Dr. Larry Librach (Physician Leader) and Louise Hanvey (Project Manager) has once again been impressed with the dedication and accomplishments of the many people from all across Canada contributing to the success this project. As the Local Teams took shape and continued their work to implement curriculum in palliative and end-of-life care at their universities, a variety of approaches and activities have unfolded.

In 2005/2006, the EFPPEC Project:

- Convened its first educational symposium, EFPPEC Symposium 2005, a resounding success attended by over 70 medical educators, care providers, policy makers and opinion leaders sharing ideas and information about curriculum development and educational research for physician education in palliative and end-of-life care;
- Developed learning objectives and teaching approaches for the six consensus-based undergraduate core competencies in palliative and end-of-life care and prepared the first draft of an undergraduate curriculum;
- Reached consensus on postgraduate Family Medicine competencies in cooperation with the College of Family Physicians of Canada and established a national group of family medicine educators to develop curriculum for the competencies;
- Initiated a process for determining competencies and building consensus for each major medical specialty and some subspecialties - Critical Care, Internal Medicine, General Surgery, Psychiatry, Oncology and Pediatrics.
- Established communication mechanisms for EFPPEC Local Teams at the seventeen Faculties of Medicine across Canada, i.e., EFPPEC E-Bulletins, regular videoconferences, and an EFPPEC Information Kit;
- Completed technical and creative work for the Learning Commons, an on-line resource centre for physician education in palliative and end-of-life care;
- Organized the first two videoconferences as opportunities for Local Teams to present and discuss their approaches to curriculum development for medical education in palliative and end-of-life care; and
- Planned and organized EFPPEC Symposium 2006, Partnerships for Improving Palliative and End-of-Life Care Education, focussing on interprofessional

education and taking place in April 2006.

2006-2007 will see development of consensus and implementation of undergraduate medical curricula in end-of-life care, the implementation of the Learning Commons, the development of consensus in postgraduate competencies and planning of our third symposium in end-of-life care education.

National Gold Standards for Palliative Home Care Project

As part of the *10-Year Plan to Strengthen Health Care*, the provinces, territories, and federal government agreed that home-based palliative care programs and services would be available to Canadians in every province and territory by December 2006. At that time, the provinces and territories will have to report on their progress in making these programs and services available.

The Health Accord states: “First Ministers agree to provide first dollar coverage by 2006 for certain home care services, based on assessed need, specifically to include: ... end-of-life care for case management, nursing, palliative-specific pharmaceuticals and personal care at the end of life.”



These four areas are somewhat broad and enable the provinces a great deal of flexibility however it also creates a risk that programs and services will meet very minimal standards and not provide the best possible care for Canadians facing end-of-life. This four part project proposes to use a collaborative, consultative approach in developing a gold standard set of services and/or programs, for each of these four categories, that each province and territory will be presented with and encouraged to implement to ensure their citizens have access to quality hospice palliative care services. These findings will also be disseminated to Canadians to raise awareness of the importance of end-of-life care issues and help Canadians identify what necessary services need to be available to ensure accessible and comprehensive palliative care services available in the home and community setting. This project will be completed in the 2006-2007 fiscal year.

National Pediatric Hospice Palliative Care Norms of Practice

In the spring of 2006 the CHPCA completed a project with the Canadian Network of Palliative Care for Children (CNPCC) to complete a national consensus process to achieve agreement on draft norms of practice for pediatric hospice palliative care. The CHPCA would like to acknowledge the Pediatric Hospice Palliative Care Committee of British Columbia, B.C. Children’s Hospital, Canuck Place Children’s Hospice, and the Pediatric Hospice Palliative Care Standards Committee at the Hospital for Sick Children in Toronto who provided expertise in pediatric palliative care for this project. The project was

supported by a financial contribution from the Primary and Continuing Care Division, Health Care Policy Directorate, Health Canada through the Secretariat on Palliative and End-of-Life Care. The new Pediatric Hospice Palliative Care Norms of Practice can be downloaded free of charge from the CHPCA Marketplace.

International Hospice Palliative Care Issues

CHPCA continues to expand its involvement with international hospice palliative care issues. The International Cooperation committee has an active workplan which is available upon request.

