



**Canadian Hospice Palliative Care Association**

**Association canadienne de soins palliatifs**

# **Annual Report**

## **2007 - 2008**

## *Vision Statement*

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

## *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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Charitable Registration Number: 13760 4195 RR 0001

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## *National Office Staff*

Executive Director  
Office Manager  
Administrative Assistant  
Communications Officer  
Community Relations Developer & Conference Manager  
Administrative Assistant - National Conference  
Project Coordinator  
Finance Officer  
Web Weaver  
Administrative Assistant

Sharon Baxter  
Greg Adams  
Gillian Fernie  
AnnMarie Nielsen  
Tammie Winsor  
Michael Peterson  
Linda Truglia  
Sandie Lessard  
Ineke Van Zeeland  
Jennifer Kavanagh

The CHPCA as an organization has been blessed with an extremely stable workforce of nine highly keen, capable staff working hard on your behalf. This includes Greg Adams, Tammie Winsor, Michael Peterson, Linda Truglia, Jennifer Kavanagh, Gillian Fernie, AnnMarie Nielsen, and our contractors Sandie Lessard and Ineke Van Zeeland - they are listed above. I cannot say thank you enough to them for working so hard, for showing so much dedication to the Association's Vision and Mission, and just being such an interesting group to work with.

Thank you,



## *Board of Directors 2007-2008*

### *Executive Committee*

President - Dr. Larry Librach  
Past President - Patricia Van Den Elzen  
Vice President - Wendy Wainwright  
Treasurer - Andrea Taylor  
Member - Keith Conrad  
Member - Anne McKim

### *Provincial Members*

Alberta - Sarah Walker  
British Columbia - Carolyn Tayler  
Manitoba - Mabel Horton  
New Brunswick - Rev. Peter Somerville  
Newfoundland & Labrador - Laurie-Anne O'Brien  
Nova Scotia - Anne McKim  
Ontario (HAO) - Keith Conrad  
Ontario (OPCA) - Chris Sherwood  
Prince Edward Island - Mary Hughes  
Québec - Dr. Louis Roy  
Saskatchewan - Corinne Sandstrom

### *Members-at-Large*

Solange Lévesque (Montreal)



## 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 2007-2008 fiscal year and thanks those who made our work possible.

### *Partner Level (\$50,000+)*

Association of Faculties of Medicine Canada (AFMC)	The GlaxoSmithKline Foundation
Bayshore Home Health	Wyeth
Health Canada	

### *Dignity Level (\$10,000 - \$24,999)*

Bayer Health Care	Purdue Pharma
Canada's Research-Based Pharmaceutical Companies (Rx&D)	Sandoz
CIHR Institute of Cancer Research	sanofi aventis
Dignity Memorial	Valeant Canada Limited
Janssen-Ortho	We Care Home Health Services

### *Comfort Level (\$1001 - \$9999)*

Canadian Homecare Association	Hill-Rom Canada
Comcare Health Services	Human Resources and Skills Development Canada
Designated United Way Gifts	The Military and Hospitalier Order of Saint Lazarus of Jerusalem
Health Charities Coalition of Canada	mumms Software
Help the Hospices (United Kingdom)	San Diego Hospice

### *Support Level (Under \$1000 and In-Kind Contributions)*

Andrea Taylor	Dialogue Conference Interpreters	Laurence Motiuk	Sarah Walker
Ann McKim	Doris Gagne	Louis Bois	Sheri Sweetland
Barbara Ellert	Ethel North	Mary Hughes	Susan Epstein
Bev Foster - Room 217	Franciszka Maszszak	Michael Downing	Tara Addis
Candace Myers	Gael Page	Nancy and Fred Chipman	The Family Caregiver Newsmagazine
Carolyn Tayler	Heide Scucluna	New Edinburgh Square	The Pallium Project
Christopher Galea	Irene Arbour	Oulton Technologies Management	Turner and Porter Funeral Directors Ltd.
City of Ottawa	Jill Schnarr	Peter Steiner	Via Rail Canada
CMHC Atlantic Bus. Centre	John Gruen	Registered Nurses' Association of Ontario - Complementary Therapies Nurses' Interest Group	Walter Terentuik
Corinne Sandstrom	Justine Farley	S. Lawrence Librach	Wendy Wainwright
Deborah Cardillo	Keith Conrad		West Jet
	Kimberly-Clark Inc.		



# President's Report

## *"Crossing the Bridge to Knowledge and Sharing"*

The theme of this year's conference in Charlottetown embraces the basic bridging approach of the Canadian Hospice Palliative Care Association (CHPCA) as it strives to ensure access to quality end-of-life care for all Canadians. Our Strategic Plan emphasizes our goals of improved access to hospice palliative care, of enhancing programs and services, of continued advocacy and the development of public policy, of building a strong coalition between the CHPCA and provincial hospice palliative care associations, of strengthening the CHPCA through careful attention to our governance and sustainability, and of ensuring effective communication about the needs of dying Canadians and their families.

The CHPCA continues to bridge with various agencies and key individuals within the federal government. This has not been an easy task considering all the changes that have occurred in Health Canada and other departments. Sharon Baxter, our Executive Director, has been crucial in our efforts to inform government bureaucrats and politicians from all parties about the end-of-life care needs of Canadians.



*Dr. Larry Librach*

CHPCA is continually building bridges to other organizations. The Quality End-of-Life Care Coalition of Canada (QELCCC), a group of 30 organizations, of which CHPCA is a founding member, and continues to advocate for the best care possible. The recent report by the QELCCC, "Hospice Palliative Home Care in Canada: A Progress Report" underscores the importance of surveillance of what is happening across the country in sectors important to hospice palliative care. The report is interesting reading and is available via the QELCCC website ([www.qelccc.ca](http://www.qelccc.ca)).

This year the CHPCA has embarked on a process of building and in some cases rebuilding bridges with provincial hospice palliative care associations. We are close to signing important memoranda of understanding with these groups that will clarify and strengthen our relationships for mutual benefit. You as members represent the basic strength of CHPCA and of the provincial hospice palliative care associations. I want to thank you for your continued support and for the incredible work you do in our communities and institutions.

Bridges of communication are important for the CHPCA. The organization through its newsletters and e-mail communications tries to keep you, its members, informed about issues of importance to hospice palliative care. The national conference and an increasingly successful marketplace are also ways of keeping in touch with members. Special committees such as the Physician Assisted Dying Ad-hoc Committee prepare us for difficult challenges and clarify these issues for our members.

Bridges of funding need to be built and maintained to ensure the success of CHPCA. We have been very fortunate to receive financial contributions in support of our quest for quality end-of-life care. I want to take this opportunity to thank all of our supporters whose generosity ensures the success of our activities and projects. Please take the time to read through the full list of supporters found on page 2 of this report.

