

2023



# HCABC

Hospice Care Alliance  
of British Columbia

## Hospice Care Alliance of British Columbia Round Table Summary Report

January 10<sup>th</sup>, 2024



For more information about this Report or to provide updated content to this resource, please communicate with:

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### Acknowledgments:

The Hospice Care Alliance of British Columbia would like to thank the following individuals for sharing their knowledge, time, and insights at the **Alliance Roundtable**:

#### In person attendees:

Angela Wignall	Director, Professional Practice & Health Policy, Nurses and Nurse Practitioners of BC
Barbara MacLean	CEO, Family Caregivers BC
Charles Aruliah	Advocacy Lead - BC, Canadian Cancer Society
Darren Usher	Chair, Dignity Seniors Society
Debbie Butt	Communication Director, Canuck Place
Donna Flood	Executive Director at Prince George Hospice Society
Dr. Eman Hassan	Executive Director, BC Centre for Palliative Care - HCABC Executive Committee Member
Emily Bogusz	2nd year Science Studies, UBC
Gretchen Hartley	Coordinator, Vancouver Island Federation of Hospices - HCABC Executive Committee
Heather Mohan	Founder, Lumara Bereavement & Grief Society
Ivy Lai	Executive and Stakeholder Coordinator, BCHPCA
Jane Digiacomo	Executive Director, Nelson & District Hospice Society
Jill Gerke	Director, Palliative & End of Life Care, Island Health
Julie Bergeron	Manager Patient Services, Vancouver Coastal Health
Kelly Maclaren	Manager, Stakeholder Relations, Canadian Home Builders' National
Kevin Harter	CEO, Luther Court Society - HCABC Executive Committee Member
Marcia Terlaak	Finance and Operations Coordinator, BCHCPA
Marissa Stalman	Former Nurse gerontologist, SFU- MA
Melody Jobse	Community Engagement Lead, Public Health Initiatives, BC Centre for Palliative Care
Pablita Thomas	Executive Director, BCHPCA - HCABC Executive Committee Member
Paul Adams	Executive Director, BC Rural Health Network
Rebecca Frederick	Director, Community Engagement, Alzheimer Society of BC
Shaun Lorhan	Chief Operating Officer, Victoria Hospice
Signy Madden	Director, Government Relations, Regional Director BC, United Way of BC
Sue Saunders	Director, Home therapies and Palliative Care, PHSA- BC Renal
Susan Scott Gabe	Principal and Consultant at S Gabe & Associates - HCABC Executive Committee Member
Tammy Hardiman	Director – Palliative Care, MAiD, Fraser Health - Palliative Care Lead

#### Virtual attendees:

Angela Eames	Research Officer, Seniors Advocate
Mary Stambulic	Director of Advocacy Services, Heart & Stroke Foundation
Melissa Forsyth	Interim Clinical Nurse Specialist, Palliative Care, First Nations Health Authority

Lastly, the Alliance would like to acknowledge regrets from the following individuals:

Elizabeth Antifeau	Regional CNS, Palliative & End-of-Life Care Services, Interior Health Authority
Kelly Czmielewski	Director, Adult Mental Health Policy at Ministry of Mental Health and Addictions
Kim Williams	Networks Director, Rural Coordination Centre of BC
Krista James	Executive Director, Canadian Centre for Elder Law (Based in BC)



Marcy McGabe  
Nicole Wikjord  
Pam Bilusack  
Therese Harper

Director, Member Services and Strategic Initiatives, BC Association of Clinical Counselors  
Registered Nurse, First Nations Health Authority  
Executive Director, BC Bereavement Helpline  
Director, Strategic Initiatives, Ministry of Health- Palliative Care Portfolio

## Introduction

**On October 4th, 2022. The Hospice Care Alliance of British Columbia (Alliance) held its first Roundtable meeting virtually via Zoom.** This event was organized by the HCABC Steering Committee which is comprised of the BC Hospice Palliative Care Association, Sovereign Order of St. John of Jerusalem Knights Hospitaller, the BC Centre for Palliative Care, Victoria Hospice, and the Vancouver Island Federation of Hospices. The first roundtable meeting was attended by 13 key stakeholders in hospice care in British Columbia including representatives of regional health authorities, community partners and researchers.

During the Roundtable meeting, the participants were introduced to the Alliance, feedback and buy-in was sought on the Alliance's mandate and governance structure, and members were engaged as partners and leaders in the Alliance's future work.

The session began with participant introductions, followed by a short presentation and breakout room discussion of the Alliance Terms of Reference. A brief debrief was followed by a presentation on the progress the Alliance has made so far on the 10-Step Path Forward Report, followed by a discussion regarding the future priorities of the members and their anticipated contributions.

The formation of the Alliance was discussed at the meeting, as well as what it means for participating members. Some identified clarity on how their organization could play a role in the Alliance without having a strong hospice or palliative care mandate, but seeing the importance of the Alliance.

**In April of 2023,** the Alliance's Steering Committee met to strategize the Alliance's next steps and to review the Alliance's operation plans to ensure key priorities and engagement.

It was decided that a late summer virtual session would be necessary to ensure that members' questions would be addressed. A low number of RSVPs and the approaching summer break led the HCABC Steering Committee Members to move the virtual meeting to an in-person meeting and convene all members and partners for a full-day interactive, engaging and participative workshop which supported conversation and perspective gathering.

