



Canadian
Cancer
Society



Analyzing Hospice Palliative Care Across Canada

A report on federal, provincial, territorial and community actions

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Executive summary

Many people in Canada experience challenges in accessing palliative care when and where they need it early enough in their illness trajectory to get the support they need. These challenges have been further exacerbated by the disruptions caused by the COVID-19 pandemic on policy priorities, programs and services related to hospice palliative care in Canada. As such, the Canadian Cancer Society (CCS) made it a priority to understand the state of palliative care across the country including progress made, enablers, barriers and gaps in care.

To do so, CCS surveyed all provinces and territories, 4 departments of the federal government and 13 community organizations on the state of palliative care. Quebec and Manitoba are the only two provinces that did not take part in the survey. The survey aimed to provide an update on the findings published in 2017 by the Canadian Hospice Palliative Care Association as part of The Way Forward Initiative.

The following report details the state of palliative care in each surveyed jurisdiction. The report also includes the number of hospice beds in each province and territory. Based on the findings, CCS has provided a response discussing the ways governments can address the existing gaps and barriers identified in the report.

The report uncovered several gaps in palliative care fairly consistent across all jurisdictions:

- From what we were able to determine, **Canada still lacks the capacity to consistently deliver palliative care in the community, particularly in hospice.** While best practices identified by the Auditor General of Ontario and others would suggest that Canada should have 7 hospice beds per 100,000 people, by our count, as of May 31, 2022, **Canada only has 3.97 hospice beds per 100,000 people.** Only British Columbia and Yukon exceed the 7 beds per 100,000 people target.
- All jurisdictions noted that more could be done to improve **culturally safe palliative care, including grief and bereavement.**
- The pandemic clearly demonstrated the need for **palliative care across more settings** than in hospitals. Ongoing efforts to ensure access to programs and services in primary care, hospice, home care, long-term care, retirement homes and other community settings need to remain a priority.
- **Health human resources are stretched,** and the pandemic added additional pressures, including redeploying providers to manage COVID-19. There is an urgent need to address gaps in health human resources across the country.

The report also details key actions needed to improve access to quality palliative care:

- There is unanimous support for an **awareness campaign targeted to the public and healthcare providers**. It is widely felt that there are still significant societal barriers talking about death and dying, and even confusion about the benefits of palliative care throughout a disease trajectory and not just at the end of life.
- Ongoing efforts to **continue to build the competence and confidence of more healthcare professionals** to provide palliative care across settings through training and skills development would enhance access for individuals and their families.
- Some jurisdictions are using **performance measures and indicators** to assess the impact of palliative care and to guide improvements needed. Their experiences could inform the broader collection and use of data by other jurisdictions to better measure what is working and what more could be done to enhance access to palliative care.

CCS intends to use the findings of the report to better understand how we can ensure any individual with a life-limiting or life-threatening illness can access high-quality palliative care early and throughout their disease trajectory, where they want and need it. Equally important is to ensure grief and bereavement supports are available for all who provide care up to and at the end of life. The findings of this report will inform the work of CCS's Don Green Palliative Care Advocacy Team to ensure that everyone in Canada has access to high-quality, culturally safer, affordable palliative care, regardless of where they live or in what setting they choose to receive care.

Acknowledgements

The Canadian Cancer Society (CCS) is grateful to the Canadian Hospice Palliative Care Association for undertaking the first report in 2017 on how far the palliative approach to care had been advanced by provincial and territorial governments and national health stakeholders. This report followed a three-year investment by the Government of Canada to create an initiative called *The Way Forward: An Integrated Palliative Approach to Care*. *The Way Forward* was intended as a catalyst for action by raising awareness and understanding of a palliative approach to care.

CCS thanks the federal, provincial and territorial governments for input through an online survey and review of an initial draft of the report. Additionally, CCS recognizes the national stakeholders of the Quality End-of-Life Care Coalition of Canada and provincial hospice palliative care associations for completing the survey so this report could capture the critical contributions of the community to accessible high-quality palliative care for individuals and their families.

Federal Government Department Respondents

Correctional Services Canada
Department of National Defence, Canadian Forces Health Services, Primary Care
Health Canada
Indigenous Services Canada, First Nations and Inuit Health Branch

Provincial and Territorial Government Respondents¹

Alberta	Northwest Territories	Prince Edward Island
British Columbia	Nova Scotia	Quebec
New Brunswick	Nunavut	Saskatchewan
Newfoundland and Labrador	Ontario	Yukon

The CCS national advocacy team provided significant support in the development of the report and will be fully engaged in identifying opportunities to improve equitable access to hospice palliative care for everyone in Canada.

Project leadership and guidance by Sharon Baxter and Daniel Nowoselski, with the supervision of Helena Sonea and Kelly Masotti. Outreach assistance was provided by Charles Aruliah, Angeline Webb, Hillary Buchan-Terrell, David Raynaud, Kelly Wilson Cull, Heather Mulligan, and Lana Randell and technical assistance was provided by Rudy Valentim. The report was prepared by Leanne Clarke.

¹ Note: Despite numerous outreach efforts, the Government of Manitoba did not provide a response. The Government of Quebec opted not to provide a response.

Background

Canadian Cancer Society and the Don Green Palliative Care Advocacy Team

The Canadian Cancer Society recognizes that facing a life-limiting illness like cancer, especially in relation to pain and suffering, can cause great concern and severe hardship for people. CCS's efforts remain focused on ensuring people with cancer have access to the information and support services they need.

Thanks to generous funding from the Don and Shirley Green Family Charitable Foundation, the Don Green Palliative Care Advocacy Team was established in 2021. The goals of this strategic initiative are to improve access to, and the quality of, palliative care, and to improve supports for people with cancer and their families. Through this initiative, palliative care must be equitably accessible for everyone in Canada, whether they are a person with cancer, heart disease, diabetes, Alzheimer's, aging, frailty or experiencing any other life-limiting illness.

Purpose of this report

Frameworks for palliative care exist in several jurisdictions across Canada, including one established by the federal government. Funding and delivery of programs and services are provided by multiple levels of government and by community organizations. These organizations augment federal, provincial/territorial, regional and local programs thanks to the tireless work of community leaders, staff and volunteers who aim to help everyone in Canada benefit from palliative care. However, many people still experience challenges in accessing the palliative care support they need. As such, it was seen as a priority by CCS to understand what was happening across the country following a previous report in 2017 that captured how far the palliative approach to care had been advanced by provincial and territorial governments and national health stakeholders.

With the launch of Health Canada's 2018 Framework on Palliative Care in Canada and a 2019 Health Canada Action Plan on Palliative Care, CCS identified the need for an update to the previous report and launched a 2022 survey to capture hospice palliative care progress, enablers and barriers, and gaps to be addressed. This document will also be a useful input to the obligation of the federal government to report back on its progress in implementing the framework in December 2023. There is still time to build on the work currently underway to improve access to palliative care across a variety of healthcare settings.

Impact of COVID-19 on hospice palliative care

It is important to understand the impact of the COVID-19 pandemic on policy priorities, programs and services related to hospice palliative care. The pandemic placed a significant burden on health human resources across the country, leading to widespread burnout and stress, a doubling of vacancies in the healthcare sector, and an intention to leave current roles or retire early.² Too many people died in isolation and alone, isolated from their families, whether from COVID-19 or other illnesses. Cancellation of non-essential surgeries and fear of the virus in clinical settings meant seeking care was often deferred and delayed. The impact and isolation of COVID-19 deaths in hospitals and long-term care homes led to significant demand for home care. With already limited and strained resources, the pre-existing gaps were further exacerbated across home and community care settings.³ The devastating impact of the pandemic on these individuals and their families must inform not only the provision of care but also the need for grief and bereavement programs and supports now and into the future.

Report methodology and format

An online survey available in English and French was sent by CCS to the following groups:

- All provincial and territorial governments
- Federal government departments including Health Canada, Correctional Services Canada, Department of National Defence, Indigenous Services Canada, and Veterans Affairs
- Community organizations including Quality End-of-Life Care Coalition of Canada (QELCCC) members and provincial hospice palliative care associations

The survey was completed by 12 jurisdictions, including 9 provinces and 3 territories, 4 departments of the federal government, and 13 community organizations. The provincial government in Quebec sent a letter indicating it would not participate in the survey. After several outreach efforts, there was no response from the government of Manitoba.

In late 2017, Parliament passed the Framework on Palliative Care in Canada Act, with all-party support. Following pan-Canadian consultation, the Government of Canada released the [Framework on Palliative Care in Canada](#) in 2018, followed by an [Action Plan on Palliative Care](#) in 2019. CCS recognizes the federal government's priority on palliative care and has used the goals and actions to assess the progress by all jurisdictions against the Action Plan in this 2022 report.

² Experiences of health care workers during the COVID-19 pandemic, September to November 2021. Statistics Canada. June 3, 2022. <https://www150.statcan.gc.ca/n1/daily-quotidien/220603/dq220603a-eng.htm>.

³ Home and Community-Based Palliative Care: Shaping the future from lessons learned during the COVID-19 pandemic. Health Canada, Healthcare Excellence Canada, Canadian Partnership Against Cancer, Canadian Home Care Association, Pallium Canada, and Canadian Virtual Hospice. June 2021. https://cdnhomecare.ca/wp-content/uploads/2021/06/Home-and-Community-based-Palliative-Care-Shaping-the-Future-from-Lessons-Learned-during-the-COVID-19-Pandemic_JUN25.pdf

Goals and Actions: Health Canada Action Plan on Palliative Care⁴

1. Raise awareness and understanding of how advanced care planning and palliative care can improve quality of life until the end of life.
2. Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.
3. Support health system quality improvement through enhanced data collection and research.
4. Foster improved access to palliative care for underserved populations.
5. Improve access to culturally sensitive palliative care for Indigenous communities.⁵

The survey results were collated, and the findings are described in the following pages of this report. The federal government departments' answers are described in the aggregate, each province and territory have an individual snapshot, and the community responses are provided in aggregate. The federal government Action Plan on Palliative Care goals were included in the individual provincial and territorial snapshots as a consistent framework to demonstrate how progress on hospice palliative care was being advanced in all jurisdictions across Canada.

The number of hospice residence beds is included for each province and territory. These were taken from a report by the Canadian Hospice Palliative Care Association (CHPCA) prepared in May 2022, funded by a donation from the Don and Shirley Green Family Charitable Foundation. The number of hospice beds was determined using the CHPCA's online Directory of Services (Directory), publicly available information from provincial health systems, and provincial hospice palliative care associations. CHPCA contacted over 360 organizations, via phone and email, that provide in-patient hospice palliative care (HPC) in Canada to update the information available in the Directory, and to collect information on the number of dedicated in-patient HPC beds offered. The beds noted in each table do not include those in hospitals, long-term care, or privately-funded beds. The number of beds per 100,000 people is based on Statistics Canada's reported population, Q1 2022.

An initial draft of this report was reviewed by CCS provincial advocacy team members. Further, the federal government and individual provincial and territorial snapshots were also sent to government stakeholders who completed the survey to ensure the results were captured appropriately.

Limitations

Responses were augmented with online searches of publicly available information. There was no response to the survey from the Government of Manitoba. CCS reached out to government contacts on several occasions but was unsuccessful in obtaining input. In the case of Quebec, the government sent a letter noting they would not participate in the survey. The snapshot for Quebec was completed based on their recently released action plan.