Finally, I have been privileged to work over the first year of my presidency with a dynamic and informed board of directors. They are all busy people but they have given extra effort to ensure the success of CHPCA. The staff of the CHPCA, particularly Sharon Baxter and Greg Adams, work extremely hard to ensure the success of the CHPCA. Like many of us, they share that commitment to making things better for dying Canadian and their families.

It has been a pleasure to work with such people and in such an organization.

Sincerely,

A handwritten signature in black ink that reads "Larry Librach".

Larry Librach MD  
President, CHPCA

# Annual Report 2007 - 2008

The Canadian Hospice Palliative Care Association (CHPCA) is pleased to provide you with highlights of the association's activities during the 2007-2008 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.

In keeping with our Strategic Plan, the CHPCA focused on the following key areas in 2007-2008:

- ◆ Advocacy and Public Policy
- ◆ Communication & Awareness
- ◆ National/Provincial Association Relationship
- ◆ Sustainability & Governance.



Sharon Baxter  
Executive Director

## *I Advocacy and Public Policy*

### **NATIONAL POLICY DEVELOPMENT FRAMEWORK**

Each year the CHPCA develops an advocacy strategy to address current health policy regarding hospice palliative care. In 2007-2008 CHPCA provided input to a number of national policy initiatives including meaningful engagement with existing federal health strategies and partnerships. CHPCA also contributed greatly to the development of the QELCCC progress report entitled "Hospice Palliative Home Care in Canada: A Progress Report". This initiative is described in more depth later in this report.

In 2007-2008 the CHPCA coordinated provincial advocacy/policy teleconferences with 9 of the 11 provincial hospice palliative care associations. The provincial hospice palliative care associations have continued to address policy and advocacy issues within their jurisdictions and have arranged meetings with their provincial/territorial governments where possible.

Nationally, the CHPCA continues to develop key messages and frameworks that advocate for a well-funded sustainable national strategy for hospice palliative care, as well as inclusion of hospice palliative care within existing national health strategies. To leverage our messages, the CHPCA has taken advantage of opportunities to meet with federal Members of Parliament and Senators.

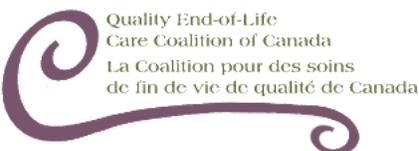
### **LIAISON AND LEADERSHIP TOWARDS THE DEVELOPMENT OF A NATIONAL STRATEGY FOR PALLIATIVE AND END-OF-LIFE CARE**

In 2007-2008 the division of Health Canada working on palliative and end-of-life care continued to exist within the bureaucratic structure while the actual National Strategy for Palliative and End-of-Life Care was terminated in March 2007. The federal government has a number of existing national health strategies and partnerships that CHPCA thinks should include hospice palliative care within their mandate. They include: the Canadian Partnership Against Cancer; Seniors - Healthy Living, Canadian Heart Health Strategy, National HIV/AIDS Strategy, National Aboriginal Health Strategy, National Diabetes Strategy, Chronic Disease Prevention and Management and others. In light of not having a stand alone national strategy for hospice palliative care, both the CHPCA and the QELCCC have taken a broader approach to influence many of these federal strategies and partnerships. CHPCA has continued to disseminate information from both Health Canada and the national health strategies and partnerships and will continue to be a visible presence with these and other initiatives to ensure that hospice palliative and end-of-life care issues are recognized, represented and where appropriate, included.

The CHPCA delivered an information kit to Members of Parliament and the Senate in the fall of 2007, and a second information kit in late April 2008 to coincide with National Hospice Palliative Care Week. The CHPCA also took advantage of opportunities to release a number of well-timed media releases that resulted in significant national, provincial and local media coverage.

An Election Strategy was developed in early 2008 based on broad consultation and is available on the CHPCA website or by contacting AnnMarie Nielsen, the CHPCA Communications Officer.

### **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).

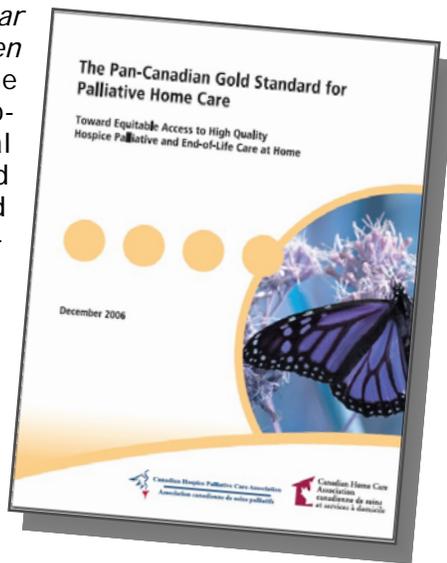
The QELCCC met in mid-January 2008 to develop the



2008 Workplan, which can be downloaded from the QELCCC web site. ([www.qelccc.ca](http://www.qelccc.ca)). Two key goals for the QELCCC in 2007-2008 were: 1) encouraging other national health strategies to include end-of-life care issues as part of their mandate, and 2) following up on the progress made on commitments to home palliative care services in the 2004 Health Accord, by federal, provincial and territorial ministries of health. The QELCCC Executive Committee and working committees continue to meet regularly via teleconference and e-mail throughout the year. The QELCCC mid-year report can be found on the QELCCC web site at: [www.qelccc.ca](http://www.qelccc.ca).

### **PAN-CANADIAN STANDARDS FOR HOME-BASED HOSPICE AND PALLIATIVE CARE**

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 would be required to report on their progress in making these programs and services available. In order to ensure that the provincial and territorial governments are held accountable, the CHCPA and the Canadian Home Care Association (CHCA) published *The Pan-Canadian Gold Standard for Palliative Home Care: Toward Equitable Access to High Quality Hospice Palliative and End-of-Life Care at Home* in the fall of 2006.



Following up on the *The Pan-Canadian Gold Standard for Palliative Home Care*, the CHCPA was pleased to work with the QELCCC to produce a national progress report entitled *Hospice Palliative Care in Canada: A Progress Report*. The report can be found on the QELCCC web site at [www.qelccc.ca](http://www.qelccc.ca). More details regarding the dissemination of this report will be provided in the next annual report from the CHPCA.

### **EDUCATING FUTURE PHYSICIANS IN PALLIATIVE AND END-OF-LIFE CARE (EFPPEC)**

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 of this project. As



the Local Teams continued their work to implement curriculum in palliative and end-of-life care at their universities, a variety of approaches and activities have continued to unfold.