Furthermore, a one-on-one consultation with members and potential new members was deemed essential to forming the agenda for October 6th, in order to ensure a high level of engagement, alignment, and participation.

Over the summer, the Alliance secretariat engaged in one-on-one sessions with members in order to contextualize the Roundtable meeting.

**On October 6, 2023, the HCABC held its second Alliance Roundtable (full-day, in-person) meeting at the Vancouver Marriott Airport Hotel.** The meeting was facilitated by Pabilta Thomas, Executive Director of BCHPCA, Secretariat of the Alliance, with support from the other HCABC Steering Committee Members.

The in person Round Table meeting convened Alliance key stakeholder members, and new partners in British Columbia four years after inaugural Roundtable, to review overarching priority themes identified by members during the summer one on one meetings and in past meetings.



We were able to hear from not only those who attended in person, but also from those who participated

virtually throughout the day. With a series of group decisions, feedback and buy-in were achieved through the engagement of members as future leaders and partners in Alliance activities.

The session agenda began with participant introductions, followed by a short presentation that highlighted recently completed projects and an in-depth discussion of the Terms of Reference, Vision, Mandate and the collective movement of the Alliance.

Lunch was provided with a break, followed by a themed discussion about three out of the 10 Path Forward steps prioritized by members:

- Step 3 - Advocate for a provincial policy and strategy for hospice care
- Step 10 - Explore partnership opportunities between hospice organizations and underserved communities
- Step 6 - Raise public awareness of hospice palliative care

The day ended with a discussion concerning the future and overall priorities of the day's events, as well as participants' envisioned contributions to the Alliance's success.

The purpose of this report is to summarize the results of the full day in person Round Table that was held at the Vancouver Airport Hotel on October 6, 2023 with the members of HCABC (Alliance), facilitated by Pabaila Thomas, Executive Director of BCHPCA and Secretariat of the Alliance, along with the HCABC Steering Committee Members.



## Governance of the Hospice Care Alliance of British Columbia

### Context

As part of the Roundtable, Vision, Mandate, and structure were discussed, with a particular focus on the [Terms of Reference](#). Full agreement was met around the meaning and value that the Vision and Mandate brought to the Alliance.

### Vision

[1]

Hospice organizations are meaningful and recognized partners in the provision of accessible, adaptable, accountable, and sustainable hospice care that aims to assist individuals with serious illnesses across British Columbia live the best possible life in the place of their choice.

[2]

Hospice organizations are community-based, not-for-profit organizations mandated to use a whole-person centered approach to supporting individuals affected by life-limiting illnesses, their caregivers, and the bereaved.

**Table 1.**

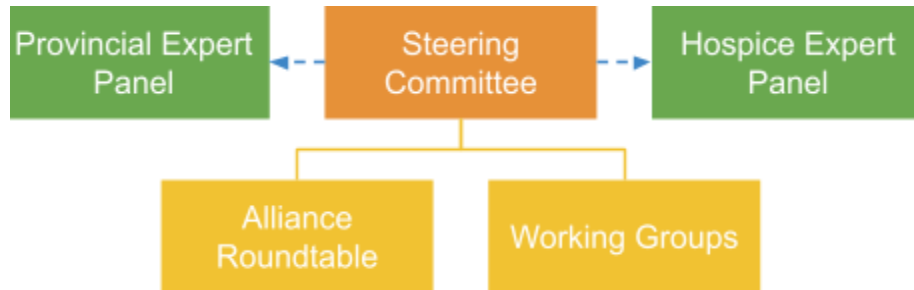
#### **Mandate:**

The Hospice Care Alliance of British Columbia was established in 2019 as an outcome of the provincial Roundtable on hospice care. It aims to convene stakeholders, support the coordination of action, and report the impact of collective efforts toward improving community-based whole-person care for older adults and elders, individuals living with serious, life-limiting illnesses, and their caregivers and loved ones in British Columbia.

- **Convene stakeholders:** The Alliance is founded on the belief that, collectively, leaders who support individuals and families affected by life-limiting illnesses can accomplish more for British Columbians than they can working on their own. Accordingly, the Alliance will act as a convening entity. It will bring together a broad diversity of stakeholders to work collaboratively towards the establishment of mutually agreed upon goals to advance hospice care which propels quality of care forward for individuals affected by life-limiting illnesses, their caregivers, and those suffering from loss & grief.
- **Coordinate action:** The Alliance will support the membership and stakeholders to leverage their expertise and resources to set evidence-informed priorities, create space for co-designing solutions, and coordinate collective action to accomplish the goals set by the membership.
- **Communicate impact:** The Alliance embodies the collaborative efforts of diverse stakeholders to improve end-of-life care in British Columbia. Consequently, it will have the unique ability to convey the impacts of collective action at a provincial level. Thus, the Alliance will support the building of partnerships to influence systemic change, measuring the impacts of its work, and communicating how the dial has moved forward in end-of-life and bereavement care for British Columbians to the sector and the general public.



