



ALBERTA
CANCER
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Alberta Cancer Board
PALLIATIVE CARE NETWORK INITIATIVE

2002 – 2003

ANNUAL REPORT

Values

The Palliative Care Network Initiative (PCNI) is committed to the core values of hospice palliative care (Ferris et al., 2002):

- V1. *The intrinsic value of each person as an autonomous and unique individual.*
- V2. *The value of life, the natural process of death, and the fact that both provide the opportunities for personal growth and self-actualization.*
- V3. *The need to address patients' and families' suffering, expectations, needs, hopes and fears.*
- V4. *Care is only provided when the patient and/or family is prepared to accept it.*
- V5. *Care is guided by the quality of life as defined by the individual.*
- V6. *Caregivers enter into a therapeutic relationship with patients and families based on dignity and integrity.*
- V7. *A unified response to suffering strengthens communities.*

Definition of Hospice Palliative Care

Hospice palliative care aims to relieve suffering and improving the quality of life for persons who are living with or dying from a life-threatening illness or are bereaved (Ferris et al., 2002).

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1. Introduction

The Palliative Care Network Initiative (PCNI) is a provincial program funded by the Alberta Cancer Foundation (ACF). The Alberta Cancer Board (ACB) Medical Affairs and Community Oncology (MACO) Division oversees the initiative. The PCNI was implemented in 1998. In August 2001, the PCNI Coordinator position became vacant which impacted the continuity of the initiative's activities. A delay in filling the position followed due to a hiring freeze in the ACB. In June 2002, the vacancy was filled and the PCNI resumed its activities. This annual report was prepared under the leadership of a newly appointed PCNI Team. It reflects the work accomplished within the framework of a transition work plan presented in Appendix A.

PCNI Team

<i>Dr. José Pereira</i>	<i>Medical Advisor</i>
Marie-Josée Paquin	Provincial Coordinator
Chris Orton	Program Assistant

2. Goals of the PCNI

As an ACB initiative, the PCNI reflects the organization's vision and mission (Alberta Cancer Board, 2002):

Vision: *excellence in cancer control*

Mission: *reduce the burden of cancer through prevention, screening, diagnosis, treatment, palliation, education, and research*

As a provincial player, the role of the PCNI is aligned with the Alberta Health *Palliative Care Policy Framework* (Alberta Health, 1993). Each regional health authority (RHA) is to determine the specific palliative services and programs that will be provided in its region. While palliative care services are within the mandate of the regional health authorities, the PCNI works in collaboration with them to help optimize palliative care in the province. Since 1998 the program goals are as follows:

- ◆ To ensure that all regions share a common language in the design of their palliative care programs.
- ◆ To work in conjunction with regional programs to develop regional palliative care standards of practice.

- ◆ To support the development of coordinated and comprehensive or seamless palliative services delivery consisting of local support with links to tertiary care centres.

3. Strategies

When resuming its activities for 2002/2003, the PCNI team identified the following 8 strategic areas: outreach, palliative capacity building, collaboration, quality of care, public education and awareness, education for health care providers, PCNI planning, and communications. The realizations related to these 8 strategic areas are described below. A full copy of the PCNI detailed work plan or any other documents cited in this report are available by contacting the PCNI office at mariej@cancerboard.ab.ca

A. Outreach

Alberta has a well-established palliative care community representing all sectors: health, education, research, and voluntary (Figure 1). Because over time there is considerable turnover in organizations, the key objective for 2002/2003 was to build/strengthen the network of hospice palliative care practitioners by identifying who they were and where they can be reached. As of March 31, 2003, the PCNI had 270 members listed in its database representing all health regions and all disciplines, including volunteers.

Initially, it was envisioned that hospice palliative care practitioners would complete a “PCNI Membership Form” and a thank you letter would be returned to the “new member” explaining the “raison d’être” of the PCNI and the resources available. Between June 2002 and March 2003, 43 people completed the form. Over time it became clear that such forms and the follow-up process was irrelevant. It has been more efficient to build the database by collecting business cards when meeting/networking with people or by entering information from people ordering the *Alberta Palliative Care Resource* (Pereira & Bruera, 2001).

The “membership list” is used by the PCNI as a master document for linking members between each other according to their needs and expectations. It is also used for sharing information related to hospice palliative care updates/events to email users through an undisclosed list. Email users seem to appreciate such information by often replying with a thank you note.