The EFPPEC Project officially completed its mandate March 31, 2008. Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) strived to bring education in palliative and end-of-life care to all undergraduate medical students and clinical postgraduate trainees at Canada's seventeen Medical Schools so they would graduate with competencies in these areas by the year 2008.

EFPPEC was established in early 2004 as part of national efforts to address the crucial need for appropriate education and training for all health professionals who are involved in providing palliative and end-of-life care.

Over the course of the project, EFPPEC has:

- ◆ Supported the development of consensus-based palliative and end-of-life care common competencies for undergraduate trainees in medicine and postgraduate trainees in key clinical specialties (e.g., internal medicine, surgery, family medicine, critical care).
- ◆ Established a national project team to act as a resource to support palliative and end-of-life care education across the country.
- ◆ Developed a network of palliative and end-of-life care educators (champions/opinion leaders) across the country that have helped develop, implement and evaluate education programs in palliative and end-of-life care.
- ◆ Developed an interprofessional team at each university to identify the gaps and opportunities related to education in palliative and end-of-life care (at their university), develop a strategy to address the gaps and implement the strategy. These Local Teams have been vital to the success of the Project.
- ◆ Facilitated the introduction of curriculum based on common competencies for all undergraduate and clinical postgraduate trainees at each medical school.
- ◆ Encouraged the introduction of palliative and end-of-life care questions in licensing and certification exams.
- ◆ Held a series of Educational Symposia designed to provide an opportunity for participants from all

across Canada to share their ideas and information about curriculum development and educational research for physician education in palliative and end-of-life care.

- ◆ Organized a number of videoconferences as opportunities for Local Teams to network and learn more about each other's work.
- ◆ Developed an Advance Care Planning curriculum module, *Facilitating Advance Care Planning: An Interprofessional Educational Program*, which includes an accompanying Teacher's Guide
- ◆ Developed an online repository for educational resources in palliative and end-of-life care. Intended as a forum for sharing curriculum and teach programs.

All EFPPEC resources will be found in the Palliative Learning Commons [www.peolc-sp.ca](http://www.peolc-sp.ca). The website [www.efppec.ca](http://www.efppec.ca) will remain active for one year following the end date of the project. Future initiatives regarding interprofessional education and practice are ongoing with all disciplines.

#### ***INTERNATIONAL HOSPICE PALLIATIVE CARE ISSUES***

The CHPCA continues to devote time to international hospice palliative care issues and has an active International Cooperation Task Group that acts in an advisory capacity.

The CHPCA and the African Palliative Care Association (APCA) completed a twinning project in the spring of 2008 to develop caregiver training resources for men as primary caregivers. The training resources will be adapted and made available to a number of African Countries.

An international list serve, monitored by CHPCA, has been created in an effort to network CHPCA members and member organizations currently working internationally, or members interested in working internationally. Please contact CHPCA for more information ([info@chpca.net](mailto:info@chpca.net)).

#### ***EXTERNAL ORGANIZATIONS LIAISON***

##### ***A. 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.

Sharon Baxter, Executive Director of the CHPCA, has acted as Chair of the Steering Committee of the HCCC since the fall of 2006. As of March 2008 Sharon will continue to sit on the Steering Committee under the position of Past Chair until March 2009.

##### ***B. National Hospice Palliative Care Organization (NHPCO) (USA)***

For the past three years Sharon Baxter, Executive Director of the CHPCA has had the privilege of serving as an international representative and a full member of the NHPCO Board of Directors. The NHPCO is a large well-funded organization and Ms. Baxter's participation on the Board has been a benefit to both NHPCO and CHPCA. It is interesting to note that while the United States and Canada currently have many similar hospice palliative care policy issues such as access to services; training; education and research; due to the diversity of each country's health care delivery systems, the solutions chosen to address these issues are very different. Sharon completed her term on the NHPCO Board of Directors in December 2007.

**National Hospice and Palliative Care Organization**



##### ***C. The Pallium Project***

The CHPCA continues an ongoing working relationship with the Pallium Project. Phase II of the Pallium Project was completed in September 2006. The Pallium Project completed its stakeholder governance-mandated Phase III consultation in 2007-2008 which has demonstrated that there is continuing potential for the Pallium Project to serve as an agent of collaboration, innovation, knowledge development, and local quality improvement and change focused on creating new hospice palliative care capacity from within existing community systems. The Pallium Project is currently examining pathways to implement the results of its Phase III stakeholder consultation.



In 2007-2008, the Pallium Project continued a legacy management direction from Phase II in partnership with CHPCA, by continuing a standing inventory consignment agreement through its Project Sponsor, the Alberta Cancer Board. This partnership enables resources created by Health Canada's, one-time national Primary Health Care Transition Fund (PHCTF) investment in the Pallium Project to be accessible on an ongoing basis through the CHPCA Marketplace by use of a public-interest licensing model.

The Pallium Project continues to be an active member of the Quality End-of-Life Care Coalition of Canada with, Mr. Michael Aherne serving as current chair of the Education Committee.

##### ***D. Worldwide Palliative Care Alliance (WPCA)***

The CHPCA is pleased to be an active member of the Worldwide Palliative Care Alliance (WPCA). The Alliance continues to meet once or twice per year in an



worldwide palliative care alliance



effort to formalize its structure. Sharon Baxter, Executive Director for the CHPCA, serves as the chair of the WPCA Advocacy Committee and is also a member of the WPCA Steering Committee. Additional information about the work of the Alliance can be found on the Help the Hospices (UK) website at: [www.helpthehospices.org.uk/index.asp](http://www.helpthehospices.org.uk/index.asp).

## ASSOCIATION TASK GROUPS

### A. Canadian Network of Palliative Care for Children (CNPCC)

The Executive Committee of the CNPCC continues to be an active committee that meets by teleconference approximately every 8 weeks. The purpose of this committee is to:



- ◆ develop, coordinate and maintain a Canadian network for pediatric hospice palliative care;
- ◆ to collaborate on national and international activities and initiatives in the field of pediatric hospice palliative care, and to seek opportunities for partnerships; and,
- ◆ to assume a role of leadership in pediatric hospice palliative care and to advocate for the needs of children with life-threatening illness and their families.

Membership on the Executive Committee is comprised of individuals working in the area of pediatric hospice palliative care in a variety of settings, including free-standing hospices, acute care hospitals, long-term care facilities and the home. 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](http://www.cnpcc.ca). The CHPCA continues to look for funding to support the ongoing sustainability of the CNPCC web site.

In the fall of 2007 the CNPCC Executive Committee coordinated the annual meeting of the CNPCC Interest Group during the 2007 Canadian Hospice Palliative Care Conference in Toronto, Ontario, in partnership with the New Emerging Team *Transitions in Pediatric Palliative and End-of-Life Care* (PedPalNet). The joint meeting was a success and provided opportunity for PedPalNet to report on the progress of their project.