Explanation around how attendees would engage as Alliance Members was broken down via the chart below:



There was also a discussion of the composition of the membership, as well as the roles and responsibilities of each member. Additionally, it provided an overview of the decision-making process and the structure of the Alliance. The topic of membership participation and, “who is missing at the table”, in the Alliance was of interest to many in attendance. Prioritization should be made to ensure that underserved communities, cultural groups, and indigenous communities are adequately represented

#### **Structure & Governance**

[25]

The Alliance shall be composed of a Steering Committee, two (2) Expert Panels, and a Roundtable of members. The Steering Committee shall have the authority to constitute such additional committees or working groups as are required in order to complete the mission of the Alliance.

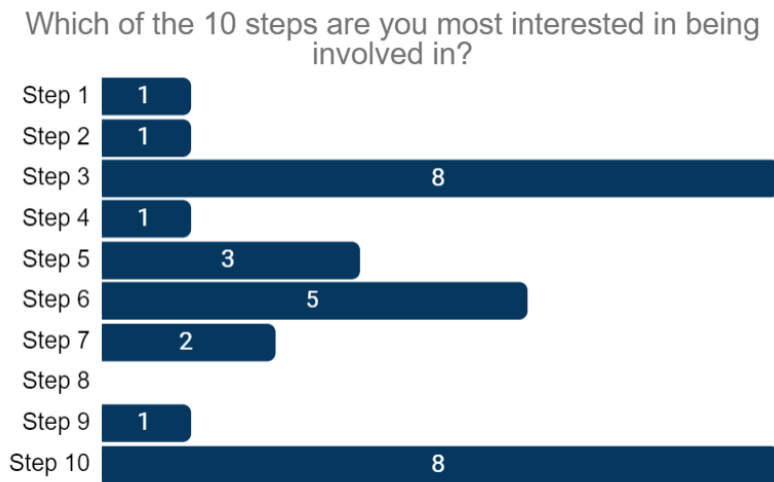
Buy-in of the Terms of Reference was achieved, and key recommendations around providing a description of glossary of terms would be helpful to ensure a clear understanding of language specific to this group. Some members volunteered to support the building of the glossary of terms if required.



## What We Heard Prior to the October 6, 2023 Roundtable (One on One meetings)

In preparation for the in-person roundtable meeting on October 6th, the Alliance secretariat conducted 14 one-on-one meetings to discuss with member' organizations' roles in the Alliance's development and success. Through these meetings, we were able to develop and curate the October 6 agenda based on the expectations and priorities of the Alliance members, as well as gain a better understanding of barriers, challenges and accessibility roadblocks that may not have been apparent when the Alliance was conceived.

**Table 2**





The following is a summary of key insights and considerations that were shared from the one-on-ones held with HCABC Secretariat and members and key stakeholders during the summer of 2023 (prior to the October Roundtable meeting) and further explored by participants regarding their priorities at the Roundtable meeting.

- *Members of the Alliance are most interested in contributing toward advocacy for a provincial policy and strategy for hospice care in BC (Step 3).* Many members articulated that the establishment of a provincial strategy for hospice and palliative care can create a strong basis for completing the remaining steps in the Path Forward Report. They expressed that this can be achieved by promoting quality of life in long term-care facilities, other care settings and communities in British Columbia through advocacy and public education.
- *The Alliance members also express their interest in raising public awareness of hospice palliative care (Step 6).* Members stressed the importance of public awareness of hospice palliative care by highlighting programs that aim to support and educate the community. Providing widespread knowledge and access to such programs is not only essential for improving end-of-life care, but also for fostering a compassionate and supportive society.
- *Lastly, members of the Alliance are also interested in exploring partnership opportunities with underserved communities (Step 10).* Members expressed the importance of identifying the populations that are “underserved” and amplifying their voice on how we can support cultures and language differences of the people that this represents. By leveraging data and information regarding underserved populations, the Alliance can build a better business case for the hospice care sector and identify the right partners to involve as members of the Roundtable.

### What We Heard and was discussed at the October 6, 2023 RoundTable (Overarching Themes)

The Roundtable meeting took place from 9:30 am to 4:30 pm on October 6th. Members were asked to reflect on the three (Steps) strategic objectives of the Alliance, based on the feedback conducted via a series of brainstorming and interactive activities, from the one on ones that aligned with their organizational mandates. This allowed the day to be intentional in understanding relationships, positioning and to support the future operational planning for the Alliance as we move into 2024 and 2025. The following is a summary of key insights of each question posed and considerations that were discussed.

Please see **Appendix A** that shows actual member recommendations gathered.

- *Theme Discussion: Step 3 - Advocate for a provincial policy and strategy for hospice care*  
What considerations and guidelines should be included in developing strategies that support the integration of hospice services?  
**Overarching Participants Recommendations:**
  - Providing hospice continuous funding to support operations planning and key deliverables (that are data and metric driven) that support the community, caregivers, and families in an equitable manner
- What is needed for a strategy to be successful in improving access to hospice services in the community, keeping in mind urban, rural, remote, and Indigenous communities?  
**Overarching Participants Recommendations:**
  - It is imperative that the underserved communities are taken into account in the planning process and that trauma-informed and diverse practices are incorporated so that communities' needs are reflected in strategies.
- What considerations and guidelines should be included in developing strategies that support the integration of hospice services?  
**Overarching Participants Recommendations:**





- It is important to consider hospice services within health systems, as well as the readiness of other partners for integration. As well as the ability to integrate models that enable hospice organizations to grow and maintain autonomy. The collection and reporting of data would support not only the quality of care for patients but would also contribute to the development of standardized practices across all jurisdictions and enhance patient safety.