Figure 1: The Palliative Care Community

Health		Education	Research	Voluntary
Provincial	Regional			
<ul style="list-style-type: none"> • Alberta Health & Wellness • Alberta Cancer Board - Palliative Care Network Initiative (PCNI) - Cross Cancer Institute - Tom Baker Cancer Centre 	<ul style="list-style-type: none"> • Acute care • Home Care • Hospice • Long Term Care • Respite Care • Bereavement • Pediatric Palliative Care 	<ul style="list-style-type: none"> • Pallium • Centre for Distance Learning in Palliative Care • PCAA & PCNI Train-the-trainer Workshop • Tertiary Program Annual Conference (Spring:Calgary, Fall:Edmonton) • Rural Palliative Care Conference • Grant MacEwan College • University of Alberta • University of Calgary 	<ul style="list-style-type: none"> • Palliative Care Research Initiative • University of Alberta • University of Calgary • Alberta Heritage Foundation for Medical Research 	<ul style="list-style-type: none"> • Palliative Care Association of Alberta (PCAA) • Palliative Care Council or Society (Rural) • Calgary Hospice Society • Pilgrim's Society • Red Deer Hospice Society • Canadian Cancer Society AB/NWT

B. Palliative Capacity Building

Palliative capacity building is a core strategy for ensuring equitable access to hospice palliative care across Alberta. Since its implementation the PCNI has been instrumental in assisting regional health authorities (RHAs) with the development/enhancement of their hospice palliative care programs/services. This was concretized through the use of tools such as a glossary of terms, a six-step approach for the development of programs and a matrix for documenting their strengths and gaps. These PCNI tools were developed based on the Canadian Hospice Palliative Care Association (CHPCA) Standards of Practice (Canadian Palliative Care Association, 1995).

In 2002, the CHPCA published its *Model to Guide Hospice Palliative Care Based on National Principles and Norms of Practice* (Ferris et al., 2002). The CHPCA Model proposes the use of “norms” rather than “standards” of practice to ensure that all Canadians have access to consistent, high quality care that can relieve suffering and improve quality of life. There are two main aspects of the CHPCA Model to guide hospice palliative care: 1) the delivery of patient and family care and 2) the development and function of an organization. The interrelationship between patient and family care and organizational function is illustrated by the integrated “Square of Care and Organization” (Figure 2).

Figure 2: The CHPCA Square of Care and Organization

		Process of Providing Care						Governance & Administration	Principal Functions
		Assessment	Information Sharing	Decision-making	Care Planning	Care Delivery	Confirmation		
Common Issues	Disease Management							Planning Operations Quality Management Communications, Marketing	
	Physical								
	Psychological								
	Social								
	Spiritual								
	Practical								
	End of life/ Death Management								
	Loss, Grief								
		Financial	Human	Informational	Physical	Community	Resources		

It was important for the PCNI to develop the capacity of the RHAs to provide access to hospice palliative care aligned with the 2002 CHPCA Model. The PCNI ensures that each RHA had a copy of the CHPCA Model. Also, the PCNI partnered with the Palliative Care Association of Alberta (PCAA) for further disseminating the model by providing a train-the-trainer workshop. Through funding from the Alberta Cancer Foundation, two train-the-trainer workshops were offered to palliative care practitioners across the province (Calgary: March 12, 2003 & Edmonton: March 14, 2003). Participants had an opportunity to attend the workshop for free and be reimbursed for their travel expenses. A total of 35 palliative care practitioners representing most of the health regions (RHAs 1, 3, 4, 5, 9, 10, 12, 13, & 16), the Tom Baker Cancer Centre, the Cross Cancer Institute, the University of Calgary (Faculty of Nursing), and the Grant MacEwan College were trained. Table 1 reflects the participants' satisfaction regarding the workshop (34/35 participants completed the evaluation form). Most of the participants rated the workshop "good". All had positive comments about the day.

The PCNI, in collaboration with the PCAA, developed a training and resource manual entitled *Applying the Canadian Hospice Palliative Care Association Model to Guide Patient and Family Care in Alberta* (Paquin & Vallée, 2003) to support trainers in the delivery of workshops in their own region. Each participant received a copy of the manual at the workshop. In 2002/2003, one evaluation form was returned regarding the manual. It was found to be relevant, clearly written and well organized. In 2003/2004, a follow-up survey will capture further outcomes of the train-the-trainer initiative.