⁴ Action Plan on Palliative Care in Canada. Health Canada. August 2019. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/action-plan-palliative-care.html>

⁵ While the federal action plan Goal 5 relates to on-reserve considerations within their jurisdiction, the provincial and territorial responses include off-reserve programs and services for Indigenous communities, which include First Nations, Inuit, and Métis Peoples.

Next steps with findings

CCS intends to use the findings of the report to better understand how the organization can support its goals to ensure any individual with a life-limiting or life-threatening illness - such as cancer, diabetes, heart disease, Alzheimer's, among others - can access high-quality palliative care early and throughout their disease trajectory. Equally important is to ensure grief and bereavement supports are available for all who provide care up to and at the end of life, including loved ones, families and healthcare professionals. The findings will inform the work of the Don Green Palliative Care Advocacy Team to ensure that everyone in Canada has access to high-quality, culturally safer, affordable palliative care, regardless of where they live or in what setting they choose to receive care.

Key findings

Summary of findings

The survey feedback provided important information about what has helped advance quality palliative care, and what more needs to be done to ensure all Canadians are aware of and have access to hospice palliative care. Overall, there are mixed responses regarding progress made since the last report in 2017 on the priority for palliative care.

- From what we were able to determine, **Canada still lacks the capacity to consistently deliver palliative care in the community, particularly in hospice.** While best practices identified by the Auditor General of Ontario⁶ and others would suggest that Canada should have 7 hospice beds per 100,000 people, by our count, as of May 31, 2022, **Canada only has 3.97 hospice beds per 100,000 people.** Only British Columbia and Yukon exceed the 7 hospice beds per 100,000 people threshold.
- There is unanimous support for an **awareness campaign targeted to the public and healthcare providers.** It is widely felt that there are still significant societal barriers talking about death and dying, and even confusion about the benefits of palliative care throughout a disease trajectory and not just at the end of life.
- Ongoing efforts to **continue to build the competence and confidence of more healthcare professionals** to provide palliative care across settings through training and skills development would enhance access for individuals and their families.
- Some jurisdictions are using **performance measures and indicators** to assess the impact of palliative care and to guide improvements needed. Their experiences could inform broader collection and use of data by other jurisdictions in an effort to have a greater understanding of what is going well, and what more could be done to enhance access to palliative care for all Canadians, regardless of where they live.
- All jurisdictions noted that more could be done to improve **culturally safe palliative care, including grief and bereavement.**
- The pandemic clearly demonstrated the need for **palliative care across more settings** than in hospitals. Ongoing efforts to ensure access to programs and services in primary care, hospice, home care, long-term care, retirement homes and other community settings need to remain a priority.
- **Health human resources are stretched** and the pandemic added additional pressures, including redeploying providers to manage COVID-19. There is an urgent need to address gaps in health human resources across the country.

⁶ 2014 Annual Report of the Office of the Auditor General of Ontario, Chapter 3, Section 3.08, 261. Lysyk, B. Fall 2014. <https://www.auditor.on.ca/en/content/annualreports/arreports/en14/308en14.pdf>

Federal government

While the majority of healthcare delivery is under provincial and territorial jurisdiction, the federal government has several roles in healthcare.

Federal roles include:

- Setting and administering national principles for the system under the Canada Health Act;
- Providing financial support for provincial and territorial healthcare services;
- Supporting other functions, including funding and/or delivery of primary and supplementary services to certain groups of people. These groups include First Nations people living on reserves; Inuit; serving members of the Canadian Armed Forces; eligible veterans; inmates in federal penitentiaries; and some groups of refugee claimants;
- [Other health-related functions](#) (such as regulating food and consumer products, supporting research, data and public health, and tax support for health-related costs).

Health Canada has important policy and program roles, other federal departments and agencies may have policies or programs that directly impact or complement those of the Minister of Health and his or her portfolio (which [includes](#) e.g., Health Canada, the Public Health Agency of Canada/PHAC, and the Canadian Institutes of Research/CIHR). Health Canada partners closely with other federal departments, agencies, provincial and territorial governments, and health organizations that play different or complementary roles. Funded partnerships include the Canadian Partnership Against Cancer (CPAC), Canadian Institute for Health Information (CIHI), and Healthcare Excellence Canada (HEC), among others.

Part of Health Canada's [core responsibilities and priorities](#) focus on improving access to quality long-term, community and palliative care. To support provinces and territories, the federal government has invested \$6 billion over 10 years for home and community care, including palliative care, under the Common Statement of Principles on Shared Health Priorities. In response to the 2017 legislation, [Framework on Palliative Care in Canada Act](#), the [Framework on Palliative Care in Canada](#) was tabled in 2018. This was followed, in 2019, by an [Action Plan on Palliative Care](#) articulating initiatives aligned with the Framework that fall under federal responsibility. To support improvements in palliative care, Health Canada has provided contribution funding of \$24 million from 2019 to 2021, and the 2021 Federal Budget committed an additional \$29.8 million over six years, starting in 2021-22, to support the implementation of the Action Plan.

Federal government priorities to advance palliative care

The five goals in the federal Action Plan outline the Government's priorities to advance palliative care.

- a. Raise awareness and understanding of how advance care planning and palliative care can improve quality of life until the end of life
- b. Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities
- c. Support health system quality improvement through enhanced data collection and research
- d. Foster improved access to palliative care for underserved populations
- e. Improve access to culturally sensitive palliative care for Indigenous communities.

Measuring results

The Framework on Palliative Care in Canada Act requires the federal Minister of Health to report to Parliament on the state of palliative care by December 2023. The report will provide an opportunity to reflect on what has been accomplished in the previous five years, including the results of projects supported by federal contribution funding.

Pandemic impact

Recognizing the extraordinary impact of the COVID-19 pandemic on healthcare systems, including palliative care, the federal government provided funding and resources to secure personal protective equipment (PPE), distribute vaccines and drugs, provide information, virtual training and other essential supports. The unprecedented challenges posed by the pandemic saw the First Nations and Inuit Health Care Branch redirect its resources and efforts to control the virus. Health Canada partnered with HEC, CPAC, and Canadian Home Care Association (CHCA) with the support of Pallium Canada and the Canadian Virtual Hospice, to produce a report released in June 2021 entitled "Lessons Learned Report – Home and Community-based Palliative Care: Shaping the Future from Lessons Learned during the COVID-19 Pandemic". This [report](#) highlights many of the innovative tools and promising practices that emerged during the pandemic. It is intended for front-line teams, health educators, and administrators, and aims to optimize the delivery of palliative care in home and community settings.

Grief and bereavement

The Framework on Palliative Care listed the following as one of its guiding principles: "Death, dying, grief and bereavement are a part of life." Health Canada provides contribution funding to recipients, including, for example, the Canadian Virtual Hospice, to expand its free online grief and bereavement resources. The federal government supports mental health and wellness, including addressing transitions, losses, grief and bereavement through [various programs](#) including for the populations for which it has a service delivery role. Health Canada is also developing a public education campaign on palliative care, including grief literacy. The federal government has supported the development of content for websites such as:

- [Mygrief.ca](#) which provides free online resources for losses reflecting a range of relationships and situations;
- [CaringTogether.Life](#) to educate, support, and empower parents caring for a seriously ill child and those who are experiencing pregnancy or infant loss;
- [LivingOutLoud.Life](#) for teens and young adults living with advanced illness;
- [KidsGrief.ca](#), for parents supporting their children when someone in their life is dying or has died.

Hospice residence beds

Province or territory	Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
Alberta	9	97	2.16
British Columbia	25	446	8.47
Manitoba	2	16	1.15
New Brunswick	4	34	4.27
Newfoundland and Labrador	1	10	1.91
Northwest Territories	0	0	0
Nova Scotia	3	30	2.99
Nunavut	0	0	0
Ontario	60	519	3.47
Prince Edward Island	1	10	6.01
Quebec	35	335	3.88
Saskatchewan	1	15	1.27
Yukon	1	18	41.88
Total	142	1530	3.97

While Canada has not set a standard or target for the number of hospice beds Canada ought to have, according to the Auditor General of Ontario, “... Best practices in various jurisdictions suggest there should be at least seven hospice beds per 100,000 people.”⁷

Status of palliative care

Building on the Framework, the federal government’s Action Plan on Palliative Care describes five priorities to advance quality palliative care. To assess progress on the Framework and Action Plan goals, CCS sent a survey to federal departments that have a role in palliative care. Four federal departments responded to the survey and indicated that the focus on palliative care had significantly increased since the 2017 report, including Correctional Services Canada, Department of National Defence, Health Canada, and Indigenous Services Canada.

⁷ 2014 Annual Report of the Office of the Auditor General of Ontario, Chapter 3, Section 3.08, 261. Lysyk, B. Fall 2014. <https://www.auditor.on.ca/en/content/annualreports/arreports/en14/308en14.pdf>

Health Canada Action Plan on Palliative Care goals	Number of hospice beds
<p>Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.</p>	<ul style="list-style-type: none"> ■ The Framework on Palliative Care and Health Canada's Action Plan on Palliative Care both stated as one of their goals is to raise awareness and understanding of advanced care planning and palliative care can improve quality of life until the end of life. ■ Developing a public education campaign on palliative care, which includes advance care planning/end-of-life care planning. ■ Health Canada has funded initiatives such as: <ul style="list-style-type: none"> • Canadian Hospice Palliative Care Association for its awareness campaigns, tools and resources, including The Way Forward, National Hospice Palliative Care Week, and Advance Care Planning (which target provincial/territorial-specific activities and tools). • Adaptation and translation of the British Columbia Centre for Palliative Care training module and toolkit for community-led ACP to be more culturally appropriate and linguistically acceptable for people with a Chinese or South Asian background, who communicate mostly in Cantonese, Mandarin, or Punjabi.
<p>Support health system quality by improving palliative care skills and support for healthcare providers, families, caregivers, and communities.</p>	<ul style="list-style-type: none"> ■ While Health Canada does not provide palliative care training, it does provide contribution funding to support organizations developing and administering training. ■ Health Canada's funding for CPAC has supported palliative care through various initiatives, including the development of the Canadian Interdisciplinary Pan-Canadian Palliative Care Competency Framework, models to integrate palliative care earlier, and the Paramedics and Palliative Care program (in collaboration with Healthcare Excellence Canada). ■ Other healthcare provider training programs funded by the federal government include Pallium Canada, which offers courseware, mentoring, and other resources, such as: <ul style="list-style-type: none"> • Learning Essential Approaches to Palliative Care (LEAP) courseware. • Project ECHO - a capacity-building tele-mentoring program, the Palliative Care ECHO Project is designed to create virtual communities of learners by bringing together local healthcare providers (and community leaders) with regional, provincial/territorial, and national subject matter experts for continuous learning. ■ University of British Columbia received \$2.25 million for its Volunteer Navigation in Palliative Care: Adapting and Expanding the Nav-CARE program, in which trained volunteers provide navigation services to persons living at home with life-limiting illnesses using a palliative and compassionate community approach. ■ McMaster University received \$1.5 million to expand its Strengthening a Palliative Approach in Long-Term Care Program, which aims to improve the access and use of knowledge, tools, and resources to improve the quality of living and dying for residents and their family members within all long-term care homes in Canada, by curating, adapting, and disseminating resources for direct care, program development and staff training, and consolidating these resources in an accessible national repository. ■ The Government is taking action to address the labour shortage in the healthcare sector. In the 2020 Fall Economic Statement, the Government invested \$38.5 million in the Long-Term and Home Care pilot project. Launched in December 2020, the pilot project aims to address labour shortages in long-term and home care by testing a new recruitment and training model for supportive care assistants through an accelerated 6-week online training program, followed by a paid placement of up to 4 months; developing career advancement pathways to assist new workers to upgrade their micro-credential to a full personal support worker certificate; and exploring how to improve consistency in personal support worker training programs, required qualifications, and core competencies, to develop a proposed competency framework and National Occupational Standard.

