



Pallium Canada

Advancing Palliative Care

ANNUAL  
REPORT  

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2019-20

## Building palliative care capacity



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# From the Chair and Chief Executive Officer

The start of the pandemic was a defining moment for Pallium and the past six months have resulted in many paradigm-shifting developments for the organization and its future. Amid the challenges and uncertainty created by the pandemic, Pallium has found itself playing a pivotal role in supporting frontline health care professionals and focused more than ever on how we can better support health care teams responding to COVID-19. One thing is clear—the pandemic has laid bare the need for better palliative care across the continuum of care.

Pallium's response to COVID-19 was quick and decisive. In the first six months of the pandemic, and thanks to support received from the Canadian Medical Association, Pallium contributed to frontline preparedness by training over 10,000 health care professionals from many different professions by offering its online palliative care training modules free of charge. This figure is 23% higher than the number of professionals Pallium would train in a full year—a testament to the need that exists for more training and support. Long-term care establishments have suffered, in part, from staff who are under-prepared and unable to provide a basic standard of palliative care needed for patients with serious illnesses.

To round out our support to health care professionals, we launched a webinar series focused on topics that are relevant to health care teams leading the response to COVID-19 thanks in part to support received from Boehringer Ingelheim (Canada) Ltd. At the time of print,

Gérald Savoie



Jeffrey B. Moat



19 webinars have taken place over a six-month period, with over 16,000 video views of the recordings. We have been able to mobilize these webinars to respond quickly to health care professionals' needs thanks to over 50 panelists and moderators. These health care professionals have dedicated their time and effort to make these webinars happen and to ensure their colleagues are equipped with the information needed to respond to this pandemic.

In spite of the impact of the COVID-19 pandemic, Pallium still had its most successful year to date and we saw continued strong growth in the number of LEAP courses,

LEAP learners, and LEAP partners despite the need to cancel the majority of sessions in March 2020 due to COVID-19. In response to this challenge, we were able to successfully launch a fully online version of LEAP which has seen a strong early uptake. Thank you to our incredible facilitators, many of whom have completed their online orientation training and have begun facilitating sessions online. As we look ahead, we are committed to bringing new and flexible ways to access LEAP content that complement and support the strength of existing LEAP courses and face-to-face training.

The impact of this pandemic on Canadian businesses and their employees has also been immense. Before the start of the pandemic, Pallium launched the Compassionate Workplace Campaign (CWC)—an initiative to engage workplaces and strengthen compassionate workplace culture. The focus of the CWC is to help transform workplaces into compassionate environments where Canadians who are caregiving, grieving, or dealing with a serious illness receive the support they need.

During the pandemic, this support expanded to help employees who are struggling to come to grips with the rapid changes that we are experiencing in society as a result of COVID-19. Millions of Canadians have had their work and personal lives disrupted. As a result, employees are experiencing new types of grief, unable to support each other in traditional ways, and suffering greater stress and anxiety. Accordingly, the CWC was updated to include additional resources to help employers support their teams virtually and with different types of grief. The time

to act is now in raising national awareness and sparking meaningful conversations to build an understanding of compassion in the workplace. This will be a major focus of Pallium's work in the year ahead.

The snapshot of achievements mentioned above is the result of collaborative efforts between many individuals and organizations that are committed to improving the accessibility and quality of palliative care in Canada. Thank you to our colleagues, facilitators, supporters, partners, and subject matter experts who were able to come together to share much-needed expertise and experience with colleagues from across the country during a challenging time. What follows in this report is a direct result of your collaboration, commitment, and hard work.

Lastly, we want to communicate a sincere thank you to a very dedicated team of employees who worked quickly in the first weeks of the pandemic—and ever since—to ensure Pallium could support health care professional preparedness during this challenging time.

As our communities and health care system navigate the challenges presented by COVID-19, Pallium will continue to advocate for palliative care so that collectively, we can provide better care to patients and their families.