Table 1: Evaluation of the Train-the-Trainer Workshops (N=34)

Questions	Answers (Frequency)		
	"Good"	"Ok"	"Bad"
How would you rate today's workshop?	33	1	-
Did you learn anything new today?	33	1	-
How well was the information presented?	33	1	-

Palliative capacity building also relates to any form of consultation services or information exchange that the PCNI can provide to the RHAs or cancer clinics through telephone, email or face to face meeting. These services are documented in the form of progress notes for each RHA. Table 2 highlights the number of interventions with RHAs.

Table 2: PCNI Interventions with Regional Health Authorities

	Frequency <i>Number of interventions (telephone, email or face to face meeting)</i>	Percent
RHAs		
Chinook Health Region	40	10%
Palliser Health Region	27	7%
Headwaters Health Region	37	10%
Calgary Health Region	47	12%
Health Region 5	26	7%
David Thompson Health Region	20	5%
East Central Health Region	20	5%
Crossroads Health Region	14	4%
Capital Health Region	29	7%
Aspen Health Region	15	4%
Lakeland Health Region	21	5%
Mistahia Health Region	23	6%
Peace Health Region	26	7%
Keeweenok Lakes Health Region	14	4%
Northern Lights Health Region	25	6%
Northwestern Health Region	4	1%
Total # of Interventions	388	100%

In 2002/2003, the PCNI Coordinator re-initiated contact with all health regions, including the pediatric palliative care programs (Calgary & Edmonton). Through these contacts, the PCNI Coordinator became involved in regional palliative care committees (member for RHA4 and ad hoc member for RHAs 3, 13 & 16).

While some interventions were specific to some RHAs (see information under Collaboration and Quality of Care) others were common to all. For example, in December 2002 the PCNI Coordinator explored the possibility of applying for funding through the Alberta Health & Wellness Primary Health Care Capacity-Building Fund. The idea behind the proposal was to ensure that all staff with the new Provincial Health Link could provide information to callers related to palliative care programs/services/resources available in their region when needed. All RHAs were supportive of such proposal. Key representatives from the Provincial Health Link agreed to integrate the palliative care information in the Provincial Health Link database through their current funding. In 2003/2004, the PCNI, in collaboration with RHAs, will facilitate the process for sharing the information and building the database.

The PCNI also developed two information sheets distributed to key palliative care contacts across the province: *Data on Cancer Deaths* and *How Can We Define Rural Palliative Care?* The *Data on Cancer Deaths* details mortality figures per health regions in Alberta. Projections for 2003, 2004, 2005, 2006 and 2016 are included. The information is found to be useful for the preparation of RHAs' business plan.

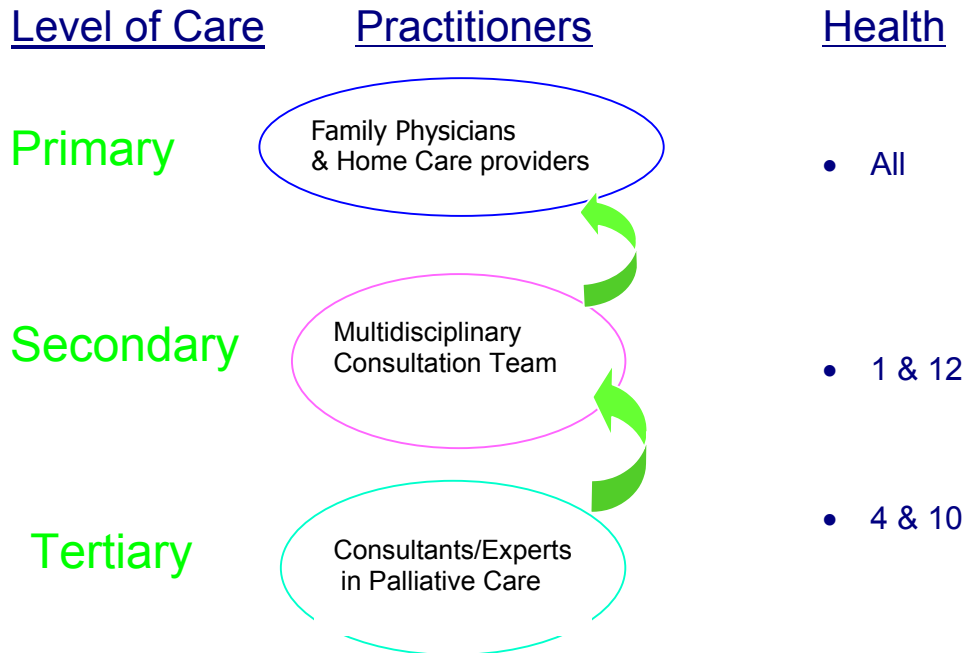
At the outset of resuming its activities, the PCNI identified the need for documenting/mapping out information related to palliative care programs/services in the province. In October 2002, a survey form was developed applying the CHPCA Model. The objectives defined for conducting the survey were:

- ◆ To assess the status and challenges of palliative care service provision by the health regions in Alberta.
- ◆ To draw a provincial map of palliative care programs/services in Alberta.
- ◆ To examine the needs of the health regions for developing/enhancing their palliative care programs/services.
- ◆ To develop the PCNI membership list.

In November 2002, the form was pilot tested with key informants in three rural (3) health regions in southern Alberta (RHAs 1, 2 & 3). The form was edited based on suggestions made by the key informants. Further modifications were done to ensure that all questions allow completion of the CHPCA Integrated Square of Care and Organization (i.e., resources, functions and common issues). Province-wide key informant interviews (face-to-face or telephone) were conducted between December 2002 and February 2003. The information was completed or partially completed for 10/17 health regions. Through this process it was possible to categorize the levels of palliative care in the province as illustrated in Figure 3. Due to the change in health region boundaries effective April 1, 2003 it was not possible to complete the survey and write a final status report by March 31, 2003. Palliative care leaders and Alberta Health

& Wellness stressed the importance of pursuing this work in the near future. It will allow documentation of baseline data for the province.

Figure 3: Models of Care in Alberta



Like the rest of Canada, the delivery of hospice palliative care in Alberta is based upon the primary care model, with the desire for the majority of care for palliative patients/families to be provided by Family Physicians and Registered Nurses in their community/health region. Primary care practitioners require a certain level of skill and comfort to provide quality hospice palliative care. Therefore, a team with expertise in hospice palliative care (secondary level), who is able to provide consultation, mentoring and support to primary care practitioners in every settings (acute care, long-term care, home, and hospice) where patients/families receive care is crucial to the delivery of quality palliative care. Such teams were in place in RHAs 1 & 12. Unfortunately with the change in the health region boundaries effective April 1, 2003, the Regional Lakeland Palliative Care Program (RHA 12) was dismantled on March 31, 2003.

At the tertiary level of hospice palliative care, experts provide consultations to secondary experts and primary care practitioners on difficult-to-manage cases. They educate/train secondary and tertiary experts conduct research and develop best practice guidelines. RHAs 4 & 10 have implemented this model of excellence since 1995/1996.

Finally, another aspect of palliative capacity building includes consultative/information services that the PCNI provides to organizations external to RHAs and cancer clinics (e.g., university, not-for-profit organizations, community organizations, etc.). For

2002/2003, a total number of 58 interventions were documented in the PCNI consultation log.

C. Collaboration

Between April 2000 and October 2002, funding from the Alberta Health & Wellness Health Innovation Fund (HIF) provided the support for the development of a formal referral process at the Tom Baker Cancer Centre (TBCC) to aid in the transition of palliative patients back to the community where they live. The implementation of a Palliative Care Clinical Nurse Specialist (PCCNS) position was the key strategy for facilitating such process. Throughout the funding period, the PCNI Coordinator acted as the Project Director in collaboration with the Program Director for Palliative Care in the Chinook Health Region (Co-Sponsor). Between June 2002 and March 2003, the main realizations for this project were as follows:

- ◆ Implementation and completion of Phase 3 of the evaluation (PCCNS Database, survey questionnaire to patients and families, recruitment of a research assistant, development of a process for access to TBCC patient health records, and coordination of focus groups)
- ◆ Quarterly Status and Financial Reports to Alberta Health & Wellness (July 31, 2002 & October 29, 2002)
- ◆ Contract agreement with the external evaluator regarding the use of patient information data provided by Alberta Health & Wellness as per the *Health Information Act*
- ◆ Draft project report in consultation with the HIF Advisory Group (Final project report due to Alberta Health & Wellness May 1, 2003)