- **Theme Take Away: Step 3 - Advocate for a provincial policy and strategy for hospice care**

The group concluded that advocating for a province-wide hospice care policy and strategy would not only enhance service delivery and patient outcomes but would also support an already stretched healthcare system by enabling community hospices to further reach underserved communities in their preferred settings. In addition, this would enhance access to hospice services for all patients and their families, regardless of income, location, or cultural background. Furthermore, a provincial strategy would provide the necessary resources to ensure high-quality hospice care.

- **Theme Discussions: Step 10 - Explore partnership opportunities between hospice organizations and underserved communities**

- Let's explore underserved communities; what does that look like to you?  
**Overarching Participants Recommendations:**
  - When considering access to service, geographical barriers and accessibility are key factors. Participants emphasized the importance of looking at characteristics of underserved communities. People experiencing homelessness, substance abuse, marginalized groups, including those representing ethnic backgrounds, sexual orientations, or limited abilities, as well as seniors were just a few of the examples.
- What barriers or hurdles might affect creating and maintaining partnerships with underserved communities?  
**Overarching Participants Recommendations:**
  - A number of barriers or hurdles were identified that may prevent underserved communities from maintaining partnerships. This included lack of awareness of services, stigma/shame surrounding seeking assistance, community capacity, distrust of the healthcare system, funding, communication that includes translation, decolonization, culturally safer practises.
- How can your organization support these partnerships among underserved communities and hospice organizations in reducing these barriers?  
**Overarching Participants Recommendations:**
  - Through strategic partnerships, open communication, and culturally safer education and awareness training that support accessible and equitable care. Being a bridge with peer to peer support or knowledge transfer with organizational community champions, building trust between the community and hospice providers is essential.

- **Theme Take Aways: Step 10 - Explore partnership opportunities between hospice organizations and underserved communities**

The key to engaging and better supporting underserved communities and ensuring the success of services is to adopt a community-based approach. Providing whole-person care requires local hospices and partners to be equipped with the necessary resources and expertise, as well as the participation and support of those being served. Finally, culturally safer training should also be considered for volunteers, care providers, policy makers, funders and decision-makers in order to make sure everyone has a better understanding of the challenges that some individuals may face in their communities, enabling decision-making that is more responsive to community needs.



As part of this effort, resources and training can be provided to enable individuals to better understand diversity, equity, and inclusion, along with trauma-informed ideologies as well as policies and practices that are culturally sensitive and responsive to the needs of the community. In order to measure progress and ensure that the community's needs are met, regular feedback and evaluation should also be conducted from all levels

- *Theme Discussions: Step 6 – Raise public awareness of hospice palliative care.*
  - What needs to happen to raise public awareness and ensure all services (for example, grief and bereavement services, Family and Caregiver support, home support, etc.) of hospice palliative care are promoted?

**Overarching Participants Recommendations:**

- Participating in community events and providing interdisciplinary awareness training will facilitate access to care. Events aimed at educating and raising awareness in the community. Integrate advance care planning into the discussion and work with media and HCABC partners to develop a communications and marketing strategy at the provincial level.  
Such an approach can help identify barriers to hospice care. In addition, it can provide individuals with the opportunity to make informed decisions regarding their end-of-life choices. In addition, a coordinated provincial marketing and communication campaign will reach a wider audience. Advertising campaigns, media partnerships, and community events could be included. It could also involve providing easily accessible resources and information about end-of-life care to many.



## Priorities for the Hospice Care Alliance of British Columbia

### Moving forward

Over the past few years, the Steering Committee of the HCABC has completed many of the steps identified in the Path Forward Report.

In 2021, the BC Centre for Palliative Care (BC-CPC) and the BC Hospice Palliative Care Association (BCHPCA) collaborated on (Step 7) developing core competencies for hospice volunteers.

Building from this success, the Steering Committee engaged a consultant to draft the Terms of Reference (Step 1) for the Alliance, and to assist in the development of a prioritized annual work plan. As well, the Alliance was established in October of 2022.

In December 2023, the BC-CPC and BCHPCA Finalized the Common Definition Project for Hospice Societies (Step 4) to assist in improving community awareness and understanding of hospice services provided in the community by hospice societies.