During the 2007 CNPCC Interest Group meeting the CHPCA and CNPCC had an opportunity to launch phase one of a project funded by Ronald McDonald House Charities. Phase one of the project enabled the launch of printed and CD-Rom copies of "*Pediatric Hospice Palliative Care: Guiding Principles and Norms of Practice*", originally published in 2006. Now available for purchase through the CHPCA Marketplace, this document provides pediatric hospice palliative care programs with nationally accepted norms of practice.

Phase two of this project enabled the translation, publication and dissemination (excluding the province of Quebec) of *Normes en matière de soins palliatifs pédiatriques*, published in 2006 by the *Ministère de la Santé et des Services sociaux* (MSSS). The first of its kind in Canada, the Quebec Standards of Practice for Pediatric Palliative Care are provincially accepted standards of care that can be a model for the rest of Canada. With the generous cooperation of the Ministère de la Santé et des Services sociaux this phase of the project is now complete and copies are available for purchase through the CHPCA Marketplace. (Note: The English translation of this document is not available in the province of Quebec.) The CHPCA greatly appreciates the financial support from Ronald McDonald House Charities to complete this project.

Be on the watch for exciting announcements regarding the launch of a Pediatric Resource Commons on the CHPCA and CNPCC web sites later in 2008.

### B. Fundraising Task Group

The CHPCA has hired a half-time Fundraising Coordinator who has been very successful in bringing new corporate sponsors to the association. The CHPCA continues to pursue new funding relationships specifically with foundations, corporations, government, and individual donors. Over the past year, funding continues to be secured from new corporate donors through sponsorship of the Canadian Hospice Palliative Care Conference, the National Hospice Palliative Care Week, and the Hike for Hospice Palliative Care. The CHPCA has been very pleased to be building upon a new relationship with Wyeth Pharmaceuticals over the past year as we have partnered on several innovative projects.

In an effort to reach individual donors, CHPCA continues to utilize Canada Helps, a national donation portal, as such individual donations continue to grow. CHPCA looks forward to continued growth in 2008-2009 through many of the new relationships fostered in 2007-2008 as well as through the many groups and individuals who have continued to support CHPCA over the years.

### C. Volunteer Issues Task Group

The CHPCA Volunteer Issues Task Group was active in 2007-2008 and held regular teleconferences. The purpose of the Volunteer Issues Task Group is to champion the volunteer component of hospice palliative care in Canada. The key responsibilities of the task group are to advise the CHPCA on issues related to the volunteer component; encourage research into all aspects of the volunteer component; articulate the critical value of continuing education for volunteers; and collaboration. Members of the task group have been active on the 2008 national conference Program Committee and continue to provide input and advice regarding the inclusion of volunteer issues within the overall conference program.



In 2007, the Volunteer Issues Task Group started to conduct the necessary work towards creating a national volunteer training manual that could be utilized in every province and territory. In the spring of 2008 the task group approved a workplan that includes a national survey entitled "Working Towards the Development of a Canadian Hospice Palliative Care Training Manual for Volunteers" slated for the summer of 2008. The survey results will help guide the development of the national training manual for volunteers. The project is ongoing with the expected launch of the National Volunteer Training Manual set for mid 2009.

#### ***D. Definition Task Group***

The CHPCA Definition Task Group (DTG) was created in October 2007 and has been meeting regularly by teleconference. The DTG is currently working on a discussion document to define the term "End-of-Life Care". A first draft has been completed, and revisions are currently in process. A second draft was completed in July 2008. The discussion document is being created to give a formal and universal definition of the term 'end-of-life care'. The document will discuss issues such as: what is 'end-of-life care?; how is it different than 'hospice palliative care?; the unpredictable nature of the progression towards death; the variety of personal needs at end-of-life; the focus of the health care system on prolonging and sustaining life; the transition point from active treatment to end-of-life care is not always clear; patient-centred care leads to a different way of defining end-of-life care; and essential communication at end-of-life. Members of the DTG will present a workshop at the 2008 Canadian Hospice Palliative Care Conference to test the definition and further refine it. The CHPCA anticipates presenting the discussion document to the CHPCA Board of Directors in the spring of 2009.

#### ***E. 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 CD-Rom version of the Model is available for purchase through the CHPCA on-line Marketplace. Complimentary copies of the Model can also be downloaded from the CHPCA web site.

In the fall of 2007 the CHPCA, in collaboration with Dr. Frank Ferris of San Diego Hospice, undertook a project to produce a research article, suitable for publication in a peer reviewed journal, on the impact of the Model on hospice palliative care practice and delivery both nationally and internationally. The first draft of the article has been completed and the task group expects to complete revisions to the document and submit it for publication during the 2008-2009 fiscal year.

## ***II Communication/Awareness***

### ***COMMUNICATION STRATEGY***

The Communication Strategy approved by the CHPCA Board of Directors in 2005 continued to guide the association's communications work throughout 2007. This strategy elaborates on the association's key messages, the environment we work in, and key activities and opportunities for policy change. The Communication Strategy is reviewed and revised annually in conjunction with the development of the association's annual Workplan. 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 level; and the Compassionate Care Benefit (CCB), for which the CHPCA continues to advocate for expansion. The CHPCA will continue to revise its focus and activities in response to relevant environmental changes. A renewed Communications Strategy for the Association will be developed in the 2008-2009 fiscal year.

### ***MEDIA AND PUBLIC RELATIONS***

Media interest was steady throughout 2007-2008, and the CHPCA accommodated a number of inquiries, and requests for comments and interviews, with the CHPCA President or Executive Director, or other field experts. Media sources expressing interest included daily and weekly newspapers, radio and television news and talk shows, and magazines. Media outreach activities resulted in local and provincial media coverage throughout Canada of advance care planning. To ensure effective media coverage of hospice palliative care issues in Canada, the CHPCA maintains an up-to-date media list of national and regional media outlets.

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 provincial and territorial governments regarding provincial health policy and continues to receive positive responses from all levels of government.



AVISO is the association's membership newsletter. Published in February, June and October in print and electronic formats, it offers information to the CHPCA membership regarding the state of hospice palliative care in Canada. 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



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 are pleased to report that more than 90% of the website content is mirrored in both languages on both sites. The CHPCA continues to maintain and update the information contained on the websites on a regular basis. A key resource found on the web site 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. Please visit our Advocacy and Public Policy section of our web site to download your copy.

As the website is a key repository of CHPCA documents, the CHPCA began the process in late 2007 of redesigning its website, to allow for faster retrieval of information, and a more streamlined approach to its organization. The newly redesigned website will be launched at the 2008 Canadian Hospice Palliative Care Conference.