Collaborative work between the PCNI and all cancer clinics in the province are essential to facilitate seamless transition for palliative patients living with cancer to regional palliative care programs/services and community resources. Between 1998-2001, the focus of interventions for the PCNI was the tertiary cancer centres. Between June 2002 and March 2003, PCNI established contacts with the Associate Cancer Clinics (Grande Prairie, Lethbridge and Medicine Hat). Since January 2003, the PCNI Coordinator attends all Advisory Committee meetings planned for the Community Cancer Clinics. Overall, a total of 45 interventions (telephone, email, and meetings) occurred between the 17 cancer clinics and the PCNI. Such number was obtained by reviewing the progress notes documented for each cancer clinic.

D. Quality of Care

In 2001, the PCNI committed to participate into the development and implementation of the telehomecare project entitled *Pilot study of success measures for "video-visits" in palliative homecare* (Hebert, 2002a), pending funding. In 2002/2003, through funding from the Alberta Cancer Board Palliative Care Research Initiative, the PCNI led a working group involving 2 health regions (RHAs 1 & 4) and the Health Telematics Unit

(University of Calgary) for the development of a draft nursing guideline. The main activities for this project were as follows:

- ◆ Preparation of a Questions and Answers Sheet: *Practice Guidelines for Video-visits in Palliative Homecare*
- ◆ Pilot Study Committee Meeting: September 16, 2002
- ◆ Working Group Meetings: October 30, 2002 (Calgary) & January 9, 2003 (Lethbridge)
- ◆ Development and approval of terms of reference
- ◆ Development of a work plan
- ◆ Tracking of documentation via a documentation checklist
- ◆ Design of a nursing guideline development process
- ◆ Literature & Internet search
- ◆ Summary report of the literature review
- ◆ Template in-kind contribution and documentation
- ◆ Abstract for CHPCA Conference, Quebec City, Quebec, June 2003
- ◆ Abstract for Registered Nurses Association of Ontario 2nd Biennial International Conference on Nursing Best Practice Guidelines, Markham, Ontario, June 2003
- ◆ Development of a framework for conducting nursing “video-visits” in palliative home care
- ◆ Writing of the draft nursing guideline

The draft nursing guideline addresses the role of the nurse in conducting video-visits in palliative home care. The video-visits will often reach adult patients and families living in rural areas. The Working Group felt it was important that the guideline focuses primarily on the expectations and needs of palliative patients and their families, rather than the technology of telehomecare.

In preparing the draft nursing guideline, the Working Group developed a framework for conducting nursing video-visits in palliative home care (Figure 4). The framework combines key components of the CHPCA Model (Ferris et al., 2002), hospice palliative care nursing standards (CHPCA Nursing Standards Committee, 2002), and recommendations from the Canadian Nurses Association regarding the role of the nurse in telepractice (Canadian Nurses Association, 2001).

Figure 4: Framework for Conducting Nursing “Video-visits” in Palliative Home Care

CHPCA “Square of Care”

<p>Common Issues in Hospice Palliative Care:</p> <ul style="list-style-type: none"> ▪ Disease management ▪ Physical ▪ Psychosocial ▪ Social ▪ Spiritual ▪ Practical ▪ End of life/Death management ▪ Loss & grief 	<p>Process of Providing Hospice Palliative Care:</p> <ul style="list-style-type: none"> ▪ Assessment ▪ Information sharing ▪ Decision-making ▪ Care planning ▪ Care delivery ▪ Confirmation
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CHPCA Nursing Standards

<ul style="list-style-type: none"> ▪ Valuing ▪ Connecting ▪ Empowering 	<ul style="list-style-type: none"> ▪ Doing for ▪ Finding meaning ▪ Preserving integrity
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CNA Role of the Nurse in Telepractice

Nurse-patient relationships	Competencies	Locus of accountability	Security, confidentiality & privacy	Informed consent & patient choice	Professional practice environments
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Key Elements