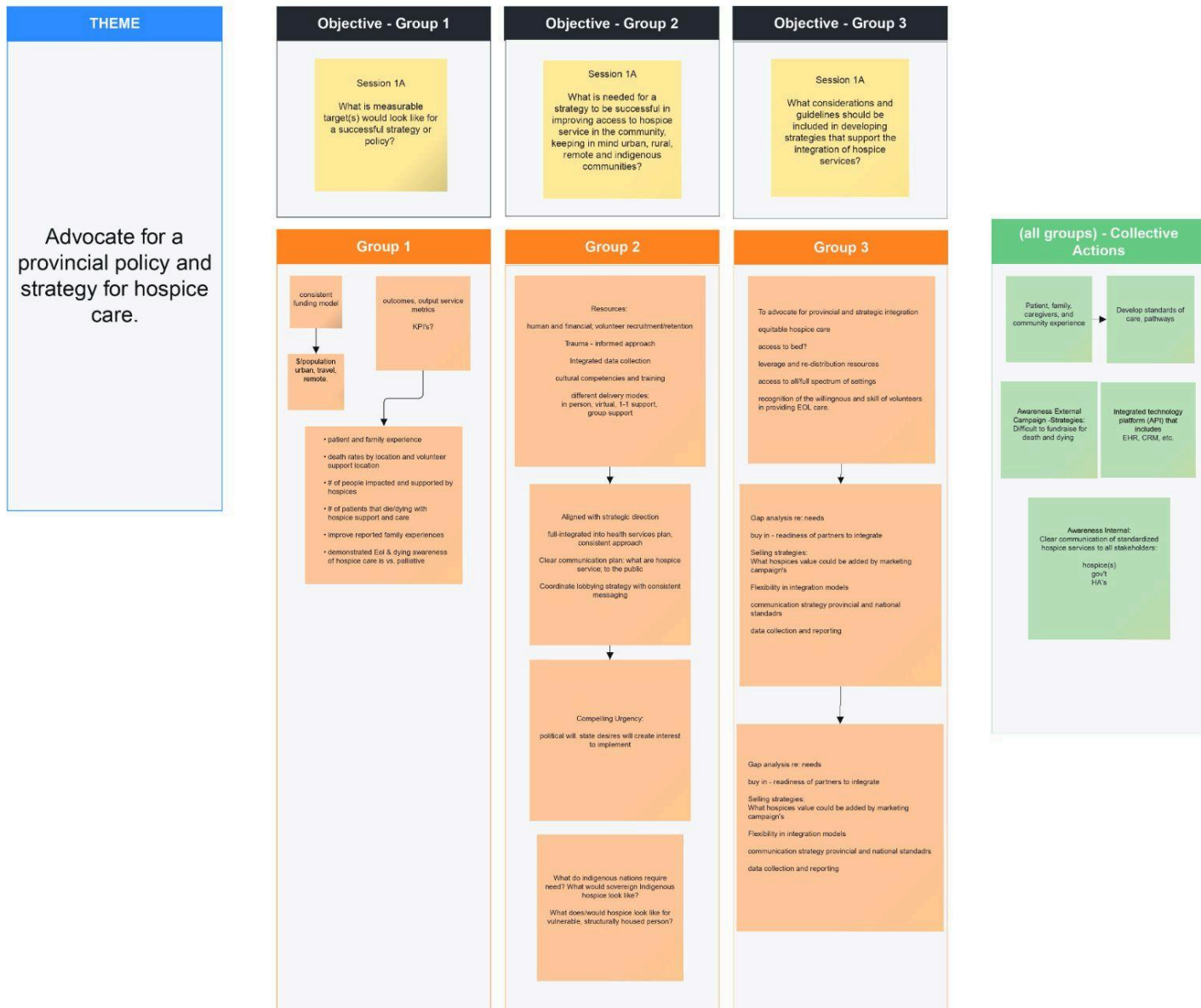
Taking into account the information shared at the October 6, 2023 Roundtable meeting, the Steering Committee will incorporate this into the work plan for 2024 and 2025, so as to facilitate further collaboration and partnership with Alliance members that will ultimately achieve the completion of the 10 Steps identified in the Path Forward Report. As part of the Steering Committee's work plan, the following priorities will be outlined in relation to the Alliance's member mandates and the 10-Step Path Forward Report.

- *Step 1*: Design of a strong, integrated governance structure to support the successful launch of the Alliance
- *Step 2*: Development of a sustainable funding model for the Alliance
- **Step 3: Advocate for a provincial policy and strategy for hospice care**
- *Step 4*: Establishment of a common definition for hospice care in BC
- **Step 6: Raise public awareness of hospice palliative care**
- **Step 10: Explore partnership opportunities between hospice organizations and underserved communities**

In the Spring of 2024 an amended Work Plan will be shared with Alliance Members, and convene virtually to discuss next steps as a collective to achieve the steps identified.

# Appendix A

[Notes Compiled and Gathered from Roundtable Event](#) (Please click on the link for a larger version of the chart)



Notes Compiled and Gathered from Roundtable Event (Please click on the link for a larger version of the chart)

**THEME**

Explore partnership opportunities between hospice organizations and underserved communities

**Objective - Group 1**

Session 1B  
Let's explore underserved communities; what does that look like to you.

**Objective - Group 2**

Session 1B  
What barriers or hurdles might affect creating and maintaining partnerships with underserved communities?

**Objective - Group 3**

Session 1B  
How can your organization support these partnerships among underserved communities and hospice organizations in reducing these barriers?