### **MONTHLY INFORMATION UPDATES**

Monthly Updates are prepared and sent electronically to 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. In 2007-2008, the Monthly Updates were used to provide information about: new *Living Lessons*<sup>®</sup> resources; the CHPCA's presentation to the Senate Special Committee on Aging; changes to provincial government palliative care policies; EFPPEC project legacies; the Hike for Hospice Palliative Care and National Hospice Palliative Care Week; project updates; and the 2007 Canadian Hospice Palliative Care Conference. Currently the Monthly Update is sent to approximately 2,500 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](mailto:info@chpca.net).

### **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 more than 2,000 policy champions.

The Champion e-mail list was used a number of times in the 2007-2008 to provide information updates regarding key health care information included in the federal

budget, a report issued by the Canadian Institute of Health Information, and the September 2007 Speech from the Throne.

### **CHPCA MARKETPLACE**

The CHPCA staff worked in partnership with Oulton Technologies Management in the spring of 2007 to develop a new on-line Marketplace for the association. Located through the CHPCA home page ([www.chpca.net](http://www.chpca.net)) the Marketplace is the 'one-stop shop' for resources and products related to hospice palliative care. CHPCA continues to expand the Marketplace by including merchandise and other promotional items. In 2007 the CHPCA added new merchandise such as Ribbon Magnets, Water Bottles, Slippers and two new audio CD's from Room217. CHPCA has also added an information pamphlet for patients that discusses pain and symptom management issues related to opioid induced constipation. CHPCA resources available include items such as information brochures, training manuals, policy documents, research documents, and videos. As well, as a partner with The GlaxoSmithKline Foundation's *Living Lessons*<sup>®</sup> campaign, the CHPCA has been the clearinghouse for all materials related to the campaign since it was created in 1998. A new *Living Lessons*<sup>®</sup> Resource - "*Influencing Change - A Patient and Caregiver Advocacy Guide*" has been well accepted throughout the community and is currently available on the Marketplace. Third party resources offered through the Marketplace include:



- ◆ *A Guide for Caregivers: A Handbook About End-of-Life Care* (The Military and Hospitaller Order of Saint Lazarus of Jerusalem)
- ◆ Pallium Project resources including the "*LEAP Manual (Learning Essential Approaches to Palliative and End-of-Life Care)*" and the recently-published "*Developing a Spiritual Care Capacity for Hospice Palliative Care*"
- ◆ "*99 Common Questions (and more) About Hospice Palliative Care - A Nurses Handbook - 3rd Edition*" (Regional Palliative Care Program, Capital Health, Edmonton)
- ◆ Room217 Audio CDs including: "Spirit Wings", "Gentle Waters", "Celtic Whisperings" and "Hugs & Kisses"

Orders can be placed on-line with payment accepted by secure credit card (VISA and MasterCard) interface or by cheque. Resource prices are reviewed on an annual basis and remain value prices with discounts for current CHPCA members. The current marketing of resources and information sold by the CHPCA consists of a full-colour catalogue available for download from the Marketplace, various ads in AVISO (the CHPCA

membership newsletter), and mention of available resources in the CHPCA monthly office update e-mail. The CHPCA also distributes the Marketplace catalogue when the CHPCA exhibit booth is displayed at national and provincial conferences. The Marketplace items are also marketed through some provincial hospice palliative care association newsletters.

### **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 November 2007, *Living Lessons®* launched its newest resource, *Influencing Change: A Patient and Caregiver Advocacy Guide*. Patients and their caregivers often do not have the required skills in navigating health systems and advocating on behalf of the patient. *Influencing Change* provides crucial information about how the health care system functions and empowers patients and their caregivers to advocate for better access to programs and services.

In 2007-2008, the *Living Lessons®* Information Service responded to 4,923 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 in Canada and other countries; and Resources and information for bereaved caregivers, volunteers, family members and friends.

In 2007-2008, 94% of the requests were received from within Canada with 6% being international requests for information. The *Living Lessons® A Guide for Caregivers* continues to be the most requested *Living Lessons®* resource, followed by the *You Are Not Alone* brochures and a Media Training Toolkit.



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**

2007 marked the fifth annual Hike for Hospice Palliative Care across Canada. As in previous years, the slogan used for the 2007 Hike was '*Come Hike With Us!*'. The Hike is traditionally held the first Sunday in May and this year was no exception with the Hike occurring May 6<sup>th</sup>, 2007. Over 6,000 people participated representing 85 hospice palliative care organizations across Canada some of which had more than one hike site, bringing the number of hike sites up to 91. Most hike sites had an increase in funds as well as an increase in participants. This year marks an increase of \$160,000 nationally for a total of approximately \$836,000 surpassing last years total of \$675,000. To date, the 5<sup>th</sup> National Hike for Hospice Palliative Care has been the most successful Hike in raising funds for hospice palliative care.



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. Funds raised through the Hike can ensure that more Canadians receive the end-of-life care they wish for. Thanks to national sponsorship for national administrative costs, 100% of the funds raised in each community remain in that community. We sincerely thank all national sponsors for their commitment to this important event.

A project coordinator was hired for Hike for Hospice Palliative Care 2007 and worked on the project from December 2006 until June 2007. The Project Coordinator's responsibilities included coordination of all national components of the Hike including national advertising, web site development, administration, evaluation and analysis. The Project Coordinator was the primary point of contact between CHPCA and each host site. The 2008 Hike for Hospice Palliative Care will take place on Sunday, May 4<sup>th</sup>, 2008. A report of this event will be included in the 2008-2009 Annual Report.

### **NATIONAL HOSPICE PALLIATIVE CARE WEEK**

National Hospice Palliative Care Week, the CHPCA's annual awareness campaign, celebrates and shares the achievements and advancements of hospice palliative care throughout the nation. It is also educates Canadians about hospice palliative care and is a time to reflect on many of the challenges facing professional and family and informal caregivers.



The 2007 National Hospice Palliative Care Week took place from May 7<sup>th</sup> - 14<sup>th</sup>, 2007. This year marked the

second year of a three-year campaign to raise awareness of the importance of Advance Care Planning. Advance Care Planning is a process by which patients and health care professional(s) discuss a patient's wishes about their health care choices at the end-of-life. This year's theme was "*Advance Care Planning-Communicate with Your Health Care Provider*". The focus of this year's campaign was on the role of Primary Health Care Providers in end-of-life care planning. The Canadian Hospice Palliative Care Association created printed and electronic resources to reflect this theme. 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.