Sincerely,

Gérald Savoie  
Chair

Jeffrey B. Moat  
Chief Executive Officer

# From the Scientific Officer

The COVID-19 pandemic has touched everyone's lives in one way or another. It has ended the lives of thousands of Canadians and left families and communities grieving. It has also increased the socio-economic vulnerability of many Canadians. Health care systems have had to redesign on the fly as they attempt to respond to so many unknowns. The pandemic has highlighted strengths and exposed weaknesses across many sectors of our health care systems—including palliative care.

In many instances, it feels like “two steps forward and three steps back” with respect to activating a palliative care approach earlier in the COVID-19 illness trajectory. The word ‘palliative care’ in the media and among some health care professionals has reverted to being seen only as an alternative to ventilation and about the last days and hours of life.

On the frontlines, we saw shortages of critical medications used for palliation. These included key drugs used to treat severe shortness of breath, pain, and delirium for COVID-19 positive patients or those with advanced cancer and non-cancer diseases.

In many settings and centres, to reduce the risk of transmission across settings, palliative care providers were relegated to the sidelines while colleagues in specialty areas such as internal medicine, infectious disease, critical care, and emergency care were called to provide

Dr. José Pereira



palliation, often with limited or no palliative care training. To their credit, many health care providers acknowledged these limitations and were quick to ask for rapid upskilling in the palliative care approach.

We have seen the pandemic's impact on long-term care (LTC). The Canadian Institute for Health Information reported that while Canada's COVID-19 death rate has been relatively low compared to other OECD (Organisation for Economic Co-operation and Development) countries, the proportion of deaths occurring in LTC in Canada is double the OECD average. LTC residents account for 80% of COVID-19 related deaths in Canada, compared with an average of 42% in 16 other OECD countries. The medical community has heard stories of some homes that were able to respond

to the palliative care needs of their residents while others who had failed to adopt the palliative care approach, or had little support, resulting in unnecessary suffering for many residents.

One area that added considerable distress to patients, families, and palliative care providers alike was the visitation restrictions that had to justifiably be implemented. Palliative care professionals and colleagues across many in-patient settings, including hospitals, palliative care units, LTC homes and hospices, had to witness the suffering of patients dying alone. As health care providers, we had to add companionship to our clinical work. While difficult, it also reminded us of the honour and privilege of being care providers.

We also saw amazing things happen. We saw families come together to care for their loved ones in their homes. This is something that as a society we should build on to provide more incentives and conditions to help families stay home to care.

We saw greater ownership of the palliative care approach by professionals across primary care and many specialty areas as they realized that they too have a role to play in providing a palliative care approach. But this has also placed many health organizations in a dilemma, particularly large ones with many staff; how to provide palliative care education when also faced with massive funding burdens.

Most notably, we saw an incredible ability to pivot—to make changes that would otherwise have taken many years. Educators and clinicians transitioned rapidly to virtual learning and virtual care with high-quality clinical guidelines being developed within days. I am extremely proud of Pallium's ability to support health care teams in this regard so quickly after the pandemic started. We also know that these modes of learning and care have their limitations.

The pandemic has shown us the strength of interprofessional work and collaboration. We need to leverage this and learn how to work together more effectively.

The pandemic has taught us a lot of things, and every day we seem to be learning more. We must make sure that we don't miss this opportunity to make much-needed improvements to be better prepared for the growing palliative care needs of Canadians. But it requires investment, commitment, and courageous leadership. Are we up to it?

Sincerely,

A handwritten signature in blue ink that reads "J Pereira".

Dr. José Pereira  
Scientific Officer

# LEAP results at a glance

In spite of the impact of the COVID-19 pandemic, Pallium still had its most successful year to date with continued strong growth in the number of LEAP courses and learners.