**WE - Group 1**

- indigenous communities
- seniors
- substance-using
- new immigrants in rural settings
- LGBTQIA++
- Rural and remote
- non-municipal communities
- youth and children
- hearing impaired/deaf
- anticipatory grievers
- instrumental grievers
- MAID grief support
- non-english speakers
- sudden death (suicide, homicide, accidents, overdose)

**Group 2**

- awareness of services
- stigma/shame re. asking for help
- organizational capacity
- distrust of health care system
- calls on resources
- money/funding
- communication/translation
- who do you contact? Regular membership?
- Who are community champions?
- constant change - on org & community side
- protocols differ for different communities
- need to de-colonize process
- time-based deliverables
- indigenous (capacity lens)
- trauma from residential schools
- trust

- Turnover with staff and knowledge of loss
- Lack of resources (\$ + people + energy)
- aging demographics of hospice volunteers
- slow recruitment of new generation
- how to pick or focus or prioritize
- language barriers, lack of translation services and other communication barriers (hearing, vision etc)
- opioid crises add size of impact on communities

**Group 3**

- bringing names and contact forward to the Alliance conversations
- people with lived experience (paid peers) are a tremendous resource
- widening our lens of who we think are impacted
- identify the barriers (language, physical access, transportation)

- Data collection - building evidence for needs
- combining resources and partnerships
- convening groups and cross pollinating
- warm personal introductions
- connect with Len Pierre Consulting (indigenous knowledge keeper)
- bring the partnership to the underserve community on their terms

**(all groups) - Collective Actions**

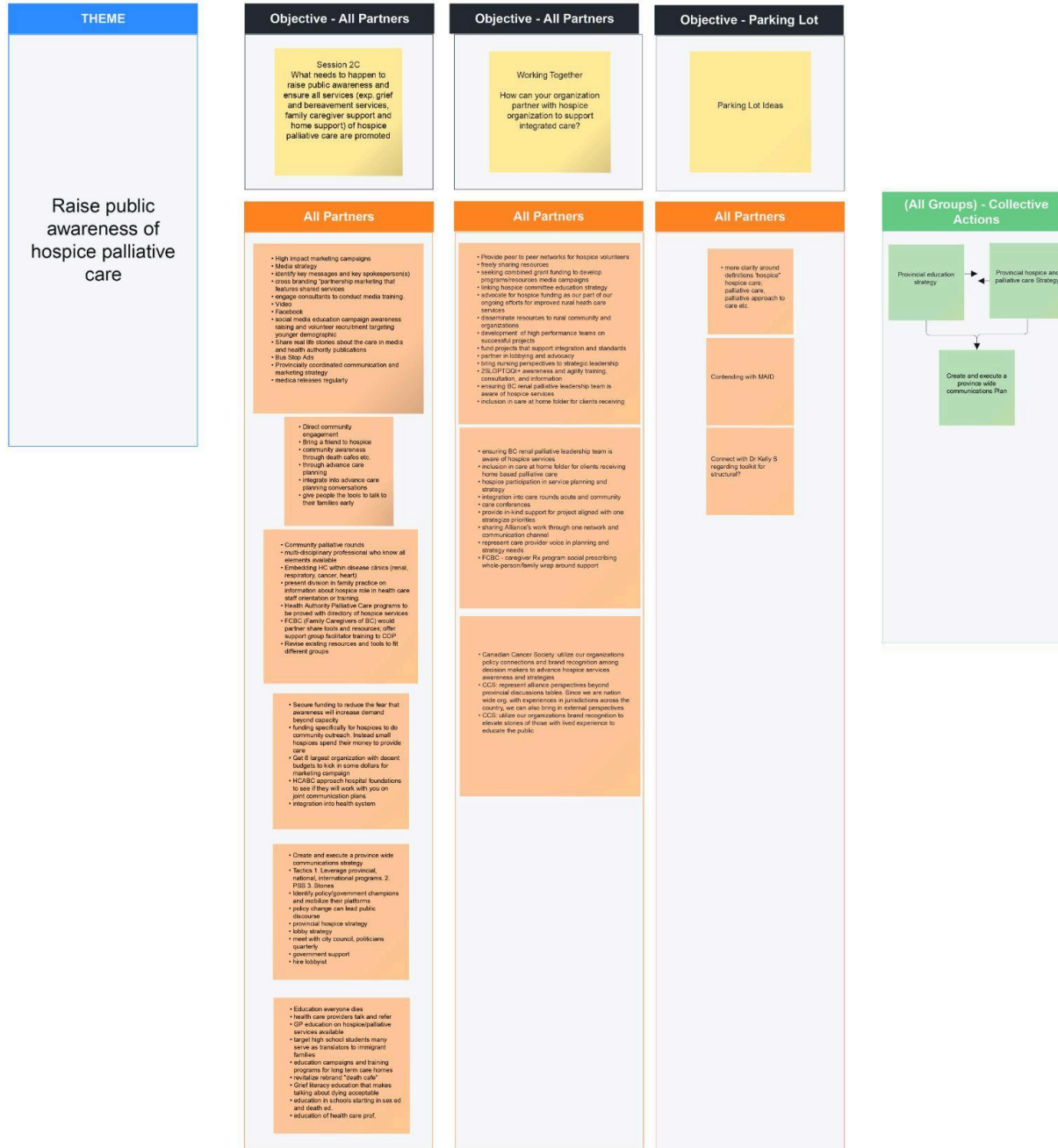
Affective Communication Strategies that are measurable → Data collection that can be shared amongst all partners to support better quality of care

cohesive protocols that supports better integration of hospice care across all organizations

Awareness that supports access to care for underserved communities

- Care Providers unawareness
- policy makers unawareness
- funders unawareness

Notes Compiled and Gathered from Roundtable Event (Please click on the link for a larger version of the chart)





## Appendix B

### Objectives & Measures of Success

Below Identifies the multi-annual goals of the HCABC Steering Committee. This section reflects the purpose for the work and what we hope to accomplish with it.