NHPCW information kits were mailed out at the end of March 2007 to over 500 Hospice Palliative Care programs and services that are listed on the CHCPA On-Line Directory of Services. The information kits included the following:

- ◆ National Posters
- ◆ Bookmarks
- ◆ Information Brochures
- ◆ Order sheets for National Hospice Palliative Care resources
- ◆ A list of electronic resources specifically developed for NHPCW.

A National Press Release was disseminated on April 26<sup>th</sup>, 2007 through Canada Newswire for NHPCW. Several bilingual resources were also created to promote NHPCW in collaboration with the National Advisory Committee. A complete list of resources is available in the 2007 final report available on the NHPCW website.

A Project Coordinator was hired from December 2006 to June 2007 for the National Hospice Palliative Care Week project. The 2008 National Hospice Palliative Care Week will take place from May 3<sup>rd</sup> - 10<sup>th</sup>, 2008. A detailed report of this event will be included in the 2008-2009 Annual Report. We sincerely thank all national sponsors for their commitment to this important event.



**2007 CANADIAN HOSPICE PALLIATIVE CARE CONFERENCE**  
From November 4 - 7, 2007 more than 900 physicians, nurses, administrators, social workers, therapists, pastoral care providers academics, volunteers and students descended upon Toronto Ontario, Canada and

into the Westin Harbour Castle Hotel to take part in the 2007 Canadian Hospice Palliative Care conference: *Hospice Palliative Care: At a Crossroads*.

To co-ordinate the planning of this event, the Canadian Hospice Palliative Care Association hired a conference team to manage the pre-planning, onsite management and fundraising for the 2007 conference. A Planning Committee - a partnership with the Hospice Association of Ontario (HAO) and the Ontario Palliative Care Association (OPCA) oversaw the planning of the conference.

A National Program Committee was created to coordinate and maintain a balanced, nationally-minded topic focus throughout the conference. Workshop streams included: Research, Clinical Practice, Advocacy and Leadership, Education, International Issues, Programs and Partnerships and Volunteer Issues. After a rigorous abstract review process, the program committee selected 59 workshops, 84 oral presentations and 101 poster presentations which made up the diverse conference program.

The national conference featured four plenary sessions covering the following topics: *Finding Meaning at the End of Life; Hospice Palliative Care: Past, Present, and Future; Interprofessional Educational Best Practices;* and, *Hospice Palliative Care as a Human Right*.

In a further attempt to bring more value to the conference program, the Program Committee created and introduced the Challenge Panel. Three Challenge Panels occurred concurrently on both Monday and Tuesday morning following the plenary sessions. During each Challenge Panel, three experts entered into a dialogue regarding a key issue in hospice palliative care, providing the audience with the opportunity to challenge their own thinking related to the following topics: *The Changing Health Care System: Issues and Challenges in Providing Quality End of Life Care; Suffering: Ours or Theirs; Pandemic Planning: The Role of Hospice Palliative Care?; Improving Performance and Care Across Sectors; Continuity of Care: How Volunteers Can be Instrumental in Helping the Patient and Family Navigate Across Care Settings;* and, *Physician Assisted Dying: A Look at the Issues*.

The conference team developed and maintained various levels of sponsorship to help offset the cost of running this national event. It also created and sold space within an exhibit hall, which acted as a networking/refreshment area for conference participants. We sincerely thank all national sponsors for their commitment to this important event.

With an eye to the future, the conference team worked with a network designer, to develop a web site and on-line registration system. All conference registrants were required to register on-line, helping the CHPCA to streamline and manage conference communication and

related logistics. The conference team attempted to attract new participants from outside the current hospice palliative care community by advertising within various Health, NGO and Education based websites, newsletters and other communiqués.

#### ***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 530 hospice palliative care programs and services in Canada. Semi-annual reminders are sent to all organizations registered with the directory to ensure that information is current and up-to-date. The CHPCA continues to look for strategies to register as many programs and services as possible with the directory.

In 2007 the CHPCA continued to utilize the On-Line Directory as its main distribution list to disseminate complimentary resources and materials related to national campaigns such as National Hospice Palliative Care Week. Programs and services not registered with the On-Line Directory of Hospice Palliative Care Programs and Services can register at:

[http://www.chpca.net/canadian\\_directory\\_of\\_services.htm](http://www.chpca.net/canadian_directory_of_services.htm).

#### ***CHPCA INTEREST GROUPS***

The CHPCA Interest Groups create an opportunity for individuals working or volunteering in hospice palliative care to dialogue and network with other individuals in the same discipline or area of work.

The CHPCA currently coordinates eleven (11) Interest Groups: Aboriginal Issues; Canadian Network of Palliative Care for Children; Complimentary/Integrative Therapies; Long-Term Care/Continuing Care; Nurses; Pharmacists; Physiotherapists; Rural and Remote Issues; Social Workers/Counsellors; Spiritual Advisors; and Volunteers. Each Interest Group operates with Terms of Reference that are reviewed annually.

The CHPCA Interest Groups meet annually in conjunction with the CHPCA Annual Conference to engage in discussions of current issues related to their Interest Group. The CHPCA assists with the coordination of these meetings by providing complimentary meeting space and limited administrative support. Interest Groups are encouraged to record the proceedings of their meetings for posting on the CHPCA web site as a record of the event. Through their annual discussion, the Interest Groups provide information and feedback to the CHPCA that assists with the development of the association's Workplan.

In addition to annual meetings, the CHPCA coordinates a national List Serve for each Interest Group. By invitation only, the List Serves provide a year-long communication network for the members of the various groups.

The CHPCA Interest Groups utilize the CHPCA Newsletter (AVISO), CHPCA Web Sites and the CHPCA Monthly Update list to communicate with CHPCA membership. The CHPCA also maintains pages on its Web Sites for the use of the CHPCA Interest Groups.

### ***III National/Provincial Association Relationship***

This key 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 from their Board to sit as a member of the CHPCA Board of Directors. It is the responsibility of each CHPCA 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 their provincial counterpart and the national president when appropriate. This service assists inter-provincial dialogue.

In early 2007 CHPCA struck a Working Group to work on a Memorandum of Understanding (MOU) between CHPCA and each of the provincial hospice palliative care associations to ensure all organizations are moving towards a common strategy for hospice palliative care in Canada. CHPCA and the provincial associations continue to work in partnership towards a signed MOU.

The President and Executive Director of CHPCA, when invited have met with a number of provincial Board of Directors during the year to discuss workplans and synergies.

### ***IV Sustainability & 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 tele-conference. When the Board is not in session, the CHPCA Executive Committee is charged with conducting the business of the association and meets regularly via tele-conference. In November 2007 the Board of Directors

hosted the association's Annual General Meeting in Toronto, Ontario in conjunction with the Canadian Hospice Palliative Care Conference. The Board of Directors is also responsible for the preparation of the Annual Report and the Audited Statements for the CHPCA. The Board of Directors have received ongoing education regarding their roles and responsibilities and have developed a substantial orientation protocol for new Board members.