Health Canada Action Plan on Palliative Care goals	Number of hospice beds
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ Federal departments such as Health Canada, PHAC and Statistics Canada and federally funded data organizations such as the Canadian Institute for Health Information (CIHI) may not directly measure palliative care outcomes, but they do contribute statistics about populations that could benefit from a palliative approach to care and related population and healthcare system measures. ■ While CIHI collates and reports on data from provinces and territories regularly, these data are not generally focused on palliative care. However, in 2018, CIHI published a report on Access to Palliative Care in Canada, which it will update in Spring 2023. ■ Health Canada is providing \$2.95 million in contribution funding to the Bruyère Research Institute to expand the work of the Pan-Canadian Palliative Care Research Collaborative. It is conducting 14 research studies to improve patient and caregiver outcomes, palliative care health system performance, and people's experience of palliative care, and building knowledge translation capacity to share the results of this research. ■ The federal government has also supported the Canadian Institutes of Health Research (CIHR), along with the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council (SSHRC), has supported the Canadian Frailty Network through the Networks of Centres of Excellence Program, with an investment of \$47.8 million between 2012 and 2023. This network aims to improve the care of seriously ill, frail elderly patients/families through the development, evaluation, and implementation of healthcare technologies. ■ In 2020-21 alone, CIHR, through its Institute of Aging, invested \$2 million in palliative care research. More broadly, between 2016-17 and 2020-21, CIHR invested more than \$464 million in research on aging. This includes research to promote healthy aging and to address causes, prevention, treatment, and palliation for a wide range of conditions associated with aging.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ Supporting virtual palliative care with a program that allows patients to self-monitor symptoms and communicate virtually from home with physicians to improve access, particularly in remote locations (RELIEF App, William Osler Health System). ■ In 2022, \$2 million in funding over 4 years to Healthcare Excellence Canada (HEC) to improve access to palliative care for persons who are homeless or vulnerably housed. This funding will allow HEC, working with partner organizations such as the Canadian Partnership Against Cancer (CPAC), to help improve the delivery of palliative care services so that people experiencing homelessness or who are vulnerably housed receive safe, timely, appropriate care in the place of their choosing.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ To meet growing demand and address the growing complexity of care requirements of First Nations, Inuit, and Métis populations, FNIHB made significant investments in the Home and Community Care program, increasing palliative care services, and expanding service hours. ■ Budget 2017 allocated Indigenous Services Canada (ISC) \$184.6 million over five years to improve home and palliative care for First Nations and Inuit communities. In addition, funding was identified in Budget 2021 to implement the Action Plan on Palliative Care. Including funding earmarked for Indigenous palliative care, as well as for the Indigenous engagement process, and the rest for targeted investments which will be allocated according to the priorities set through the engagement process and a subsequent Indigenous palliative care framework.

CCS response

We would like to acknowledge that since the survey was completed, Health Canada has launched an awareness campaign to educate Canadians on the benefits of early access to palliative care with two phases; one geared toward care professionals who do not specialize in palliative care and the other geared toward Canadians generally underserved by palliative care, namely people with physical disabilities and BIPOC Canadians. This campaign was developed in collaboration with a number of stakeholders, including CCS.

Regarding healthcare provider education and training, we appreciate the challenges the Government of Canada faces regarding meeting the health human resource needs of our healthcare system. However, we hope that as it embarks on developing strategies to address these needs that it works to ensure all providers are equipped to deliver a palliative approach to care in all settings of care, particularly as it seeks to introduce a Safe Long-Term Care Act. Moreover, the Government of Canada should ensure the needs of all community care providers, including hospice and home care providers, are included in the development of programs to address our health human resource gaps.

Regarding data, since the survey was completed, CIHI has subsequently released an updated report on [Access to Palliative Care in Canada](#). The report contains a number of positive findings, such as an increase of 6% in the number of people receiving some form of palliative care (58% in the 2023 report, 52% in the 2018 report), as well as the number of people who died at home with some palliative care support (13% in the 2023 report, 7% in the 2018 report). But that means 2 in 5 people in Canada who might benefit from palliative care still are not getting it. Furthermore, half of patients die within 22 days of their palliative care needs being identified, and half of those in hospital lived only 11 days or fewer once their needs were identified, despite the benefits of early palliative care interventions.

That said, CIHI's report was only based on findings from three provinces (Ontario, Alberta, and British Columbia) and one territory (Yukon, because the others are not systematically tracking data on palliative care services). Moreover, there is still no common Canadian definition for palliative care, much less agreed upon datasets to track services across the country. We would also point out that while CIHI's report in 2023 was able to collect more responses from the hospices they surveyed, CIHI is still only able to collect self-reported data about care provided by hospices voluntarily. Hospices are an important part of our healthcare system and critical to the delivery of palliative care in the community – and yet, prior to this report, we could not even find a comprehensive count of the number of hospice beds that exist in Canada. Since we are not even tracking what care people are receiving, it would be next to impossible to assess whether people are receiving the care they would want to be receiving or to understand who is being underserved by our healthcare system when it comes to palliative care.

CCS feels it is incumbent on the federal government to play a leadership role through establishing national standard datasets and indicators for palliative care through dedicated investments. CCS welcomes the investments made by the Government of Canada into healthcare, including through the bilateral agreements and agreements on shared health priorities. It is our hope these investments will help to reach this goal.

CCS also welcomes the investments made in research on palliative care. However, we would encourage the government to make further investments through the Tri-Council in research, particularly for grief and bereavement. We would note a particular need for seed/proof of concept funding to enable for innovative ideas to be developed, tested, and prepared to scale, without matching funding. Given the lack of funding for palliative care research as well as the barriers to raising matching dollars in this area of healthcare, it is important for the federal government to make these investments with few barriers to entry for researchers.

Finally, we welcome the investments into innovative models of care to meet the needs of vulnerable populations, such as unhoused people. We encourage the Government of Canada to continue to take action to address the gaps identified in reports like CPAC's [Beginning the journey into the spirit world: First Nations, Inuit, and Métis approaches to palliative and end-of-life care in Canada](#) to address the culturally sensitive needs of First Nations, Inuit, and Métis communities, particularly in communities where the federal government has a treaty obligation to provide healthcare services.

Additional reflections can be found in the Community section at the end of this report.

Provincial and territorial government snapshots

Provincial and territorial government responses to the survey follow. The survey input informed the snapshots and additional online searches were conducted to provide further details or include links to the publicly available information.



ALBERTA

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Alberta

Palliative and end-of-life care (PEOLC) targeted funding and the development and oversight of legislation and standards (related to PEOLC) are situated within the Ministry of Health. The Ministry of Health works closely with Alberta Health Services (AHS). The Provincial Palliative and End-of-Life Innovations Steering Committee (PPAL/EOL ISC) directs provincial strategic planning and priorities. There is close collaboration and partnership with the five zones in AHS that set the direction for PEOLC and further support the delivery of PEOLC programs and services.

In 2014, AHS released the [Alberta Provincial PEOLC Framework](#), written by PEOLC experts across the province. Variable programs and services across the province provided an opportunity to develop a standardized framework for better integration and accessibility. Thirty-six initiatives were identified to enhance existing programs and services and fill gaps in quality palliative and end-of-life care in Alberta. To date, 22/36 initiatives identified in the Framework have been completed.

In 2021, AHS published the [Alberta Provincial PEOLC Framework Addendum](#) which outlines what Alberta has achieved since the development of the framework in 2014, where things are today (inclusive of a current state analysis), gaps, challenges, and recommendations for future work.

In their response, Alberta noted it has increased its priority on advancing quality palliative care since the 2017 report, with a significant increase from 2019 to now. A province-wide clinical information system is being implemented and will support the standardization of provincial policies and best practice guidelines across the province. A [Provincial PEOLC website](#) serves as a centralized access point that can help patients, families, and healthcare providers identify and navigate resources available to them and learn more about PEOLC. This includes (but is not limited to): information and resources on what programs and services are available and how to access them, assessment tools for healthcare providers, a provincial bereavement directory, and a provincially available bereavement package.

Provincial priorities to advance palliative care

In 2019, the Government of Alberta invested \$20M over four years to advance PEOLC across the province. This funding has supported over 30 grant-funded projects and initiatives that are addressing the top four priorities, which include:

1. **Earlier Access and Public Awareness:** reinforcing the importance of integrating a palliative approach to care into chronic and life-limiting illness management to improve access to necessary supports while also increasing awareness and a general understanding of what palliative and end-of-life care is and how it can help individuals and their families.
2. **Education and Training:** Healthcare provider education, training, and awareness.
3. **Capacity and Community-based supports:** Increasing community capacity to provide palliative care, especially home care and hospice care. As well as increasing community-based supports, including caregiver supports.
4. **Research and Innovation:** Supporting research and innovation that improves navigation and care pathways for palliative care.

Pandemic impact

A number of Albertans opted not to obtain health services in hospital, facility, or hospice during the pandemic, preferring home and community care. This resulted in increased demand and acuity for palliative home care services and further recognition that individuals and families wanted end-of-life care in the home or their community.

Grief and bereavement

Provincial bereavement care resources are available online for healthcare professionals, including algorithms for having conversations with families before, during, and after death. A Provincial Bereavement Directory is available to patients and families to find support within their zone. There is also a provincially available [Bereavement Package](#) and online resources.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
9	97	2.16

As noted earlier, these numbers do not include beds co-located in long-term care or acute care settings, despite the request made by the Government of Alberta to include those beds in their count. While there may be merits to this model of care, including those beds in our count would limit our ability to directly compare Alberta to other jurisdictions in this report.

Status of palliative care in Alberta

Health Canada Action Plan on Palliative Care goals	Alberta government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ Federal departments such as Health Canada, PHAC and Statistics Canada and federally funded data organizations such as the Canadian Institute for Health Information (CIHI) may not directly measure palliative care outcomes, but they do contribute statistics about populations that could benefit from a palliative approach to care and related population and healthcare system measures. ■ While CIHI collates and reports on data from provinces and territories regularly, these data are not generally focused on palliative care. How and to address causes, prevention, treatment, and palliation for a wide range of conditions associated with aging.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ There is a Provincial PEOLC website that provides education and awareness to patients and families about PEOLC. ■ Training and skills development programs are offered and typically paid by the healthcare provider. ■ The EMS PEOLC Assess, Treat and Refer program is designed to support people and their families who have chosen to remain at home for PEOLC. The program intends to respond to a palliative patient in crisis at home, usually due to worsening symptoms, where they otherwise would have been transferred to a hospital. This program works in collaboration with the 24/7 physician on-call program and the online medical consultant physician.