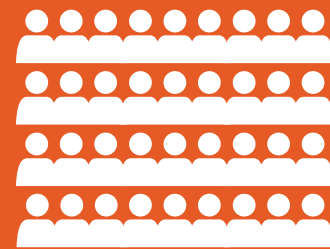
Total number of LEAP sessions

469



Growth in LEAP sessions vs last year

23%



Number of new LEAP learners

7,351



New facilitators trained

144

## Response to COVID-19

The COVID-19 pandemic has served as a true rallying cry for the Pallium team to prioritize, and make available, essential resources to better support Canada's frontline health care professionals. Within a few weeks of the World Health Organization deeming COVID-19 a pandemic, Pallium expedited the completion of LEAP Online, made 10 palliative care online modules freely available to health care professionals, and launched a webinar series focused on the most important palliative care COVID-related topics for frontline health care professionals.

### LEAP Online

Pallium worked quickly to launch its first fully virtual LEAP course to provide a flexible option for Partners to be able to continue to offer important training related to palliative and end-of-life care and to support the continuity of their teams' professional development activities. Over 18 LEAP Online sessions have taken place since the start of the pandemic.

### Free online palliative care modules

Pallium, in collaboration with the Canadian Medical Association (CMA), provided access to essential education on palliative care for all health care professionals via 10 online palliative care modules. The modules provided health care teams with an introduction to the palliative care approach focused on the important knowledge and skills required during the COVID-19 pandemic response. To date, 10,960 physicians, nurses, pharmacists, paramedics, and other health care professionals have accessed the free modules.

### Webinar series

The palliative care webinar series, made possible in part by support received from Boehringer Ingelheim (Canada) Ltd., brings together experts from across the country to address the pressing and emerging issues relevant to

health care professionals who are leading the response to COVID-19. Nineteen webinars have taken place with over 5,300 health care professionals in attendance and 16,000 recorded video views.

### The Canadian Palliative Care Exchange

Pallium and the Canadian Society of Palliative Care Physicians launched the Canadian Palliative Care (CPC) Exchange after the enthusiastic response to the COVID webinar series. The CPC Exchange supports interactive, online national dialogue between health care professionals across Canada regarding the most relevant COVID-related topics in palliative care.

The incredible uptake and response to Pallium's COVID resources have further showcased the need for more education and training on palliative care for Canada's frontline health care professionals.

## COVID-19 Response - Results



# of COVID-related webinars

19

# of free online modules

10

# of free online module users

10,960

33% Registered Nurses

15% Licensed or Registered Practical Nurses

12% Physicians

5% Residents

4% Nurse Practitioners

# Achievements

## Addressing gaps in access to palliative care through Bridging Hope

With the need for palliative care rapidly growing in Canada—amplified by the current COVID-19 pandemic—Pallium collaborated with Boehringer Ingelheim Canada and launched an initiative to address the health system gaps that exist by building capacity to improve the quality and accessibility of palliative care for Canadians. Called *Bridging HOPE* (Helping Others through Palliative care Education), this initiative aims to better support the growing number of patients and their families facing a life-limiting or serious illness by increasing the number of frontline health care professionals trained on the palliative care approach, providing timelier, and more compassionate palliative care. Over 500 respirologists, respiratory therapists, and their teams will receive training on Pallium’s Learning Essential Approaches to Palliative Care (LEAP), providing practical, inter-professional and evidence-based training and tools in the palliative care approach across multiple health care settings. The *Bridging HOPE* initiative is also providing timely information to health care professionals during the current pandemic by hosting an on-going series of webinars focused on topics that are relevant to health care teams across Canada.



## Supporting compassionate workplace cultures

Pallium launched the Compassionate Workplace Campaign (CWC)—a practical tool to help transform workplaces into compassionate environments where Canadians who are caregiving, grieving, or dealing with a serious illness receive the support they need. The CWC equips employers and employees with the information and resources to support colleagues during difficult times. The COVID-19 pandemic has only amplified the need for these resources, by exposing many more of us to new and different forms of grief. Shortly after launch, the CWC was updated to include additional resources to help employers support their teams dealing with the unique challenges of the pandemic whether they are in the workplace or working virtually.

## Connecting Compassionate Community champions across Canada

This year saw the much-anticipated launch of Pallium’s Compassionate Communities Exchange—a digital space for community champions to exchange ideas, knowledge, and tools related to the Compassionate Community movement in Canada and around the world. The Exchange facilitates connection among people who are championing the Compassionate Community movement to create more supportive environments in their communities for people who are caregiving, grieving, or experiencing a serious illness.