In keeping with the CHPCA governance model, the Board of Directors now has 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. Terms of Reference for each committee are reviewed annually.

#### **AWARDS COMMITTEE**

In 2007 the responsibility for oversight of the CHPCA annual recognition award was transferred to a new Awards Committee. The mandate of the Awards Committee, a sub-committee of the Board of Directors, is to manage the nomination process, selection criteria and selection procedures for the annual selection of Award recipients. The sub-committee oversees the following awards:

- ◆ Award of Excellence - a peer-nominated award
- ◆ Champion Award - selected by the Board of Directors
- ◆ Leadership Award - selected by the Board of Directors
- ◆ Media Award - an association award selected by the Executive Director in consultation with the Board of Directors.

#### **A. Award of Excellence - Dr. Bernard Lapointe (Montreal)**

Dr. Bernard Lapointe has been recognized by his peers as an outstanding Canadian who exemplifies a personal and professional commitment to the field of hospice palliative care in Canada. Dr. Lapointe is currently Director of the Palliative Care Division of Montréal's Jewish General Hospital (MJH). Under his leadership, the MJH Palliative Care Division was the first North American centre designated as an integrated oncology-palliative care centre by the European Society for Medical Oncology (ESMO). Dr. Lapointe's other achievements have been no less impressive, and have ranged from local to international levels. In Montreal, he worked with a



*Dr. Bernard Lapointe*

group of physicians in the mid 1980's to establish an HIV/AIDS *Clinique médicale l'Actuel* where he worked until 1996, devoting his efforts specifically to pain management and hospice palliative care. While maintaining a part-time practice at the *Clinique médicale l'Actuel*, Dr. Lapointe was appointed *Chef du Bureau des services de soutien et de santé au Centre fédéral sur le sida*. In this capacity, he was particularly active in the development of a Canada-wide community and end-of-life life care network for persons with HIV/AIDS. He was involved with the community group *SIDA aide Montréal* (CSAM) and was especially active in coordinating volunteer training. He was also instrumental in the creation of the Joel Gregory Foundation, which directly supports access to psychotherapists for patients with HIV/AIDS. From 1985 to 1989, as a lecturer and author of a number of articles, he provided continuing medical training for Quebec physicians in psychological support and end-of-life needs for persons with HIV/AIDS. He further contributed to medical training in the position of associate clinical professor at McGill University, where he assumed responsibility for pre-doctoral teaching in palliative medicine (1996-1998). In 2003, Dr. Lapointe was a recipient of the Golden Jubilee Medal from Her Majesty the Queen for his contribution to the cause of hospice palliative care in Canada. Dr. Lapointe's achievements have made a difference in the quality of life for patients and their families facing a life threatening illness, and have positively impacted the hospice palliative care movement in Canada. The CHPCA congratulates Dr. Lapointe as a recipient of the Award of Excellence.

#### **B. Leadership Award - Ms. June Callwood (awarded posthumously)**

The legacy of June Callwood's work and social activism has not been forgotten by the hospice palliative care community in Canada. For many years June Callwood was recognized as a renowned author, social activist, mentor and leader. She contributed to the founding of many social programs, not least of which was Casey House, a free-standing AIDS hospice in Toronto. In the midst of the HIV epidemic in Toronto, June recognized the need for better end-of-life care for those dying of AIDS. In 1988, she founded Casey House Hospice, the first AIDS Hospice in Canada, and one of the first in the world. In founding Casey House, she used her skills to bring together government, AIDS community organizations, patients and families, philanthropists, hospitals and health care professionals. The CHPCA Board of Directors recognizes her vision and leadership within the hospice palliative care community in Canada.



*June Callwood*

### **C. Champion Award - Dr. David Roy**

A champion in the field of hospice palliative care in Canada, Dr. David Roy has been recognized by the CHPCA Board of Directors for his contribution to hospice palliative care in Canada. A Research Professor in the Faculty of Medicine at Université de Montréal, Dr. Roy is the founder and director of the Centre for Bioethics at the Clinical Research Institute of Montreal. He is also founder, director and coordinator of the Quebec Research Network in Clinical Ethics, and Editor-in-Chief of "The Journal of Palliative Care." Dr. Roy is an international leader in the ethics of palliative care who has been forceful in identifying the need for a global ethic on palliative care.



*Dr. David Roy*

### **D. Media Award - Zone3 Inc.**

Zone3 Inc., a Quebec-based production company, has developed an excellent three-part documentary series entitled *Le dernier match de la vie*, that examined how death is addressed in the province of Quebec. Hosted by M. Claude Charron, the documentary series explores the many settings of death, including hospitals, private homes and palliative care centers. This excellent documentary series introduced the viewing audience to Quebecers who have been touched by death and who have traveled the final journey along the path of life, as a patient or as a caregiver or family member. On behalf of the hospice palliative care community, the CHPCA recognizes the exceptional contribution of Zone3 Inc. towards raising awareness of the importance of quality hospice palliative care services.

### **ORGANIZATIONAL DEVELOPMENT COMMITTEE**

The Organizational Development Committee 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
- ◆ Policy Sub-Committee
- ◆ Nomination/By-Laws Sub-Committee

#### **A. Federal/Provincial Sub-Committee**

The Federal/Provincial Sub-Committee is charged with work related to the relationship between the CHPCA and each of the provincial hospice palliative care associations, including membership relations, and development of a Memorandum of Understanding with provincial hospice palliative care associations.

#### **B. Policy Sub-Committee**

The Policy Sub-Committee is charged with the development and review of internal board policies, association policies, position statements and public documents. Recommended changes or amendments to current policies are presented to the Board of Directors for ratification. The Policy Sub-Committee oversees the annual perpetual calendar ensuring that current policies are reviewed and affirmed on a regular basis.

#### **C. Nominations/By-Laws Sub-Committee**

The Nominations/By-Laws Sub-Committee is charged with: overseeing the nomination process for Members-at-Large to the Board of Directors, elected by the general membership during the Annual General Meeting; as well as the annual review of the association's By-Laws, and recommends updates or modifications of the By-Laws to the Annual General Meeting for discussion and decision.

### **EUTHANASIA AND PHYSICIAN ASSISTED DYING AD-HOC COMMITTEE**

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. This Task Group was comprised of CHPCA Board members with a keen interest in these issues. To facilitate the process, the CHPCA engaged a professional researcher/writer to assist with the development of the discussion document.