Health Canada Action Plan on Palliative Care goals	Alberta government responses
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ There are provincially agreed upon PEOLC indicators and ACP/GCD indicators developed by “ACP CRIO” (Collaborative Research and Innovation Opportunities). AHS maintains a number of provincially standardized and validated dashboards, however, due to zone nuance and data complexity, not all of the indicators have standardized reporting metrics. AHS is currently implementing a provincial clinical informatics system called “Connect Care”, which will support quality improvement initiatives through enhanced data collection, reporting, and research. ■ Zones track occupancy information, waitlists, costs of palliative home care, average costs of community-based hospice care, and costs of receiving PEOLC in hospital. ■ Several zones use Fam-Care 2 survey to assess family satisfaction with the quality of PEOLC their loved one received.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ The AHS Alberta provincial PEOLC framework identifies a principle for equity and access. All Albertans should have equitable and timely access to quality interdisciplinary PEOLC services despite illness or geography. ■ Rural and northern services differ from Edmonton and Calgary. Since 22/36 of the Framework initiatives have been implemented, rural and northern communities have increased access and improved quality of PEOLC. ■ Work is needed to continue to improve and enhance care for underserved populations, such as Indigenous communities and people experiencing homelessness.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ The AHS Alberta Provincial PEOLC Framework identifies a principle for patient and family-centred care whereby individuals will be empowered to make informed choices, and their needs, culture, values, religion, language, and preferences are respected and honoured. ■ Calgary and Edmonton Zone have PEOLC programs and services to support the unique cultural needs of patients and their families. Additional programs and services are needed across the province to meet the needs of Indigenous communities and other cultures.

CCS response

CCS welcomes the strides have been made since the implementation of the Palliative and End of Life Care: Alberta Provincial Framework in 2014 and its 2021 Addendum. We hope as the healthcare system in Alberta embarks on another period of transition that this progress will continue, as many Albertans who require palliative care still do not receive palliative care in the setting of their choice and will die in an acute or emergency care setting.

We encourage the Government of Alberta to take further steps to ensure sustainable, adequate and appropriate palliative care services are available to everyone to make sure people receive the care they need when, where, and how they need it. Many palliative care patients who receive palliative care in acute care settings would receive more appropriate care in other settings resulting in not only better care for patients but also better use of healthcare resources. It is vital that specialized community-based hospice and palliative care services be available to individuals with complex symptoms and end-of-life care needs that cannot be managed in other settings such as the home.

Furthermore, as noted in the Government of Alberta's submission, access to appropriate palliative care is not available equally throughout Alberta. Many northern, remote and rural areas have limited access to appropriate palliative care, resulting in people having to leave their community to receive palliative care. This creates inequities in palliative care delivery and, therefore, poorer palliative care outcomes for those living in northern, remote and rural areas. We encourage the Government of Alberta to continue to address these gaps, particularly to serve the needs of First Nations, Inuit and Métis communities.



BRITISH COLUMBIA

British Columbia

Regional Health Authorities are responsible for the provision of palliative care. British Columbia has a provincial strategy for palliative care. In 2013, the Government of British Columbia released [The Provincial End of Life Action Plan For British Columbia](#), which outlined priority actions for end-of-life care. The [B.C. Centre for Palliative Care](#) was established by the Ministry of Health to support the province’s end-of-life care action plan. This non-profit organization helps to accelerate the spread of best practices and innovations in palliative care in the province. B.C. provides services that include care coordination, pain and symptom management, community nursing, community rehabilitation, home support, respite programs and hospice care. Care can be provided wherever an individual is living, whether at home, in hospice, an assisted living residence or a long-term care home. In support of an individual’s wishes to receive care at home, eligible palliative medications and supplies or equipment are provided free of charge through [B.C. Palliative Care Benefits](#).

Provincial priorities to advance palliative care

The province’s top three priorities to enhance the adoption of palliative care include:

1. Redesign health services to deliver timely, coordinated end-of-life care.
2. Provide individuals, caregivers, and healthcare providers with palliative care information, education, tools, and resources.
3. Strengthen health system accountability and efficiency.

Pandemic impact

The pandemic has highlighted the important role of grief and bereavement services.

Grief and bereavement

Access to grief and bereavement services is facilitated through regional and local programs, virtual services, and provided through interdisciplinary teams across sectors. Local and regional programs target services to the needs of identified subpopulations.

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
25	446	8.47

Status of palliative care in British Columbia

Health Canada Action Plan on Palliative Care goals	British Columbia government responses
<p>Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.</p>	<ul style="list-style-type: none"> ■ The BC Centre for Palliative Care provides resources to the public and supports healthcare professional education around advance care planning and serious illness conversations. ■ ACP conversations encouraged across all settings (primary care, home care, hospital, long-term care, retirement homes, community). ■ A palliative care incentive payment compensates family physicians to undertake and document a care plan for patients who are in the last 6 months of life expectancy. ■ A provincial strategy has been in place since 2013.
<p>Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.</p>	<ul style="list-style-type: none"> ■ Training and skills development are provided through government funding and other organizations. ■ Focus continues to emphasize a palliative approach to care early in the care trajectory, from all members of the interdisciplinary care team. ■ Care coordination is supported through virtual monitoring, paramedic outreach, palliative outreach teams, and after-hours palliative nursing service.
<p>Support health system quality improvement through enhanced data collection and research.</p>	<ul style="list-style-type: none"> ■ Work is underway to improve the sensitivity of palliative care population identifiers.
<p>Foster improved access to palliative care for underserved populations.</p>	<ul style="list-style-type: none"> ■ Local and/or regional resources in place to provide services for marginalized or vulnerable populations.
<p>Improve access to culturally sensitive palliative care for Indigenous communities.</p>	<ul style="list-style-type: none"> ■ Local and/or regional resources provide support to Indigenous communities.

CCS response

CCS welcomes the commitment of the Government of British Columbia to continue to improve palliative care services and the hard work of the British Columbia Centre for Palliative Care.

Since they participated in the development of this report, the Government of British Columbia launched their 10-year cancer plan, which lists among its priorities to enhance the connection to palliative care and survivorship programs for people with cancer and their families. We welcome this commitment and hope these improvements will also benefit people with non-malignant diagnoses who would benefit from palliative care.

We feel it is important to note that in the Government of British Columbia’s initial survey response they indicated that since 2017 the priority for palliative care seems to have decreased, and in reviewing our summary of their submission they objected to this characterization. We would also note the Government of British Columbia’s health human resources strategy does not specifically highlight any efforts related to palliative care.

CCS urges the Government of British Columbia to continue to remove barriers to accessing palliative care, including financial barriers. While short-stay hospice care is subsidized, the Government of British Columbia is the only province that charges a fee to provide such care. We would suggest this is a barrier to many low-income British Columbians, particularly those who experience various forms of marginalization, and we would encourage the Government to end this practice.

CCS also echoes the calls made by the British Columbia Hospice Palliative Care Association and in the Government of British Columbia's mental health strategy to expand affordable community counselling, including grief and bereavement services, particularly for First Nations, Inuit, and Métis peoples. Many of these services are provided by hospices without government funding, which poses significant financial pressures for them to deliver, and many rural hospices do not have access to grief counsellors entirely. We think the Government of British Columbia must address this gap.

MANITOBA

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Manitoba

The Manitoba government did not provide a response.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
2	16	1.15

CCS response

CCS is disappointed to not have received a response from the Government of Manitoba to our survey. While we acknowledge there are some commitments to improving palliative care as part of Manitoba's Seniors Strategy, we urge the Government of Manitoba to develop a framework or strategy for palliative care for all Manitobans – not just seniors - that includes the priorities identified in Health Canada's Action Plan on Palliative Care in Canada while reflecting the unique needs and circumstances of Manitobans and Manitoba's healthcare system. We feel this is critical to have an accurate picture and plan for delivering access to high-quality, culturally safer, affordable palliative care for everyone in Manitoba regardless of where they live and in what setting they choose to receive care.



NEW BRUNSWICK

New Brunswick

With one of Canada's oldest populations, the Government of New Brunswick took the step to plan for the pressures on its health system because of an aging population and an anticipated increase in the prevalence of chronic diseases. A [provincial framework for palliative care](#) was developed in 2018. A multi-sectoral Provincial Palliative Care Committee was established by the Department of Health and led by the New Brunswick Cancer Network and the Primary Health Care branch of the NB Department of Health. The committee made recommendations for the development of the framework. Oversight for palliative care is situated in the Department of Health. Regional Health Authorities (RHAs) and Extra-Mural/Ambulance New Brunswick (EM/ANB) are the three main organizations delivering palliative and hospice care in the province. RHAs plan and organize the delivery of healthcare and the regional and local levels, while EM/ANB plans and organizes care in the community, including home care and residential facilities. The framework is a new development from the last report in 2017, and outlines strategic pillars under five key themes, and accompanying goals.

Provincial priorities to advance palliative care

The province's top three priorities to enhance the adoption of palliative care include:

1. Skills and training: Enhancing provider competencies for the provision of more integrated palliative care. Increasing confidence to have conversations about palliative care and advance care plans earlier in the disease trajectory.
2. Standards and evaluation: Implementation and adoption of standardized assessment tools. An evaluation framework to assess progress based on data.
3. Awareness: Increased awareness efforts aimed at both healthcare providers and the public about palliative care and advanced care plans.

Pandemic impact

The pandemic impacted health human resources resulting from the redeployment of healthcare providers to COVID-19-related duties. While New Brunswick had early limits on visitors in institutional settings to reduce the spread of disease, it amended its policies on compassionate reasons in May 2020 to allow for two visitors for patients who were palliative.

Grief and bereavement

Access to bereavement services is a goal in the framework and includes services for the family, including children's services, when the death of a family member is to occur. Grief and bereavement services are enhanced through hospice programs, faith communities and funeral homes.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
4	34	4.27

Status of palliative care in New Brunswick

Health Canada Action Plan on Palliative Care goals	New Brunswick government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ Government of NB funds training for healthcare providers, including family physicians, frontline providers working in hospitals, extra-mural, nursing homes and home support services. ■ Fee-for-services enhancements in place for physicians who provide palliative care.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ Paramedics providing palliative care at home is an initiative that enhances the knowledge and skills of paramedics to provide care in the home rather than an automatic transfer to the hospital. They collaborate with EMP providers in helping to respect patients' wishes to remain at home. ■ In 2018, a new client care model was introduced combining hospice day programs; outreach programs; access to trained palliative support services for both hospice and Extra-Mural Program patients at home; and a residential facility for end-of-life and palliative respite care services.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ Development of quality improvement indicators is ongoing, some are in place and to be monitored.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ The framework identifies the need for equitable access to palliative care across the whole province.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ No specific programs or services are identified in the framework for Indigenous communities.

CCS response

CCS looks forward to the implementation of the Government of New Brunswick’s provincial framework for palliative care. We think the Government of New Brunswick must continue to make investments to support community integration of palliative care services, especially to address any transitions in settings of care. Similarly, we encourage the Government of New Brunswick to continue to recruit, train and retain healthcare providers with the knowledge and skills to deliver a palliative approach to care, particularly in home care and long-term care, to address the impacts felt on the system as a result of the COVID-19 pandemic.

We encourage the Government of New Brunswick to develop indicators and standards for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. We think this will allow the Government of New Brunswick to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care.

CCS notes with some dismay that neither the Government of New Brunswick’s framework for palliative care nor their survey response identifies what actions the Government of New Brunswick will be taking to ensure equitable access to palliative care, nor any specific barriers that any population in New Brunswick may face to accessing palliative care. We would encourage the Government of New Brunswick to look at steps to improve access to care in rural and remote communities and to take steps to ensure they can deliver language and culturally specific palliative care services and resources.