For each objective identifies measures of success – how we will know that we have met our objective.

Performance indicators include outputs (e.g., publication) or outcomes (e.g., % increase in awareness about X).

In blue highlights the areas focused and discussed in detail during the in-person event on October 6th, 2023.

<b>Objectives</b> What do we want to accomplish?	<b>Steps</b>	<b>Performance Indicator</b> How will we know if we have succeeded?	<b>Status</b>
Design and maintain a strong, integrated, governance structure for the Alliance.	1. Form the Hospice Care Alliance of British Columbia, representing the hospice sector, end of life, palliative, government and patient and family groups.	Terms of Reference approved by a simple majority vote of Alliance members	Completed
Establish a common definition for hospice care in the province of British Columbia.	4. Establish a common definition for hospice care.	A common definition was established through a research-informed consensus-building process with 56 participants, including 33 affiliated with hospice societies (including board members, executive directors, volunteer coordinators, volunteers and counsellors), and 23 'external' respondents, representing provincial/regional health authority/service leadership, palliative care specialists, healthcare providers who may refer to hospice societies, researchers, and persons with lived experience. The long and intermediate versions of the common definition achieved 85% consensus and the short version achieved 95% consensus. At the October 6, 2023 roundtable, the definition was approved by a simple majority vote of Alliance members.	Completed
Develop and implement an Engagement Strategy for the Hospice Care Alliance of British Columbia.	1. Form the Hospice Care Alliance of British Columbia, representing the hospice sector, government and patient and family groups.	4 PHWG (PHWG- Steering Committee) Meetings hosted in 2021 & 2022 to form the Alliance, 1 Alliance meeting hosted in 2022, 1 Alliance meeting hosted in 2023, Aim to host 2 Alliance meetings in 2024, 25% of members in attendance at 2022 meeting 70% of members in attendance at 2023 meeting	Ongoing

		<p><i>Based on Satisfaction levels of Alliance members via 2023 Feedback Survey 80% of respondent felt they were very satisfied with the in person Roundtable.</i></p> <p><i>Quote</i>  <i>"It was great to hear the different perspectives of the groups in the room and how their input was immediately integrated into planning by the steering committee" - HCABC Member and Participant at Oct 6</i></p>	
<p>Develop a sustainable funding model for:          (A) Hospice Organizations          (B) Hospice Care Alliance of British Columbia and,</p>	<p><i>2. Secure reliable funding for hospice organizations.</i></p>	<p>(A) <i>Multi-year funding agreement for the operational expenses of Societies</i></p> <ul style="list-style-type: none"> <li>- <i>1 multi year grant application submitted for 2024 to MoH for Grief and Bereavment Services</i></li> </ul> <p>(B) <i>And funding for the Hospice Care Alliance of British Columbia</i></p> <ul style="list-style-type: none"> <li>- <i>2 successful grant applications for HCABC</i></li> </ul>	<p><b>Ongoing</b></p>
<p>Explore and facilitate opportunities for meaningful partnerships between hospice organizations and underserved communities in the province.</p>	<p><b>10. Explore partnership opportunities between hospice organizations and underserved communities.</b></p>	<p><i>% of Alliance members that represent underserved communities</i></p> <p><i># of new engagements between HCABC and underserved communities</i></p>	<p><b>In Progress</b></p>
<p>Raise public awareness of the importance of the person-centered care and advance care planning provided by hospice organizations in British Columbia.</p>	<p><b>6. Raise public awareness of hospice palliative care.</b></p>	<p><i># of campaigns carried out by Alliance partners (environmental scan)</i></p> <p><i>Campaign reports with number of views, clicks, downloads, registrations, impressions, shares</i></p>	<p><b>Pending</b></p>
<p>Advocate for a provincial policy and strategy for hospice palliative care in BC</p>	<p><b>3. Advocate for a provincial policy and strategy for hospice care.</b></p>	<p><i># of meetings held with Provincial departments on HPC Advancement on any of the HPC files within the MoH and MMH and other provincial departments</i></p>	<p><b>Pending</b></p>
<p>Establish standards and an accreditation program to ensure quality and consistency in hospice services</p>	<p><i>5. Establish provincial standards and an accreditation program.</i></p>	<p><i>Creation of a working group to spearhead this step</i></p>	<p><b>Pending</b></p>
<p>9 a Establish core competencies</p>	<p><i>7. Establish hospice competencies and a provincial training program.</i></p>	<p><i>Establish Core competencies</i></p> <p><b>Volunteer Competencies have been established</b></p>	<p><b>Core Competencies completed and</b></p>





9 b Establish provincial education program for hospice staff and volunteers			<i>education training pending</i>
Develop an effective volunteer engagement strategy	<i>8. Ensure an effective volunteer engagement strategy.</i>	# of appropriately trained volunteers Level of satisfaction among volunteers (survey)	<i>Pending</i>
Leverage technology to facilitate networking, training, and knowledge exchange	<i>9. Use technology for networking, training and knowledge exchange.</i>	# of online events, webinars, educational & training sessions	<i>Pending</i>