In the fall of 2005 the CHPCA completed a project to create an Education and International Commons at the CHPCA Canadian Hospice Palliative Care Conference. The purpose of the Commons was to bring together Canadian educational and international projects and allow them a place to showcase their successes. Using a call for submissions, the CHPCA realized 50 poster presentations that were displayed in a special Commons area in the CHPCA conference exhibit hall. Poster presenters were on hand throughout the conference to answer questions about their project and to

network with other initiatives. The abstracts for each of the posters displayed in the Educational and International Commons have been entered into the Pallium Project’s Education Commons database and can be accessed through the CHPCA web site at www.chpca.net.

Currently, CHPCA is engaged in a twinning project with the African Palliative Care Association to create caregiver training resources to be used in five African Countries. This project is a multi-country project that will be engaged by the following Sub-Saharan African organizations: Kenya Hospice and Palliative Care Association (KHPCA); Palliative Care Association of Rwanda (PCAR); Palliative Care Association of Uganda (PCAU); Tanzania Palliative Care Association (TPCA); and Palliative Care Association of Zambia (PCAZ). Activities with these associations will be coordinated through the African Palliative Care Association (APCA), a pan-African organization whose mission is to promote and support affordable and culturally appropriate palliative care throughout Africa.

Home Support Workers Training Kit (2006)

In early 2006 the CHPCA completed a project to update the 1998 *Training Manual for Home Support Workers*. In the intervening years since the manual was first published there have been a number of substantial policy changes which have resulted in the need for the training manual to be re-developed. Two of the most significant changes were the publication of *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice (2002)*, and *A Caregiver’s Guide: A Handbook About End-of-Life Care (2005)*. The CHPCA has incorporated key

components from both these resources in the re-developed training manual.

To complete this project the CHPCA worked in collaboration with key stakeholders to create a national advisory committee. Members of the national advisory committee were solicited from a number of stakeholder groups including: the Canadian Home Care Association, spiritual advisors, previous members of the 1998 Training Manual Advisory Committee, and home support workers who have used the 1998 Training Manual in their community.

Evaluations of the manual were completed by both end-users as well as by the national advisory committee. The results were compiled and then reviewed by the advisory committee who determined the final content changes. The information in the revised version of the manual has been reviewed in three different iterations as the content was redeveloped. Also, based on the evaluation, significant changes have been made to the format of the document. This is based on evaluation results as well as first hand information from trainers who use the resource regularly with their students.

The 2006 Training Manual for Home Support Workers contains 14 modules, each of which is designed to be covered in approximately a 40-50 minute time period. Each module has 4 sections: 1. Facilitators Guide; 2. Facilitator Slides; 3. Participants Slides; and 4. Handouts. Each manual includes a printed version of the manual as well as a CD-Rom with each module in PDF format, with accompanying PowerPoint slides, as well as a DVD of the CHPCA video "Palliative Care: Facing the Fears, Making the Journey".

Please visit the CHPCA Marketplace (www.chpca.net/marketplace/) to obtain ordering information for this re-developed teaching resource.

The CHPCA would like to extend sincere thanks to the Pallium Project for the financial contribution that made this project possible.

External Organizations Liaison

HEALTH CHARITIES COALITION OF CANADA (HCCC)

Sharon Baxter, Executive Director of the CHPCA is a member of the steering committee of the HCCC. Please visit the website for the HCCC at <http://www.healthcharities.ca/> if you are interested in more information.

NATIONAL HOSPICE PALLIATIVE CARE ORGANIZATION (USA)

For the past two years Sharon Baxter, Executive Director of

the CHPCA has been a full member of the NHPCO Board of Directors as an international representative. NHPCO is a large well-funded organization and Ms. Baxter's membership on the Board has been a benefit to the CHPCA. It is interesting to note that the USA and Canada currently have many similar policy issues such as access to services; training; education and research. However, due to the diversity and differences in each country's health care delivery systems, the solutions chosen to address these issues will be quite different for each organization.



THE PALLIUM PROJECT

For the past number of years the CHPCA has worked in partnership with The Pallium Project. This has continued in 2005-2006. As part of this partnership, Sharon Baxter has participated in a number of regional sector development initiative workshops enabled by the Pallium Project. As well, the Pallium Project has provided financial assistance to the CHPCA for a number of CHPCA projects including: the re-development of the *Training Manual for Home Support Workers* (2006), and the development of *Applying A Model to Guide Hospice Palliative Care: An Essential Companion Toolkit for Planners, Policy Makers, Caregivers, Educators, Managers, Administrators and Researchers. To be used in conjunction with A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice (2005)*. As has been mentioned previously in this report, the CHPCA is also disseminating hospice palliative care resources developed by or through the support of the Pallium Project. The Pallium Project is also an associate member of the Quality End-of-Life Care Coalition of Canada.