NEWFOUNDLAND AND LABRADOR

Newfoundland and Labrador

In 2017, the Government of Newfoundland and Labrador launched an [Action Plan on Home and Community Care](#) (Action Plan). An aging population, a high incidence of chronic diseases, and a large rural population have created challenges in the delivery of healthcare and social services. The Action Plan aims to enhance supports provided to residents of the province to receive care at home. The aim is to integrate a palliative approach across the healthcare system with enhancements to supports, services, and coordination of care, to support clients with palliative conditions earlier in the trajectory of their illness. There is an emphasis on promoting advance care planning (ACP) early in an individual's healthcare journey and avoiding making critical decisions while in an acute care setting. The Department of Health and Community Services developed this plan in collaboration with the Regional Health Authorities (RHAs) who deliver palliative services to residents in the province. RHAs have developed specific palliative care resources within their respective regions across various program areas and support healthcare providers in accessing palliative care training. Individuals nearing the end stage of their illness will have an individualized plan developed and will receive supports and services at the point of clinically assessed need, without delay in access to service. With additional funding from the federal government, Newfoundland and Labrador plans to expand hospice care in the province. The first hospice in the province is under construction and is anticipated to open in the summer of 2023.

Provincial priorities to advance palliative care

The province's top three priorities to enhance the adoption of palliative care include:

1. Awareness: Raising greater awareness of palliative care, ACP amongst healthcare providers and the public.
2. Training: Continued access to training and skills development for healthcare providers to build capacity for palliative care across communities.
3. Integration: Better integration of palliative care earlier in the disease trajectory and shifting away from only end-of-life.

Pandemic impact

Restrictions on visitation in acute care settings during the pandemic increased the number of residents in the province to prefer dying at home and being with their family and friends.

Grief and bereavement

Support for grief and bereavement is part of palliative care and these supports are available through clinicians in the Community Support Program delivered by the RHAs. Community organizations also provide grief and bereavement resources and programs.

Hospice residence beds*

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
1	10	1.91

*To open in summer 2023

Status of palliative care in Newfoundland and Labrador

Health Canada Action Plan on Palliative Care goals	Newfoundland and Labrador government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> Resource materials are available to the public, including a toolkit for completing an advanced care plan (ACP). Policies exist in the RHAs that require discussion and development of ACPs with patients/clients. While the adoption of ACP has somewhat improved, more awareness for the public and training for healthcare providers would support an increase in uptake.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> Eastern Health has a Paramedics Providing Palliative Care Program that provides palliative care in the home and has successfully led to reductions in hospital admissions. It is currently only available in the St. John's area. The action plan notes that clinicians providing palliative care in RHAs receive LEAP training. RHAs have palliative care resources to provide to patients/clients, such as the resource guide created by Eastern Health. Found in Palliative Care Resources Guide, Eastern Health has a provincial palliative care patient navigator, a first point of contact for clients and clinicians.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> The RHAs report monthly to the Department of Health and Community Services on end-of-life data (e.g., number of deaths, location).
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> There is a provincial on-call palliative care physician available for healthcare professionals.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> All RHAs have resources for Indigenous populations. These include Aboriginal Patient Navigators, in addition to NIHB Navigators.

NOTE: Since CCS received their response, the RHAs have been amalgamated.

CCS response

CCS acknowledges the unique challenges of providing care in Newfoundland and Labrador that accounts for the diverse geographies and populations. While the challenges of accessing palliative care were acknowledged in the Government of Newfoundland and Labrador's Health Accord final report, we feel the government should be taking further action to address these challenges beyond what they included.

We welcome the Government of Newfoundland and Labrador's initiative to expand hospice services using the investments made by the federal government and would encourage them to continue investing in expansions of palliative care services in home and community care settings. We also encourage the Government of Newfoundland and Labrador to continue to work to recruit, train, and retain healthcare providers with the knowledge and skills to deliver a palliative approach to care, particularly in home care and long-term care.

We also encourage the Government of Newfoundland and Labrador to develop and report more indicators for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. We think this will allow the Government of Newfoundland and Labrador to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care.

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NORTHWEST TERRITORIES

Northwest Territories

The Department of Health and Social Services (DHSS) oversees the strategic direction and the development of legislation, policy and standards and the establishment of approved programs and services. The three health and social services authorities (HSSAs) within the Northwest Territories are responsible for the design, planning and delivery of health and social services across the Northwest Territories.

Palliative care is provided as an essential service within the home and community care programs (HCC), acute care (hospitals and health centers) and long-term care (LTC). There are no independent hospices in Northwest Territories.

The survey response indicates that the priority for palliative care remains the same in 2022 as it was in 2017. The Northwest Territories is facing the same challenges as the rest of Canada, with more people diagnosed with life-limiting illnesses and chronic conditions. While most are seniors, people across the lifespan may be impacted, including children. They all have the right to quality of life for as long as possible. Increasing demand for palliative care services, especially for a growing elderly population, is challenging the health and social services system to respond with innovative approaches across a diverse, sparsely populated and remote territory.

The DHSS developed the [Palliative Approach to Care Service Delivery Model for the Northwest Territories](#) in 2018 to ensure a palliative approach to care is available to all residents when they need it, and in the location of their choice.

Territorial priorities to advance palliative care

The territory's top three priorities to enhance the adoption of palliative care include:

1. **Training:** Enhance cultural training for palliative care among healthcare providers, especially to have earlier and more frequent conversations with the individual and their family as their disease journey progresses.
2. **Capacity:** More facilitators for LEAP training to build competence and confidence to provide quality palliative care in our health centres, hospitals, at-home and community care, and our long-term care facilities. Collaborating with specialty palliative services when the care required is complex and beyond the scope of the healthcare team.
3. **Programs and services:** a palliative care program in the territory which includes Reviewing palliative care needs and models to develop Northwest Territories-specific policies around palliative and end-of-life care services in the Northwest Territories.

Pandemic impact

The survey response did not feel that there was a change in focus on palliative care during the pandemic.

Grief and bereavement

Grief and bereavement are considered part of basic palliative care, not requiring specialized services. As described in the delivery model, this includes linking with community resources to support the family before and after death and throughout bereavement as needed.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
0	0	0,00

Status of palliative care in Northwest Territories

Health Canada Action Plan on Palliative Care goals	Northwest Territories government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ A strategy exists to encourage ACP discussions in all settings; primary care, home care, hospital, and long-term care, however, these conversations are not occurring often enough. ■ Challenges exist regarding cultural beliefs. ■ Ongoing education of healthcare professionals about how to have ACP discussions is needed. ■ Creation of policies within primary care and continuing care (home and community care and long-term care) to improve awareness and implementation of ACP.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ Training and skills development programs are offered and supported by government funding. ■ Home care provides palliative and end-of-life care in a person's home in every region in the Northwest Territories. The healthcare providers are usually community health nurses, licensed practical nurses or home care nurses. ■ End-of-life care is supported in the home, long-term care facility or hospital and can include consultation with physician specialists at Stanton Territorial Hospital, palliative medicine specialists from Alberta (when palliative or end-of-life care becomes complex), and specialized grief and therapeutic supports from within the Northwest Territories or Alberta.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ There are no indicators or quality measures in place due to gaps in data collection in the Northwest Territories ■ In the future with the implementation of InterRAI home care and InterRAI long-term care assessments, data will be available.

Health Canada Action Plan on Palliative Care goals	Northwest Territories government responses
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ The Department committed to developing and implementing a Continuing Care Action Plan (2017/18 – 2021/22) to support seniors and elders in the NWT to age in place for home and community care, palliative care, and long-term care with the following goal: reduce gaps and barriers and provide equitable access to safe, culturally respectful programs and services that respond to community wellness needs. ■ In 2019, the Department conducted a home and community care (HCC) review to support aging in place with dignity. The final report included 22 recommendations that are focused on providing consistent, effective client-centred services. ■ The review will continue to advance the actions identified in the CCSAP and include activities to support culturally safe palliative care.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ The Department has aligned the palliative approach to the care service delivery model with the guiding principles and recommendations in <i>Caring for Our People and Our Elders: Our Communities</i>. ■ Supporting elders to live in their own homes for as long as possible is a goal identified in the Priorities of the 19th Legislative Assembly.⁸

8 Government of the Northwest Territories, Mandate of the Government of the Northwest Territories 2019-2023. . <https://www.eia.gov.nt.ca/sites/eia/files/mandate2019-english-pages-web.pdf>

CCS response

CCS recognizes the unique challenges of providing palliative care given the unique and diverse geographies and populations that live in the Northwest Territories. We encourage the Government of the Northwest Territories to continue to invest in recruiting, training and retaining healthcare providers with the knowledge and skills to deliver a palliative approach to care, particularly in home care and long-term care.

We encourage the Government of the Northwest Territories to develop indicators and standards for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. We think this will allow the Government of the Northwest Territories to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care. We also encourage the Government of the Northwest Territories to ensure palliative care is integrated into other long-term planning for its healthcare system, such as future updates to its Cancer Strategy.



NOVA SCOTIA

Nova Scotia

In 2014, the Government of Nova Scotia released a provincial palliative care strategy, [Integrated Palliative Care: Planning for Action in Nova Scotia](#). A Palliative Care Strategy Advisory Committee was established to ensure progress against the plan and provide strategic advice and expertise. Following the launch of the strategy a [Progress Report](#) was released for 2014-15. The Department of Health and Wellness has a palliative home care program, and a Paramedics Providing Palliative Care at Home initiative whereby patients receiving palliative care can get support from paramedics for pain and symptom management at home. Nova Scotia Health has responsibility for specialized palliative care services in the province, with regional programs available. Access to specialized palliative care services is available to family physicians and frontline care providers, including care co-ordinators, nurses, pharmacists, social workers, and spiritual care providers. Nova Scotia Health's palliative care teams are providers who specialize in complex care planning and symptom management. Their support complements, but does not replace, the care received from a patient's primary care provider. Since the last report, the priority to advance quality palliative care has somewhat increased.

Provincial priorities to advance palliative care

The province's top priorities, as provided by them, to enhance adoption of palliative care include:

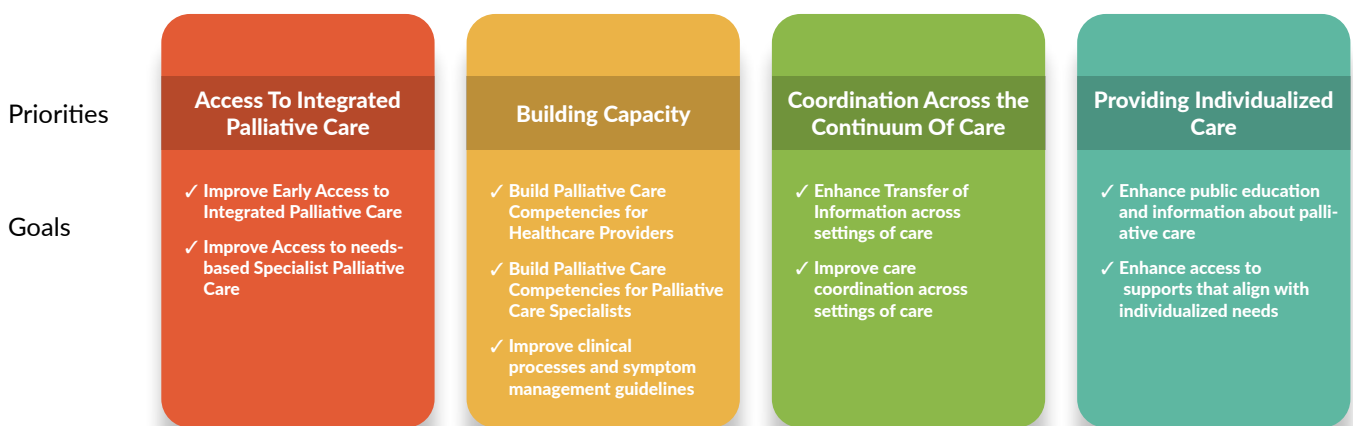


Diagram supplied by the Government of Nova Scotia

Pandemic impact

The pandemic accelerated access to virtual care. Health human resources were significantly strained, impacting access to services such as longer wait times for specialist palliative care, and increased pressures on already stretched services. There were also fewer opportunities for education and skills training.