### Redefining our purpose, vision, and mission

Pallium undertook a strategic branding exercise to understand where we want to go as an organization in the short- and long-term and what value we bring to our stakeholders. We recognized an opportunity for the team to come together and contribute to an exercise to articulate our shared vision and mission. This process resulted in a refresh of our brand, one that better aligns with our focus and direction as an organization. This exercise also included an overhaul of pallium.ca, one of the most important tools stakeholders use to interact with our work. The key focus of our website redesign was on user experience—increasing the functionality of the site and ensuring information is clear and easy to find.

### Canada's first palliative care educational research hub

As a leader in palliative care continuing education for health care professionals, Pallium is working to bridge the gap between research and practice by partnering with McMaster University's Department of Family Medicine to form the *Dr. Joshua Shadd — Pallium Canada Research Hub*. The Research Hub is undertaking work to advance palliative care education research and measure the impact of continuing professional development on the health care system.



THANK YOU

## Gratitude

Our funding partners enable us to undertake our work to equip health care professionals and communities with the knowledge and tools to provide palliative care to every Canadian. We thank them for their generosity and ongoing support.



Health Canada

Santé Canada




CANADIAN MEDICAL ASSOCIATION



This annual report reflects the views of Pallium Canada and does not necessarily reflect the official views or policies of Boehringer Ingelheim (Canada) Ltd., the Canadian Medical Association, or Health Canada.





**“I wish everyone  
could have the  
care that Larry  
received that  
night”  
– Liz Feren**

## Lives changed

**Building health care professional capacity to provide a palliative care approach has a direct impact on patients, caregivers, and families.**

Liz made the 911 call just before midnight. Her husband, Larry, having gone to bed early that night because he wasn't feeling well, awoke to severe abdominal pain. Larry had been diagnosed with lung and brain cancer the year previous. When the paramedics arrived, they asked Larry if he wanted to be transported to the hospital. Larry said no. They asked him if he was in pain and when he responded with a resounding yes, they worked immediately to make him comfortable. After administering morphine and oxygen and ensuring Larry was comfortable, the paramedics discussed the options with Liz and Larry. Larry's desire was to remain in the comfort of his home, surrounded by his family. The paramedics stayed for a few hours and checked in with Larry regularly to ask if he wanted to go to the hospital. "They were making sure they were doing what Larry wanted", says Liz. Larry passed away at 3 am. As Liz reflects on that night and the care provided by the paramedics who attended to Larry, she was so grateful. "It was so impressive, they made it easier. They kept Larry comfortable and they were very caring. They also gave us our space, but remained nearby in case we needed anything," said Liz. One of the attending paramedics had completed a LEAP Paramedic course just a week before the call. The training equipped him to handle the call and empowered him to have difficult conversations with Liz and Larry. Liz says that the care she witnessed that night made her not afraid of death. "What Larry wanted was to stay at home and not suffer, and that's what happened," says Liz "If only everyone could die that way."