## Appendix C

### Glossary of Terms and Acronyms

Advance Care Planning (ACP)	An Advance Care Plan is a record of an individual's values, beliefs, wishes and instructions about their future health and personal care, for use when unable to make decisions. An ACP can be written down, audio/video recorded or spoken. It may also include written legal documents such as an Advance Directive and Representation Agreement.
Bereavement	Grief and mourning happen during a period of time called bereavement. Bereavement refers to the time when a person experiences sadness after losing a loved one.
Caregiver or Carer	Family or other significant people (as identified by the care recipient) who provide unpaid care and assistance to individuals living with a life limiting illness.
Competency	For the purposes of the Canadian competency framework, "competency" is defined as follows: A competency is a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility), that correlates with performance on the job, that can be measured against well-accepted standards, and that can be improved via training and development.
Cultural Safety and Humility	<p>Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.</p> <p>Cultural Humility is a process of self-reflection to understand personal and systemic biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.</p>
end-of-life care	Care that occurs in the last part of a person's life, usually in the last days, weeks or months
Grief	Grief is the response to losing a loved one or thing; it includes thoughts, behaviors, emotions and physiological changes.
HCABC	Hospice Care Alliance of BC. This group is made up of organizations in the health, social services, nonprofit and governmental sector that aligns with the Vision and Mandate of the HCABC and core beliefs that, " <i>Hospice organizations are meaningful and recognized partners in the provision of accessible, adaptable, accountable, and sustainable hospice care that improves the quality of living and dying for individuals with serious illnesses across</i>




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*British Columbia”.*

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Home care	Care delivered in the community in private homes and residential settings Home care programs deliver a wide range of health and home support services, including end-of-life care.
Hospice Palliative Care (HPC)	Is a specialized form of healthcare; hospice palliative care aims to relieve suffering and improve the quality of life for those living with a life limiting illness, as well as their families. Hospice palliative care addresses the specific physical, psychological, social, spiritual, and practical issues, and their associated expectations, needs, hopes and fears on an individual basis.
Hospice Societies	Hospice Societies refers to community-based, not-for-profit organizations with a mandate to support individuals with life-limiting illnesses and their caregivers and the bereaved. These organizations provide services with paid staff and volunteers and are primarily funded by their community through donations, sponsorships, annual grants etc.
Hospice Volunteers	Hospice volunteers are selected, trained and supervised to provide emotional support to people living with serious illness, caregiving or grieving a death, as well as a variety of practical supports for individuals and to support hospice services.
Interdisciplinary/ Multidisciplinary team	Caregivers with different training and skills who work together to develop a team and implement a person’s plan of care. Membership varies depending on the services required to address the person’s and family’s identified issues, expectations, needs and opportunities. An interdisciplinary team typically includes one or more physicians, nurses, social workers, psychologists, spiritual advisors, pharmacists, personal support workers, and volunteers. Other disciplines may be part of the team if resources permit.
Life Limiting Condition	Any condition or illness which is progressive and could cause the death of a person; this includes terms such as “serious illness”, “life threatening illness”, “terminal illness” and other similar terms.
Long-term care facility	A facility that provides living accommodation for persons who require on-site delivery of 24-hour, 7-day-a-week supervised care, including professional health services, personal care, and services such as meals, laundry and housekeeping.

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Palliative Approach to Care (PAC)	<p>The adoption of palliative care principles and adaptation of palliative knowledge and expertise to chronic life-limiting conditions. PAC may be incorporated into care by health care providers in a variety of care settings. A palliative approach is characterized by:</p> <ul style="list-style-type: none"><li>● Upstream identification of people with life-limiting conditions and their families, and addressing their needs based on the knowledge of the life-limiting nature of their specific condition or conditions.</li><li>● Adaptation of palliative knowledge and expertise to specific patient populations and contexts</li><li>● Integration of PAC into systems and models of care that do not specialize in palliative care</li></ul>
Palliative Care	<p>According to the World Health Organization, “Palliative care... improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.</p> <p>Palliative care aims to reduce suffering and improve the quality of life of persons living with life-limiting illness.</p>
Steering Committee	<p>These founding members are also known as the Provincial Hospice Working Group (PHWG) and include the British Columbia Hospice Palliative Care Association (BCHPCA), British Columbia Centre for Palliative Care (BC-CPC), Sovereign Order of Saint John (SOSJ), Victoria Hospice (VH), and the Vancouver Island Federation of Hospices (VIFoH)</p>
Underserved populations	<p>Underserved populations refers to individuals who identify with belonging to these populations: perinatal, infants, children, adolescents, and young adults; older people; First Nations, Inuit, and Métis; racial or ethnic minorities; members of minority language communities; members of the LGBTQ2 community; immigrants and refugees; persons who have illnesses other than cancer; those who live in rural, remote, and northern communities, or are socio-economically disadvantaged, homeless, incarcerated, engage in sex work, or have mental or cognitive impairments. Please note that this is not an exhaustive list and it can be expanded upon</p>

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