Grief and bereavement

Within Nova Scotia, grief and bereavement services are offered through a range of programs and services, such as Nova Scotia Health, community-based organizations, hospice societies, etc. Grief and bereavement services for families and friends of patients receiving palliative care have included support groups, one-to-one counselling, telephone support, and home visits, among others. Limited resources are available provincially and, currently, there is no provincial strategy for grief services.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
3	30	2.99

Status of palliative care in Nova Scotia

Health Canada Action Plan on Palliative Care goals	Nova Scotia government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ Implementation of a standardized provincial form and process to support Goals of Care discussions between patients/ SDM and their healthcare providers. ■ Establishing this standardized approach for Goals of Care (GOC) discussions will support Advance Care Planning and support person-centred care by integrating patient values and goals into decisions about their healthcare and treatment. ■ To support the identification of Goals of Care and appropriate levels of medical intervention designations across care settings, electronic flags will be added to patient charts on relevant clinical applications. ■ This standardized documentation process will enhance and promote communication about GOC decisions within and across healthcare settings ■ Goals of Care policy in development. ■ Educational resources for healthcare providers, patients and families have been and are being developed. ■ ACP/GOC forms, guides, and education tools exist. ■ Additional public awareness is needed.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ A palliative care competencies framework was developed in 2017 to support the implementation of the Integrated Palliative Care Strategy, recognizing the interprofessional nature of palliative care, tailoring and creating educational programs to facilitate the attainment of the competencies. ■ Education and training are available for healthcare providers ■ Education and training have been provided to instructors of Professional Nurses (PN) and Continuing Care Assistants (CCA/PSW) by specialist Palliative Care Providers/ educators to enhance knowledge translation.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ Quality improvement indicators are being established.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ The strategy includes a need to enhance palliative care teams and access in areas of high need.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ The strategy identifies the need for partnerships and linkages among care providers, building inter-professional teams that use a lens of inclusion, cultural competency, and safety.

CCS response

CCS recognizes the work being done by the Government of Nova Scotia on its strategy for integrated palliative care. However, we would note that the Government of Nova Scotia left palliative care out of its [Action for Health plan](#) for the future of healthcare in the province. We would encourage the province to look at this gap and take action to ensure appropriate efforts are made to recruit, train and retain healthcare providers to deliver a palliative approach to care in all settings, including home and long-term care, particularly as these services continue to transform and expand and to address the impacts felt on the system as a result of the COVID-19 pandemic.

We encourage the Government of Nova Scotia to develop indicators and standards for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. We think this will allow the Government of Nova Scotia to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care.

NUNAVUT

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Nunavut

The Department of Health in the Nunavut government has responsibility for palliative care. The [Home and Community Care program](#) (HCC) aims to provide care for individuals with long-term illnesses and diseases in their homes. There are also two Elder Homes and three Long-Term Care homes in the territory that provide additional levels of care for more complex illnesses that are not within the scope of home care. According to the survey response, Nunavut’s priority for palliative care is the same today as it was in 2017. In addition to home care, the territory notes that it focuses on the timeliness of referrals to palliative care and has regional/local programs.

Territorial priorities to advance palliative care

No response was provided.

Pandemic impact

The respondent noted that the COVID-19 pandemic did not impact the delivery of palliative care.

Grief and bereavement

While services are available, there is a lack of culturally relevant programs. Additionally, talking about death, grief and bereavement can be difficult for individuals and families.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
0	0	0.00

Status of palliative care in Nunavut

Health Canada Action Plan on Palliative Care goals	Nunavut government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ Most often, ACP is discussed through home care visits. ■ ACP conversations are infrequent among healthcare professionals. ■ Only occasionally do individuals and families have ACP in place. ■ More communication to increase public awareness of ACP is needed.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ Education and training are available for healthcare providers, funded by the government.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ There are no quality indicators or performance measures in place.

Health Canada Action Plan on Palliative Care goals	Nunavut government responses
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ Access to services in all communities has been an enabler.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ There are culturally relevant programs and services, but the survey notes more could be done.

CCS response

CCS recognizes the unique challenges of providing palliative care given the unique and diverse geographies and populations that live in Nunavut. As the Government of Nunavut seeks to develop its plans to improve aging with dignity, we encourage them to incorporate a palliative approach to care, particularly regarding any expansion of continuing care infrastructure in the territory.

We also encourage the Government of Nunavut to develop indicators and standards for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. We think this will allow the Government of Nunavut to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care, particularly if additional funding from other levels of government would be necessary.

We also encourage the Government of Nunavut to continue to develop and expand culturally safer palliative care services and are heartened that the Government of Nunavut recognizes this need. We would support any additional efforts in this area.

ONTARIO



Ontario

The Ontario Government passed the [Compassionate Care Act, 2020](#). Its purpose is to ensure that all Ontarians have access to quality palliative care through the development of a framework. In 2021, the [Ontario Provincial Framework for Palliative Care](#) was released. The framework is described as “a tool to help provide better, connected care across the province, and guide future work to ensure that all Ontarians receive the respect, dignity and care they deserve at every stage of life and across the continuum of care.” Since 2017, the priority on palliative care has increased, according to the provincial government, with more concrete steps and funding aligned to the framework, including additional commitments for hospice residence beds. Palliative care is funded in a variety of ways in Ontario, such as provincial home care budgets or other health service delivery budgets. This leads to variation in the types of and access to programs. The Ministry of Health develops policy, commits funding and beds, and Ontario Health (OH) operationalizes policy and aims to ensure more standardization in the delivery of programs across the province. OH has a palliative care secretariat supporting the Ontario Palliative Care Network, which developed a model of care that was rolled out provincially to Ontario Health Teams. At the local level, Regional Palliative Care Networks were established. The Regional Palliative Care Networks across Ontario consist of various organizations and professionals engaged in palliative care.

Provincial priorities to advance palliative care

The province’s top three priorities to enhance the adoption of palliative care include:

1. **Equitable access:** Improving access to healthcare providers and specialists earlier in the disease trajectory.
2. **Culturally relevant programs:** Continuing to provide and expand culturally safe care and culturally relevant programs for all Ontarians, including children, First Nations, Inuit, Métis, and urban Indigenous communities, racialized communities, Franco-phones, 2SLGBTQQA+, as well as other culturally diverse and underserved populations.
3. **Education, mentorship, and training:** Ongoing efforts to ensure training and skills development of all healthcare providers, across all settings, to improve the competence and confidence of providing more integrated palliative care and engaging in earlier conversations about ACP.

Pandemic impact

The pandemic highlighted and exacerbated pre-existing health human resource issues. There are insufficient healthcare providers, including doctors, nurses, and personal support workers, among others, across the health system and home and community care which affects program delivery. There has been a growth in demand for hospice palliative care services, particularly in home and community settings, as well as the need for more culturally relevant programs.

Grief and bereavement

Grief and bereavement services are most often delivered through community programs, including local hospices. The Ministry of Health supports some of these programs. In 2018, the [Ontario Caregiver Organization](#) was established and funded by the Ministry of Health to support Ontario’s 4 million caregivers. Their website provides guides and resources, and they also host webinars for caregivers. The provincial framework identifies the need for increased and more equitable access to grief bereavement supports.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
60	519	3.47

Status of palliative care in Ontario

Health Canada Action Plan on Palliative Care goals	Ontario government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ ACP training for a variety of healthcare providers offered to expand knowledge. ■ Recognized need for early introduction of ACP and Goals of Care discussions helps identify an individual’s values, preferences, and wishes so they can inform care decisions, however, these discussions often occur too late, and clinicians often feel unprepared or lack the skills necessary to initiate them. ■ Awareness of ACP for individuals and families through Speak Up Ontario and the Ontario Caregiver Organization.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ Individuals referred to palliative care are assigned a care coordinator who completes a structured and customized care plan for the individual and family. This includes the patient’s Most Responsible Provider (MRP). ■ Better integrated care is a key pillar in the framework. Intent to introduce palliative care early and integrated with chronic disease management throughout the illness trajectory. Ontario Health Teams will have the opportunity to better integrate care delivery, including 24/7 palliative care with improved communication and coordination between members of the interdisciplinary care team and across settings to improve access, ensure smooth transitions, and facilitate continuity of care. ■ Paramedics and Palliative Care program allows eligible individuals receiving palliative care in 33 communities to receive assistance from a trained paramedic to help avoid unnecessary emergency department visits.

Health Canada Action Plan on Palliative Care goals	Ontario government responses
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ Foundational indicators tracked in-home care and through Emergency Department visits, hospital admissions/re-admissions, and location of death. ■ Identified opportunities for ongoing measurement and management of palliative care performance indicators at the regional and provincial levels. ■ Use data to support system and capacity planning and to inform regional allocations of resources. ■ Framework next steps identify implementation of performance measurement strategies to inform planning decisions, quality improvement, and evaluation, including consideration for individual and caregiver-reported experience measures.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ The use of digital resources, such as virtual care visits, can continue to be leveraged to improve access to care, particularly in rural and other hard-to-reach communities. ■ Resources and services need to be broadly accessible to individuals with a variety of linguistic, cultural, spiritual, and other needs.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ Ongoing efforts to increase competencies for the provision of culturally sensitive care through healthcare provider training and education.

CCS response

CCS is proud to have supported the development of Ontario’s Provincial Framework for Palliative Care and recognizes Ontario’s leadership as the only jurisdiction with a dedicated framework for pediatric palliative care. CCS also celebrated the announcement of additional operational funding for hospices and funding for grief and bereavement services over three years made in June 2023. It is our hope that this funding increase will be made permanent in the coming years.

CCS hopes the Government of Ontario will continue to implement its Framework for Palliative Care. We encourage the Government of Ontario to continue to work to recruit, train and retain healthcare providers with the knowledge and skills to deliver a palliative approach to care, particularly in home care and long-term care to address the impacts felt on the system as a result of the COVID-19 pandemic. We welcome the Government of Ontario’s inclusion of a right to a palliative approach to care in the Patients’ Bill of Rights in the *Safer Long-Term Care Act*, and we hope to see it implemented in a way that would be replicable in other jurisdictions. We think the Government of Ontario must continue to make investments to support community integration of palliative care services, especially to address any transitions in settings of care. We also encourage the Government of Ontario to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care.

CCS also acknowledges Hospice Palliative Care Ontario’s leadership in developing a platform to measure, assess and track over time the quality of care provided in hospices, and was proud to support a pilot project to expand the platform to other jurisdictions. We encourage governments to look to this example when developing their approach to developing quality measures, indicators and standards for palliative care.