<ul style="list-style-type: none"> ▪ Pre-existing relationship 	<ul style="list-style-type: none"> ▪ Nurse Patient/Family 	<ul style="list-style-type: none"> ▪ Nurse 	<ul style="list-style-type: none"> ▪ “Secure” Visit ▪ Documentation ▪ Technology Security 	<ul style="list-style-type: none"> ▪ Options: face-to-face, video-visit, telephone ▪ Consent reflects patient choice 	<ul style="list-style-type: none"> ▪ Policies ▪ Protocols ▪ Outcomes
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The pilot study and the draft nursing guideline were developed to prepare for a multi-method study of the effectiveness of video-visits in palliative home care (Hebert, 2002b). The PCNI linked the Health Telematics Unit with palliative care leaders in rural Alberta (RHAs 1, 3, 4, 6, 7, & 12) to request letter of support and their participation in the multi-method study. The 3-year, nationally funded, multi-method study will begin in April 2003. Its objectives are to:

- compare symptom management for patients receiving traditional palliative home care visits with those receiving a combination of video-visits and traditional palliative home care visits;

- compare costs of health care service utilization for both groups; and
- explore satisfaction with using the technology in the home.

E. Public Education and Awareness

In September 2002, the PCNI team held an introductory meeting with representatives from the Canadian Cancer Society Alberta/N.W.T. Division to engage the Society in integrating palliative care information within their public education mandate.

F. Education for Health Care Providers

In 2002/2003, the PCNI continued its involvement with the Pallium project by participating on the Advisory Group as an Ex-Officio Member and keeping the PCNI members informed about its future development. The PCNI was also involved in the planning of the ACB Cancer Care Conference 2003 (June 6, 2003) and facilitated the tenure of an End-of-Life weekend course for participants attending Cancer Care 2003.

At the regional level, the PCNI was invited to participate in the planning of the Calgary Health Region 5th Annual Palliative Care Education Day (June 10, 2003). The PCNI provided linkage between the organizers and the TBCC for accessing funding from the Dr. Peter Geggie Memorial’s Fund.

Finally, since November 2002, the PCNI Coordinator participates in monthly meeting for the planning of the CHPCA/PCAA conference to be held in Edmonton in September 2005. Over 1,5000 participants from across Canada are expected to attend.

G. Strategic Planning

In this area, the PCNI developed and implemented a strategic planning process to help determining where the initiative will be going over the next year or more. The first step was the implementation of a PCNI Advisory Group (Table 3).

Table 3: PCNI Advisory Group

<i>Dr. José Pereira</i>	<i>PCNI Medical Advisor</i>
Marie-Josée Paquin	PCNI Provincial Coordinator
Carleen Brenneis	Palliative Care Leader, Capital Health Region
Pam Brown	Palliative Care Leader, Calgary Health Region
Yvonne Gaudet	Canadian Cancer Society Alberta & NWT
Nancy Guebert	CHPCA/PCAA Conference (Edmonton 2005)

Dennie Hycha	Palliative Care Leader, David Thompson Health Region
Andrea Taylor	Palliative Care Leader, Headwaters Health Region
Chantal Vallée	Palliative Care Association of Alberta
Dr. Rob Wedel	Palliative Care Leader, Chinook Health Region
Ad Hoc Members	
Shelley Currie	ACB Psychosocial Oncology Initiative
Dr. Anthony Fields	Vice-President, ACB Medical Affairs and Community Oncology
Patti Taschuk	RHA Liaison Officer, ACB Medical Affairs and Community Oncology

The main purpose of the Advisory Group is to provide direction into the strategic and business planning of the PCNI. The group also addresses priorities to help optimize equitable access to quality palliative care by people living with cancer in Alberta. The group met via teleconference (January 16 & 24, 2003) and at a strategic planning workshop held February 21, 2003. A background document *Looking Back; Moving Forward* (Paquin & Pereira, 2003) was prepared at the outset of the strategic planning day to guide discussion. The main objectives for the strategic planning day were:

- ◆ To review the contribution of PCNI to palliative care in Alberta.
- ◆ To briefly 'take stock' of the current situation in Alberta & Canada.
- ◆ To provide input to PCNI to help design an effective role through which to make a valued contribution to palliative care in the province.