WORLDWIDE PALLIATIVE CARE ALLIANCE (WPCA)

The CHPCA is an active member of the Worldwide Palliative Care Alliance. To date, the Alliance has gathered for two face-to-face meetings. The first meeting was in The Hague (2003) and the second meeting was in Seoul, Korea (2005). Sharon Baxter, Executive Director for the CHPCA is one of the co-chairs of the Advocacy Committee and as a result is also a member of the steering committee for the Alliance. The steering committee met in London, England in November 2005 with the goal of formalizing the Alliance to allow the international hospice palliative care community to work together in a more collective manner. Additional information about the work of the Alliance can be found on the Help the Hospices (UK) website at:

<http://www.helpthehospices.org.uk/index.asp>.

Prepared by Sharon Baxter, Executive Director

CHPCA Board Committees

The following Board Committees support the work of the CHPCA Board of Directors:

Executive Committee

Chair: Patricia Van Den Elzen

Organizational Development Committee

Chair: Gael Page

POLICY WORKING GROUP

Chair: Sharon Baxter

MEMBERSHIP WORKING GROUP

Chair: Larry Librach

BY-LAWS & NOMINATIONS WORKING GROUP

Chair: Gael Page

Finance Committee

Chair: Andrea Taylor

CHPCA Advisory Committees

The following Advisory Committees and Working Groups support the CHPCA Executive Director:

Communications Committee

Chair: Wendy Wainwright

HIV/AIDS Committee

Chair: Deborah Randall-Wood

Norms of Practice Committee

Chair: Frank Ferris

Family and Informal Caregivers Committee

Chair: Sharon Baxter

Fundraising Committee

Chair: Sharon Baxter

International Cooperation Committee

Chair: Bernard Lapointe

Volunteer Issues Committee

Co-chairs: Keith Conrad & Krista McMullin

Physician Assisted Dying Working Group

Chair: Sharon Baxter

Terms of Reference for each Committee and/or Working Group can be found on the CHPCA web site.

CHPCA Interest Groups

To support the continued development of hospice palliative care in Canada, and in recognition of the interdisciplinary nature of hospice palliative care, the CHPCA maintains the following Interest Groups:

Aboriginal Issues Group

Chair: Rosella Kinoshameg

Complementary/Integrative Therapies Group

Chair: Doreen Oneschuk

Rural and Remote Issues Group

Chair: Mary Lou Kelley

Pharmacists Group

Chair: Eve Sample

Social Workers/Counsellors Group

Chair: Wendy Wainwright

Volunteer Issues Group

Co-chairs: Jerry Rothstein

Canadian Network of Palliative Care for Children

Co-Chairs: Filomena Nalewajek & Mike Harlos

Long-term Care/Continuing Care Group

Chair: Janice Chobanuk

Nurses Group

Chair: Darlene Grantham

Physiotherapists Group

Chair: Janice Hagel

Spiritual Advisors Group

Chair: Joseph Chandrakanthan

Terms of Reference for the CHPCA Interest Groups can be found on the CHPCA web site.

As part of its commitment, CHPCA supports the Interest Groups in the following ways:

- Each Interest Group is given the opportunity to meet annually in conjunction with the CHPCA Annual General Meeting. The Interest Group meetings are coordinated through the CHPCA office. The agenda and operation of the meeting is coordinated by the chair of the Interest Group in cooperation with the CHPCA.
- Each Interest Group is provided with complimentary space on the CHPCA web site.
- The CHPCA hosts an electronic list serve for each Interest Group. The purpose of the list serves is to provide each Interest Group with an efficient means of communication and sharing of information with others who share their particular interest in hospice palliative care.
- Individuals interested in begin a part of an Interest Group should contact the CHPCA office at info@chpca.net.