PRINCE EDWARD ISLAND

Prince Edward Island

Palliative care is part of Health PEI, which has a [Provincial Integrated Palliative Care Program \(PIPCP\)](#) delivered by an interdisciplinary care team, with all staff part of the health authority. This provincial program is standardized and community-based across PEI. The province embraces the palliative approach to care and coordinates programs and services to ensure residents have access to palliative across all settings, provided by a team, and not a single healthcare provider. There is also a standalone provincial palliative care centre with 10 beds located in Charlottetown. There is also a four-bed unit in western PEI, a six-bed unit in Summerside and some dedicated beds in community hospitals across the province. There are about 24 beds in total. The provincial palliative care centre has an on-call service for healthcare providers across the province. A key area of focus is to continue to build the palliative care competency and capacity of all healthcare providers. The Health PEI palliative care team has a work plan based on Accreditation Canada standards, and there is provincial alignment from the provincial palliative care centre with the integrated care team. Competencies are enhanced through provincially funded LEAP training. Access to the integrated palliative care program is through multiple contact points such as primary care, home care, long-term care, and self-referral. The latter requires a physician with whom to collaborate, and this is proving challenging for a growing number of individuals who are without a family physician.

Provincial priorities to advance palliative care

The province's top three priorities to enhance the adoption of palliative care include:

1. **Enhancing competencies:** Continue to standardize competencies based on the new Canadian Interdisciplinary Palliative Care Competency Framework, which establishes a minimum national standard. The PIPCP will adapt the framework to strengthen palliative care practice across care settings.
2. **Standardized assessment tool:** There is a desire to use a standardized assessment tool for palliative care, similar to CIHI's Resident Assessment Instrument-Home Care (interRAI-HC). CIHI currently supports the interRAI-HC and support for the addition of the palliative care assessment would help with standardization and measurement.
3. **Capacity:** Increase in dedicated resources for palliative care to meet the needs of all residents.

Pandemic impact

The pandemic created more demand for home care services given the more restrictive visiting protocols in place in hospitals, and the additional challenge of access to hospital beds early on. There was no reduction in home care services and no limits on families or people in the home at the end of life. Home care staff embraced having people around.

Grief and bereavement

The provincial palliative care centre provides sessions for the public and hopes to expand its offerings. Home care staff provide resources and counselling services to family members and make bereavement visits after a loved one passes away. These visits provide an opportunity for coordinators to close the loop with families and say they are also beneficial to them. The local hospice organization offers grief and bereavement peer-based support through online and in-person programs, phone calls, and a lending library.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
1	10	6.01

Status of palliative care in Prince Edward Island

Health Canada Action Plan on Palliative Care goals	Prince Edward Island government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> Information about ACP is provided to clients. There is a provincial Goals of Care form, but not all facilities use it. Standardizing and e-charting will help. While ACP discussions are happening, more could be done, especially in primary care.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> Home care being delivered by an integrated palliative care team (not contracted out), under one umbrella enhances collaboration, consistency and standardization. Paramedics providing palliative care at home program is for individuals who experience an unexpected event at home, after hours. There is no fee for these after-hours services for patients registered in the PIPCP. LEAP training for healthcare providers builds competencies, skills, and confidence in providing palliative care.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> Standardized assessments are used, such as PPS and ESAS, however, there is a desire to benchmark by having a CIHI-supported interRAI-HC with the supplement of the palliative care assessment. A provincial palliative care quality team is looking at adapting the national competency framework. Use of various platforms that do not integrate may create gaps in knowledge across the care continuum. Moving from a paper-based to an electronic health record would be preferred. The lack of integration of multiple electronic systems across the health system makes sharing of client information difficult.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> The PIPCP is available to all residents across the province. It can be challenging for individuals who do not have access to primary care since a connection to a physician is required for PIPCP. However, this does not prevent an individual from receiving a palliative approach from Home Care services.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> The PIPCP is accessible to First Nations communities.

CCS response

CCS appreciates the hard work of the teams working to deliver the Provincial Integrated Palliative Care Program and the PEI Cancer Action Plan 2023-2028. We encourage the Government of Prince Edward Island to keep working to advance access to palliative care. We also encourage the Government of Prince Edward Island to continue to work to recruit, train and retain healthcare providers with the knowledge and skills to deliver a palliative approach to care, particularly in home care and long-term care.

We also encourage the Government of Prince Edward Island to pursue solutions such as InterRAI to improve the quality of care. This would help the Government of Prince Edward Island to develop and report more indicators for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. Similarly, it would help to facilitate transitions for patients between settings of care and ensure their needs and wishes are better respected. We think this will allow the Government of Prince Edward Island to improve care and create efficiencies while also identifying opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care.

QUEBEC

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Quebec

Disclaimer: Note the following information was gathered through an online search of publicly available information about palliative care. The Government of Quebec declined to participate in the survey.

The Government of Quebec passed the Act Respecting End-of-Life Care. The Act ensures that patients at end of life receive care that respects their dignity and autonomy. Further, the Act includes a framework for end-of-life care that includes access to quality care, throughout the continuum of care, and that is appropriate to the individual's needs, including prevention and relief of suffering. Palliative care is mostly accessible through an assessment by an individual's physician and care team, and not limited only to patients with cancer. In 2022, the Government of Quebec released a 2020-2025 Action Plan on equitable access to palliative and end-of-life care. The Action Plan describes nine strategic priorities with measures and outlines the deliverables across the five-year timeline. The plan creates both a clinical governing body for palliative and end-of-life care, as well as a National Observatory with an accessible registry of standardized indicators.

Pandemic impact

The Action Plan describes key supporting points for the nine priority areas. Of note, it mentions that access to designated palliative care beds was difficult since many of these seemed to have transitioned to COVID-19 beds. In addition, dedicated palliative care teams, who ensure access to quality palliative and end-of-life care, were stretched due to the impact of COVID-19, and health human resources shortages.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
35	335	3.88

Status of palliative care in Quebec

Health Canada Action Plan on Palliative Care goals	Quebec government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ Early identification of individuals who will benefit from palliative and end-of-life care. ■ The action plan includes a priority on enhancing the skills of healthcare providers to engage in ACP conversations, and more public awareness of the importance of ACP.

Health Canada Action Plan on Palliative Care goals	Quebec government responses
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ Improved skills development and communication, including more tools to support healthcare providers in the provision of quality palliative care, and enhanced competence and confidence by healthcare professionals. ■ Defined criteria for accessing palliative care based on the needs of the patient and their caregivers, and not only based on medical prognosis ■ Support for the implementation of the integrated palliative care approach, using a three-step process of early identification, assessment, coordinated care plan. ■ Introduce early identification of exhaustion of caregivers. ■ The action plan includes a priority focus on improving access to palliative care for children and adolescents. ■ A priority to provide support to family/friend caregivers, including consultation with the caregiver and caregiver satisfaction.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ Realistic indicators identified and reported publicly on the government's MSSS public dashboard.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ The Action Plan notes a priority to address equitable access for patients with chronic diseases and neurogenerative disorders who have a harder time accessing palliative care than patients with cancer. ■ Regional teams will be set up to improve access to palliative care for all residents.
Improve access to culturally sensitive palliative care for Indigenous communities.	<ul style="list-style-type: none"> ■ No specific priority was identified.

CCS response

While CCS was disappointed that the Government of Quebec chose not to participate in our survey, we welcome the commitments it has made to advancing palliative care through its Action Plan. We encourage the Government of Quebec to dedicate funding to implement these priorities, in particular, to establish governance for palliative care. To address the gaps in available data, CCS recommends that the government follow through on setting up an observatory on palliative and end-of-life care with a standardized data registry to ensure access to and quality of such care across the province.

We encourage as part of this work for the Government of Quebec to continue to invest in education and training for palliative care, particularly for family doctors looking to be specialists in palliative care. We would also encourage the Government of Quebec to consider investing to address all of the clinical costs for palliative care as well as committing to fund grief and bereavement supports. Lastly, we hope the Government of Quebec will continue to invest in virtual, home and long-term care supports for palliative care, and to improve transitions between setting of care.

We hope the Government of Quebec will also consider steps to ensure underserved communities, such as Indigenous communities, unhoused people, and rural and remote communities, receive appropriate access to palliative care services.

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SASKATCHEWAN

Saskatchewan

Palliative care is situated in the Saskatchewan Health Authority and the Saskatchewan Cancer Agency. The Ministry of Health provides global funding to the Saskatchewan Health Authority (SHA) for the delivery of programs and services. While there is no provincial or ministerial strategy for palliative care or provincial quality improvement indicators, the SHA has begun to standardize practices/processes across the province. There are regional programs and services, opportunities for training and skills development of healthcare providers, and support for more timely referrals from the point of diagnosis. Conversations about advance care planning are encouraged early in the disease trajectory. There has been no change in the priority to advance palliative care since 2017, based on the survey response. Access to palliative care in northern or remote communities is challenging. Additionally, while culturally safe and culturally specific resources are in place, more is needed to best meet the needs of Indigenous populations.

Provincial priorities to advance palliative care

The province's top three priorities to enhance adoption of palliative care include:

1. Public awareness: there is still reluctance among some individuals and families to talk about palliative care, death and dying.
2. Professional development: continued training and skills development for healthcare providers, e.g., LEAP
3. Equitable access: address the variation in programs and services across the province, and particularly those communities with geographic challenges

Pandemic impact

As a result of the pandemic, more clients expressed a desire to receive care at home, and to be with their loved ones.

Grief and bereavement

The province has a funding stream for grief and bereavement programs, and support for these services as part of palliative care. These services are provided by interdisciplinary care teams in primary care or home and community care. There are also bereavement camps for kids. More direct funding could be provided for grief and bereavement.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
1	15	1.27

Status of palliative care in Saskatchewan

Health Canada Action Plan on Palliative Care goals	Saskatchewan government responses
<p>Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.</p>	<ul style="list-style-type: none"> ■ Regional and local programs delivered through the Saskatchewan Health Authority, with global funding from Ministry of Health. “My Voice” ACP tools used by patients, and they are encouraged to complete this. ■ Saskatchewan Cancer Agency also has palliative care programs and resources, including use of Earlier Palliative Integrated Care approach (EPIC) ■ Goal to raise awareness of palliative care early in disease trajectory yet varies across province. ■ ACP conversations encouraged across all settings (primary care, home care, hospital, long-term care, retirement homes, community). ■ ACP adoption is about the same as 2017. ■ There are fee codes specifically for palliative care for healthcare providers.
<p>Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.</p>	<ul style="list-style-type: none"> ■ Healthcare provider professional development supported through conferences, small group learning, online/virtual learning, and through courses such as LEAP. ■ Care coordination is facilitated through palliative care coordinators across the province, through paramedicine, senior’s house call initiatives, and connected care initiatives.
<p>Support health system quality improvement through enhanced data collection and research.</p>	<ul style="list-style-type: none"> ■ No quality improvement indicators available.
<p>Foster improved access to palliative care for underserved populations.</p>	<ul style="list-style-type: none"> ■ Recognition of the need to facilitate access in rural and Northern communities. ■ Virtual care, e-referrals, fee codes intended to improve access.
<p>Improve access to culturally sensitive palliative care for Indigenous communities.</p>	<ul style="list-style-type: none"> ■ Recognized enabler to provide culturally safe or culturally specific Indigenous resources, however also noted this as a barrier since needs are not fully met.