The highlights for the day were (Birdsell, 2003):

- ◆ Health regions value the role of the PCNI to date and the activities they have enabled.
- ◆ The time is right to move boldly and assertively to improve palliative care services for all Albertans.
- ◆ The Alberta Cancer Board is committed to inclusion of palliative care as an integral component of the full spectrum of cancer control, for which it has responsibility for coordination. It needs to give this message unequivocally to its partners in this effort. Establishing palliative care as a component of cancer centres may be one way to help to do this.
- ◆ Until another structure exists, the PCNI should act as the champion for palliative care development within the ACB.
- ◆ There are fundamental differences, which need to be considered when planning palliative care services for families outside major urban areas. Palliative care services to Albertans living in remote and rural settings warrants special attention in the immediate future.
- ◆ The four things which the PCNI could do which would make an important contribution to moving the palliative care system forward in the province include:
 - ◆ Establish a 'palliative care leaders group' in the province.
 - ◆ Work collaboratively to develop and implement models of care based on national norms to provide services in rural and remote areas.
 - ◆ Work collaboratively to develop research projects focused on remote and rural delivery and/ or team based interdisciplinary care.
 - ◆ Work in collaboration with Pallium to ensure continuing education opportunities for rural and remote settings and primary care providers.

H. Communications

The PCNI reviewed its materials (brochure, letterhead, order form, and evaluation form) in accordance with the ACB Visual Identity Policy and the CHPCA Model. Since the initiative is funded by the Alberta Cancer Foundation (ACF), it was decided that the ACF logo would be used on all the materials distributed by the PCNI.

In fall 2002, the PCNI became listed on the CHPCA Directory of Services. It provides an opportunity to profile the initiative nationally and to receive information from people using the directory for communicating critical palliative care information. For example, the PCNI received the most updated information related to the debate on Bill C206 (compassionate leave for caregivers) in the House of Commons via this channel of communication and was able to pass it on promptly to the PCNI membership list.

The *Alberta Palliative Care Resource* (Pereira & Bruera, 2001) remains a key clinical resource for palliative care practitioners (Figure 5).

Figure 5: Alberta Palliative Care Resource



Demand for the 2nd edition of the *Alberta Palliative Care Resource* continues to be high. A total of 2,874 copies were distributed for free to health care providers in Alberta, and an additional 626 were sent out-of-province, on a cost-recovery basis. Alternatively, people from out-of-province can download the resource at no charges on the web site <http://www.albertapalliative.net>. Table 4 outlines the distribution of the *Alberta Palliative Care Resource* per health regions and cancer clinics in Alberta.

Table 4: 2002/2003 Distribution of the Alberta Palliative Care Resource in the Province (N=2,874)

	<i>Frequency</i>	<i>Percent</i>
RHAs		
Chinook Health Region	66	2.3%
Palliser Health Region	99	3.4%
Headwaters Health Region	163	5.7%
Calgary Health Region	1278	44.5%
Health Region 5	290	10.1%
David Thompson Health Region	36	1.3%
East Central Health Region	2	0.1%
Westview Health Region	11	0.4%
Crossroads Health Region	11	0.4%
Capital Health Region	496	17.3%
Aspen Health Region	3	0.1%
Lakeland Health Region	78	2.7%
Mistahia Health Region	45	1.6%
Peace Health Region	26	0.9%
Keeweenok Lakes Health Region	9	0.3%
Northern Lights Health Region	31	1.0%
Northwestern Health Region	33	1.1%

Cancer Clinics		
Community Cancer Clinics	4	0.1%
Cross Cancer Institute	61	2.1%
Tom Baker Cancer Centre	132	4.6%
Total	2,874	100%

4. Alberta Cancer Control Action Plan

In June 2002, the PCNI Coordinator attended the Alberta Cancer Control Planning Forum. Then, the Coordinator co-chaired the provincial “Rebalance Focus” Working Group. The group provided guidance for developing the draft *Alberta Cancer Control Action Plan* (Alberta Cancer Board, 2003) and more specifically the priority #3 entitled *Integration and Access to Psychosocial, Supportive, Rehabilitative, and Palliative Care*.

5. Governance

The PCNI is also involved on an ongoing basis in multiple ACB Committees such as the Alberta Coordinating Council for Cancer Control, the Alberta Cancer Control Initiative, the Telehealth Steering Committee, and the Psychosocial Oncology Initiative Steering Committee. These Committees are an excellent venue for voicing the needs of palliative patients/families living with or affected by a cancer diagnosis.

6. Conclusion

This past year was both exciting and somewhat challenging. There is no doubt that the demand for hospice palliative care will continue to rise. Alberta is in a particularly strong position to lead the way for offering cancer patients and their family members a truly integrated health care system.

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APPENDIX A
PCNI Transition Work Plan
June 10, 2002- March 31, 2003