The Task Group held detailed discussions regarding the role of an organization such as the CHPCA in the overall discussion and debate of this issue. The Task Group, and ultimately the CHPCA Board of Directors, agreed that CHPCA should position itself as an educational and informational resource. It was agreed that when Canadians are faced with this issue, either in Parliament or in a national referendum, it is paramount that all Canadians are provided with broad-based information that enables them to make the best decision possible.

As a result, CHPCA choose not create a formal position statement on this issue. A key factor in this decision is the diverse background and opinion represented by the 3,000 members of the association. It became clear early on in the discussion that a national survey of members would garner many diverse and passionate opinions and that the CHPCA as an association would not be able to reach consensus on a specific position statement on this issue.

In January 2007 the CHPCA Board of Directors released its *Physician Assisted Dying (PAD) Issues Document*. The document is available through the Public Policy and Advocacy section of the CHPCA web site. In the spring of 2007 the association developed a Question and Answer document to address and communicate the key issues from the discussion document. The Question and Answer document is available on request from the CHPCA

Communication Officer. (info@chpca.net)

CHPCA has engaged in a considerable amount of media contact regarding this issue and continues to seek out opportunities to discuss this issue, including a challenge panel at the 2007 Canadian Hospice Palliative Care Conference in November 2007.

Member organizations have requested a discussion document to assist them in engaging their own members and colleagues in discussions. CHPCA worked on that document for much of 2007 and released in the spring of 2008. We encourage our members to use it to further this important discussion.

In the spring of 2008 the Task Group became an Ad-hoc Committee of the Board of Directors. The CHPCA is working towards an updated issues document that is expected to be published in the spring of 2009. Please visit the CHPCA website for more information.



## *CHPCA Board Committees*

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

### *Executive Committee*

Chair: Dr. Larry Librach

### *Organizational Development Committee*

Chair: Patricia Van Den Elzen

#### *Policy Sub-Committee*

Chair: Ann McKim

#### *Federal/Provincial Sub-Committee*

Chair: Dr. Larry Librach

#### *By-Laws & Nominations Sub-Committee*

Chair: Patricia Van Den Elzen

### *Finance Committee*

Chair: Andrea Taylor

### *Awards Committee*

Chair: Sarah Walker

### *Physician Assisted Dying Ad-hoc Committee*

Chair: Dr. Larry Librach

## *CHPCA Task Groups*

The following Task Groups and Working Groups support the CHPCA Executive Director:

### *Advance Care Planning Task Group*

Chair: Sharon Baxter

### *Canadian Network of Palliative Care for Children (CNPCC)*

Co-Chairs: Filomena Nalewajak & Dr. Mike Harlos

### *Definition Task Group*

Chair: Sharon Baxter

### *Education Task Group*

Chair: Sharon Baxter

### *Family and Informal Caregivers Task Group*

Chair: Sharon Baxter

### *Fundraising 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

### *Volunteer Issues Task Group*

Co-chairs: Keith Conrad & Krista McMullin

Additional information about each Task Group can be found on the CHPCA website.

## *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

### *Canadian Network of Palliative Care for Children*

Co-Chairs: Filomena Nalewajak & Dr. Mike Harlos

### *Complementary/Integrative Therapies Group*

Chair: Christine Gross

### *Long-term Care/Continuing Care Group*

Chair: Graeme Bethune

### *Rural and Remote Issues Group*

Chair: Dr. Mary Lou Kelley

### *Nurses Group*

Chair: Rose De Angelis

### *Pharmacists Group*

Chair: Eve Sample

### *Physiotherapists Group*

Chair: vacant

### *Social Workers/Counsellors Group*

Chair: Wendy Wainwright

### *Spiritual Advisors Group*

Chair: The Rev. Dr. Joseph Chandrakanthan

### *Volunteer Issues Group*

Chair: Jerry Rothstein

Terms of Reference for the CHPCA Interest Groups can be found on the CHPCA website. Individuals interested in being a part of an Interest Group should contact the CHPCA office at [info@chpca.net](mailto:info@chpca.net).



*CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION  
STATEMENT OF FINANCIAL POSITION  
MARCH 31, 2008*

	2008	2007
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash	\$ 251,036	\$ 213,644
Investments	353,947	101,917
Accounts receivable	84,695	46,491
GST recoverable	-	13,909
Prepaid expenses	<u>63,926</u>	<u>95,741</u>
	753,604	471,702
<b>CAPITAL</b>	<u>-</u>	<u>612</u>
	<u><u>753,604</u></u>	<u><u>472,314</u></u>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 70,728	\$ 65,809
GST payable	1,452	-
Deferred revenue	<u>478,674</u>	<u>204,280</u>
	550,854	270,089
<b>NET ASSETS</b>		
<b>OPERATING FUND</b>	202,750	176,613
<b>INVESTED IN CAPITAL ASSETS</b>	-	612
<b>CONFERENCE FUND</b>	<u>-</u>	<u>25,000</u>
	<u>202,750</u>	<u>202,225</u>
	<u><u>\$ 753,604</u></u>	<u><u>\$ 472,314</u></u>

McCay, Duff & Company LLP  
Chartered Accountant

**CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION**  
**STATEMENT OF REVENUE AND EXPENDITURE**  
**MARCH 31, 2008**

	2008	2007
<b>REVENUE</b>		
Advertising	\$ 3,200	\$ 4,690
Conference	568,254	-
Donations	226,710	300,555
Grants	168,130	176,197
Interest	6,400	3,147
Membership fees	45,582	51,114
Resource materials	44,629	36,939
Miscellaneous	<u>10,204</u>	<u>9,626</u>
	1,073,109	582,268
 <b>EXPENDITURE</b>		
Advertising and promotion	15,772	2,314
Amortization	613	891
Contracted services	142,335	3,940
Dues and subscriptions	1,900	2,951
Facility rental	95,266	-
Human resources	432,513	331,037
Insurance	4,246	4,031
Interest and bank charges	10,495	1,517
Meeting costs	5,062	1,193
Office supplies	25,501	15,970
Postage	24,919	22,911
Printing	77,954	60,858
Professional fees	4,956	4,841
Rent	27,194	23,392
Teleconferences	3,744	7,942
Telephone and facsimile	9,014	7,264
Training and professional development	1,527	2,332
Translation	78,138	42,527
Travel	111,193	61,650
Voluntary recognition and honoraria	<u>242</u>	<u>585</u>
	<u>1,072,584</u>	<u>598,146</u>
 <b>NET REVENUE (EXPENDITURE) FOR THE YEAR</b>	 <b>\$ <u>525</u></b>	 <b>\$ <u>(15,878)</u></b>

McCay, Duff & Company LLP  
Chartered Accountant