CCS response

CCS encourages the Government of Saskatchewan to develop a framework or strategy to guide their work in palliative care that includes the priorities identified in Health Canada’s Action Plan on Palliative Care in Canada while reflecting the unique needs and circumstances of Saskatchewan and its healthcare system. We think this would improve the consistency and quality of service across all regions as well as between people with cancer who receive support through the Saskatchewan Cancer Agency and those who do not have cancer and receive support through the Saskatchewan Health Authority.

We encourage the Government of Saskatchewan to develop indicators and standards for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. We think this will allow the Government of Saskatchewan to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care.

Lastly, we would note that while the government's response indicates a funding stream is available for grief and bereavement services, we were unable to locate more details about it. We would encourage the Government of Saskatchewan to share more information about the stream, if only so all potential applicants could locate it and other jurisdictions could learn from their experience in offering such a stream.

YUKON



Yukon

Palliative care sits within multiple departments in the Yukon. The [Yukon Palliative Care Framework](#), developed in 2015, recognized the many services and organizations involved in providing quality hospice palliative care in the territory. It noted the important involvement of First Nation governments, hospitals, continuing care facilities, home care, community nursing, and those services provided by the Yukon government, health and social services. In addition, the government recognizes the key contributions of the community non-government organizations, including Hospice Yukon, among others.

Yukon has above-average rates of some chronic illnesses, specifically heart and cardiovascular diseases. The government recognizes the importance of a palliative approach to care for people with these life-limiting and life-threatening illnesses and others including, cancer, ALS, Alzheimer's disease, respiratory illnesses and kidney disease. Care is provided across a range of settings including in the home, hospital, long-term care and a hospice residence in Whitehorse. A palliative care resource team is available to support education, consultation and health-system navigation for healthcare providers, residents living with a life-limiting illness, people approaching end of life, family members and caregivers.

The Yukon government noted the importance of access to funded supports, such as palliative care training for healthcare providers and other caregivers, and measures to facilitate equitable access to palliative care across Canada as key enablers.

Territorial priorities to advance palliative care

The territory's top three priorities to enhance adoption of palliative care include:

1. Earlier identification within a responsive health system: Better identification of transitions in health status to identify individuals who would benefit from a palliative approach earlier in their illness trajectory and within a healthcare system that has the capacity to deliver these services.
2. Education and awareness: Enhancing the awareness and education of a palliative approach to care among the public and healthcare professionals, including the benefit of advance care planning discussions and changes in goals of care.
3. Updated strategy: An updated territorial palliative care strategy that includes evaluation and reflects the current system and healthcare provider capacity. The strategy must be client-centred, feasible, and flexible to meet the needs across a variety of settings, and support a nimble and timely approach to care.

Pandemic impact

The pandemic negatively impacted capacity to deliver these services across the board. Healthcare providers are making changes after the acute phase of the pandemic, and the largest gaps are within home care and primary care in rural and remote settings. Until staffing can be stabilized, it is not possible to ask more of already stretched healthcare providers. The foci have moved to triaging those in greatest need, while balancing the needs of staff and clarifying what services can be offered to help clients make informed decisions about palliative care.

Grief and bereavement

Grief and bereavement programs and services are available, and efforts have been made to enhance skills of healthcare providers to support individuals and families with grief and bereavement as part of a palliative approach to care. Collaboration with community organizations who provide grief and bereavement programs and services is also recognized.

Hospice residence beds

Hospice residences	Number of hospice beds	Hospice residence beds per 100,000 people
1	18	41.88

Status of palliative care in Yukon

Health Canada Action Plan on Palliative Care goals	Yukon government responses
Raise awareness and understanding of how advance care planning (ACP) and palliative care can improve quality of life until the end of life.	<ul style="list-style-type: none"> ■ ACP conversations are happening across a variety of settings, and usually in place by individuals and their families. ■ Specific tools and resources are being revamped with an expected roll out in 2023-2024. This revamp was put on hold during the pandemic. ■ Billing codes are available to physicians who have support advance care planning with their patients.
Support health system quality by improving palliative care skills and supports for healthcare providers, families, caregivers, and communities.	<ul style="list-style-type: none"> ■ Education and training are available for healthcare providers, funded by the government, third parties, or clinicians themselves.
Support health system quality improvement through enhanced data collection and research.	<ul style="list-style-type: none"> ■ There are no quality indicators or performance measures in place. ■ At present, the Yukon government does not have a data program that integrates data sources from all care service providers throughout the territory. By not having such a mechanism in place, it is difficult for the government to report the type of or number of services provided to dying people, or to describe the number of people who died in each location. Data would provide information on trends and future needs and assist in identifying gaps in the system to support improved system design and priority setting.
Foster improved access to palliative care for underserved populations.	<ul style="list-style-type: none"> ■ The Framework recognizes the demographic and geographic challenges across the territory. Virtual care and use of other technology is being explored. ■ The Framework also recognizes the need to honour diverse cultural values, traditions and practices when providing everyday care and then adapting services accordingly.

Health Canada Action Plan on Palliative Care goals	Yukon government responses
<p>Improve access to culturally sensitive palliative care for Indigenous communities.</p>	<ul style="list-style-type: none"> ■ There are culturally relevant programs and services, and the Yukon government works collaboratively with First Nation governments. ■ Continuing to enhance training and skills of healthcare providers to deliver culturally safe care.

CCS response

CCS recognizes the unique challenges of providing palliative care given the unique and diverse geographies and populations that live in Yukon. We welcome the Government of Yukon’s commitment to palliative care through its Framework in 2015 and its Aging in Place Action Plan in 2020.

We encourage the Government of Yukon to develop indicators and standards for palliative care across all settings of care to ensure everyone has access to high-quality, culturally safer, affordable palliative care regardless of where they live and in what setting they choose to receive care. We think this will allow the Government of Yukon to identify opportunities for further investment into programs and services, including physical infrastructure, to deliver palliative care.

We also encourage the Government of Yukon to continue to invest in recruiting, training and retaining healthcare providers with the knowledge and skills to deliver a palliative approach to care, particularly in home care and long-term care, to address the impacts felt on the system as a result of the COVID-19 pandemic.

Community organizations

Community organizations play an important role in advocating for and advancing quality hospice palliative care. They develop and make available a variety of tools and resources, and in the case of hospice palliative care associations their members are essential providers of community-based care and programs. Many local hospices and palliative care programs and services rely heavily on fundraising from businesses and the community served in addition to some of the funding they receive from provincial or municipal governments. Given the importance of community organizations who are key partners in hospice palliative care, this report sought to capture their perspectives on what is going well and what more could be done to ensure equitable access to palliative care for every Canadian.

The highlights are an aggregate of individual surveys completed by 13 organizations, consisting of some of the national health stakeholders from the [Palliative Care Coalition of Canada](#) membership and provincial hospice palliative care associations.

Community priorities to advance palliative care

The following represent key opportunities to advance quality palliative care across the country. These are not listed in order of priority. There was good alignment on the needed actions that could advance quality palliative care, including:

- A national public awareness campaign that clearly describes the benefit of palliative care and delineates from medical assistance in dying (MAID). This awareness campaign should also be tailored and targeted to healthcare professionals.
- Ongoing education and training for healthcare providers to continue to build competence and confidence in talking about and providing palliative care, including having conversations about Advanced Care Planning (ACP) and Goals of Care.
- Standards and minimum set of quality indicators, most beneficial provincially and regionally if available.
- Improved access to culturally relevant care, programs, and services.
- Securing reliable funding for community-based programs and services.

Pandemic impact

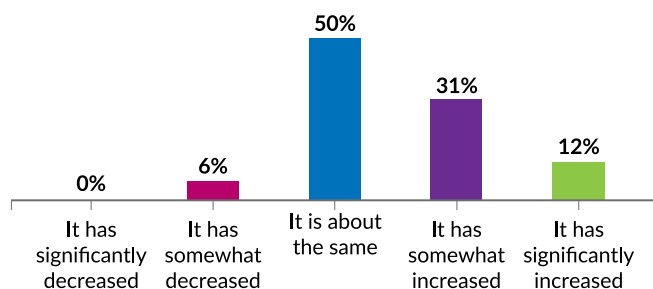
The responses from the community about the impact of the pandemic on palliative care were evenly split, noting there was some or no impact.

Grief and bereavement

Community respondents most often cited the availability of regional or local programs and dedicated grief and bereavement programs as part of palliative care as an enabler. More awareness of grief and bereavement supports, as well as additional training for healthcare providers, has expanded availability to these programs and services. The biggest gap is availability of culturally relevant supports.

Status of palliative care

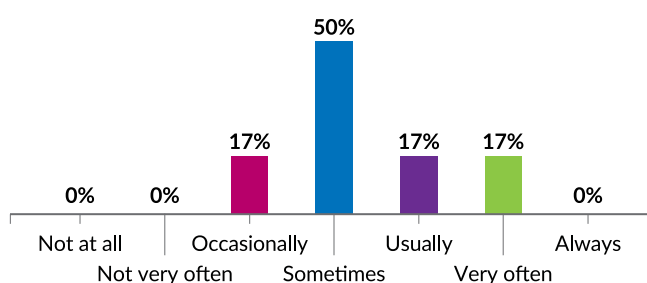
- The majority of respondents felt that many governments were placing at least the same or a greater priority on palliative care than in 2017. One respondent felt the priority had decreased (See table below).



- Training and skills development for healthcare professionals providing palliative care helps to build competencies.
- More care available in community and home settings, including primary care, long-term care, retirement homes, rather than only hospitals.
- Shifting palliative care to earlier after diagnosis and not just in the last months and weeks of life.
- More awareness of Advance Care Planning (ACP).
- Availability of local grief and bereavement supports.
- All community respondents were aware of Health Canada’s Framework on Palliative Care.

What could be better

- While there is awareness of ACP, there is room to improve adoption among individuals and families, including by having conversations initiated by healthcare providers. The table below asks: Are healthcare professionals (e.g., doctors, nurses, social workers, personal support workers (PSWs), healthcare aides, others) talking to patients about ACP.
- 67% of respondents felt that ACP conversations between healthcare providers and their patients were only happening occasionally or sometimes, as compared to 34% who feel the discussions are happening usually or very often (See table below).



- More needs to be done to integrate palliative care with ongoing disease-related or curative medical care.
- Care coordination and hand-offs between settings and sectors could be improved.
- The lack of provincial indicators or performance measures is a gap. Having indicators and data available for improvement could contribute to the overall value and impact of palliative care.
- Talking about death and dying persists as a societal barrier. Improving the competence and confidence of healthcare providers to have conversations earlier about the benefits of palliative care, not just end-of-life care, as well as normalizing these discussions among the public are needed.
- Most agree that culturally relevant resources and culturally safe palliative care, including grief and bereavement supports, need to be enhanced.

CCS response

The Canadian Cancer Society is pleased to play a leadership role in the Palliative Care Coalition of Canada, and through the work of the Don Green Palliative Care Advocacy Team, to help support provincial and local efforts to advance access to palliative care. These findings motivate us to continue our efforts to advocate for continued improvements to our healthcare system when it comes to palliative care.

These findings also reiterate the continued need for a Framework on Palliative Care in Canada, and an action plan to implement it, to have common priorities and goals and dedicated resources to work toward. We also encourage the Government of Canada as well as provincial and territorial governments to continue to make significant investments into the sustainability of the palliative care system, including the civil society organizations that support them, in order to reach our collective goal of ensuring everyone in Canada has access to the high-quality, culturally safer, affordable palliative care we all deserve, regardless of where in the country we live and in what setting we choose to receive care.