2005 - 2006 Donors & Sponsors

As a national charitable organization the CHPCA relies on the generous support of its donors and sponsors. On behalf of the hospice palliative care community we serve, CHPCA would like to recognize and thank the following individuals and organizations for their support of the work of the Canadian Hospice Palliative Care Association:

Government Sponsorship

Health Canada
Human Resources Development Canada

Private Sector Sponsorship

PLATINUM SPONSOR (>\$10,000)

Alberta Cancer Board (Pallium Project)
Association of Faculties of Medicine of Canada
Bayshore Home Health
Canada's Research-Based Pharmaceuticals
The GlaxoSmithKline Foundation
Purdue Pharma

SILVER SPONSOR (<\$5,000)

Clockwork Communications
Financial Executives International
Home Instead Senior Care
Ipsos-ASI Ltd.

Public Donations

Ngaire Abernethy
Robin Berger
Louise Bois
Peter Borutskie
Robin Burnside
Frances Dey
Tina Epifano
Justine Farley
Syd Grant
Larry Librach
Ann Maloney
Lesley McKarney
Ann McKim
Gail Harne Mutton
Candace Myers
Gael Page
Jerry Rothstein
Leonard Stein
United Way of Greater Toronto
United Way of Greater Victoria
United Way Ottawa
United Way of Peel Region
John & Diane Van Zeeland
Wendy Wainwright

AUDITORS' REPORT

To the Board of Directors of
Canadian Hospice Palliative Care Association

We have audited the statement of financial position of Canadian Hospice Palliative Care Association as at March 31, 2006 and the statements of revenue and expenditure and changes in net assets for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In common with many charitable organizations, the Association derives revenue from donations, membership fees and conference, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the accounts of the Association and we were not able to determine whether any adjustments might be necessary to such revenues, net revenue (expenditure) for the year, assets and net assets.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of the revenue referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the Association as at March 31, 2006 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles. As required by the Canada Corporations Act, we report that in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

The previous year's figures have been reported on by other auditors.

McCay, Duff & Company LLP
Chartered Accountants

Ottawa, Ontario
May 23, 2006.

CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2006

	<u>2006</u>	<u>2005</u>
ASSETS		
CURRENT		
Cash	\$ 253,342	\$ 60,966
Investments	100,000	100,000
Accounts receivable	70,847	126,844
Accrued interest receivable	1,741	3,958
GST recoverable	8,133	10,572
Prepaid expenses	<u>15,564</u>	<u>1,938</u>
	449,627	304,278
CAPITAL	<u>1,503</u>	<u>5,155</u>
	<u><u>451,130</u></u>	<u><u>309,433</u></u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 40,244	\$ 28,983
Deferred revenue	<u>192,783</u>	<u>127,347</u>
	233,027	156,330
NET ASSETS		
OPERATING FUND	191,600	147,948
INVESTED IN CAPITAL ASSETS	1,503	5,155
CONFERENCE FUND	<u>25,000</u>	<u>-</u>
	<u>218,103</u>	<u>153,103</u>
	<u><u>\$ 451,130</u></u>	<u><u>\$ 309,433</u></u>

McCay, Duff & Company LLP
Chartered Accountant

CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION
STATEMENT OF REVENUE AND EXPENDITURE
MARCH 31, 2006

	<u>2006</u>	<u>2005</u>
REVENUE		
Advertising	\$ 2,808	\$ 500
Conference	89,046	-
Donations	171,849	177,307
Grants	388,689	371,794
Interest	3,510	7,667
Membership fees	49,351	52,793
Resource materials	44,544	15,667
Miscellaneous	<u>3,471</u>	<u>12,656</u>
	753,268	638,384
 EXPENDITURE		
Advertising and promotion	1,963	3,902
Amortization	3,652	5,102
Conference donations	-	10,000
Dues and subscriptions	3,253	1,420
Foreign exchange loss	-	374
Human resources	392,166	354,332
Insurance	4,204	5,339
Interest and bank charges	1,057	1,655
Meeting costs	15,728	11,296
Office supplies	14,830	13,602
Postage	38,153	21,818
Printing	64,674	43,914
Professional fees	5,116	5,006
Rent	24,356	23,807
Teleconferences	6,264	5,074
Telephone and facsimile	6,628	8,641
Training and professional development	505	3,382
Translation	59,463	48,088
Travel	71,028	78,144
Voluntary recognition and honoraria	<u>228</u>	<u>767</u>
	<u>713,268</u>	<u>645,663</u>
 NET REVENUE (EXPENDITURE) FOR THE YEAR	 <u><u>\$ 40,000</u></u>	 <u><u>\$ (7,279)</u></u>

McCay, Duff & Company LLP
Chartered Accountant