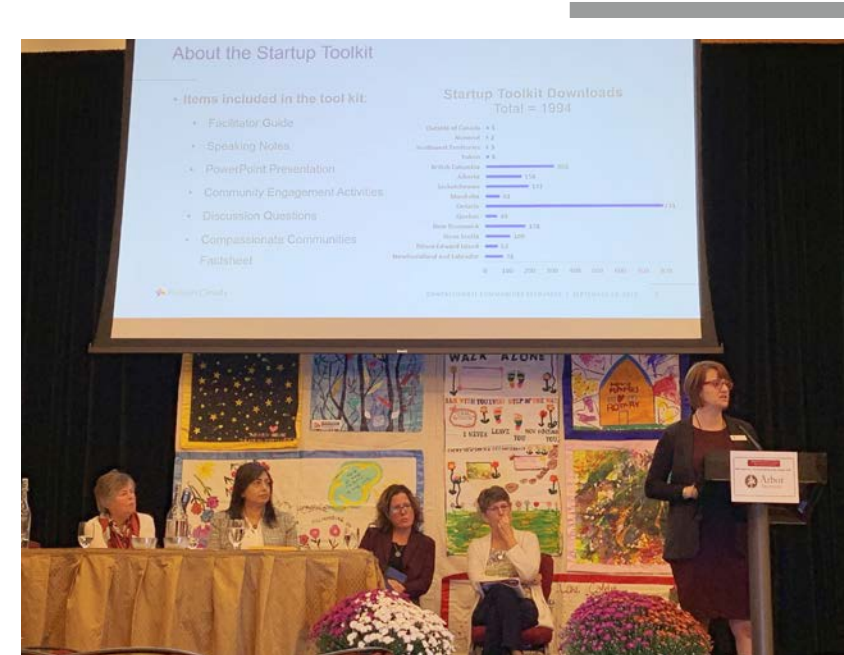


# The road ahead

The strong, early response to LEAP Online during the pandemic emphasizes the importance of providing a variety of flexible models that allow health care professionals and organizations to access educational content when and where it is needed. Pallium's focus in the year ahead is reaching more health care professionals in more ways through continued efforts to digitize and increase access to our courses and content while also continuing to provide our proven in-person LEAP sessions. This balanced approach is essential to ensure that all frontline health care providers, regardless of their area of speciality or the setting in which they work, have access to the necessary training to acquire the skills to provide timely, effective, and compassionate care. This need has been underscored with the advent of COVID-19. We will also be scaling up our focus on building compassionate and strong workplace cultures across Canada for the increasing number of employees who are caregiving, grieving, or experiencing a serious illness.

## Expanding access and reach of palliative care training in Canada for all health care professionals

COVID-19 has underscored the need to build palliative care capacity through virtual learning environments. To achieve greater reach and to ensure fewer barriers to accessing LEAP training, Pallium will continue to digitize its suite of courseware across different care settings in the



year ahead. Face-to-face courses remain a foundational pedagogical design of LEAP courses and our online educational courses and resources will build and leverage these proven strengths to further our mission—increasing access and equipping more health care professionals with knowledge and tools to provide palliative care to every Canadian. Pallium will always endeavor to ensure greater access to LEAP education that responds to the changing needs of our learners while maintaining the integrity of our course design and content.

## Growing the Compassionate Workplace Campaign

The need for compassion in the workplace is greater than ever. Pallium will commit more resources to grow and expand the impact of the Compassionate Workplace Campaign. Given the devastating impact of the pandemic on Canadian businesses and their employees, there is no time to waste. We need to act now to raise national awareness and spark meaningful conversations to build an understanding of compassion in the workplace.

## Building a national palliative care Atlas

The Dr. Joshua Shadd — Pallium Canada Research Hub is leading the development of a Canadian Palliative Care Atlas to map out existing strengths, areas of excellence, and gaps across regions and provinces with respect to palliative care service availability. The project will first start

with mapping out the status of palliative care across three Local Health Integration Networks in Ontario, ultimately leading to the creation of an atlas for all of Canada. This project will combine publicly accessible data from sources such as the Canadian Institute for Health Information with research data from organizations such as the College of Family Physicians of Canada and the Canadian Society of Palliative Care Physicians. No mechanism currently exists in Canada to systematically collate this data from an entire sector and to make it available in one single repository or access point.

#### Launching a mobile app to better serve learners, facilitators, and coordinators

Pallium will launch a mobile app that will provide easy access to all the functions and features of Pallium Central (our Learning Management System) through a professional, easy-to-use mobile interface. The app will allow learners to complete pre- and post-course activities, access manuals, e-books, resources and tools, and receive updates and notifications. The app will also help facilitators access slides, manuals, course participant lists and course information, and connect with other facilitators.

#### Evolving our support for Compassionate Communities

Pallium is creating more tools and resources to support the implementation and success of Compassionate Communities across Canada. The focus is three-fold 1) sustainability guide 2) evaluation framework and 3) care maps. The Compassionate Communities Sustainability Guide will build on the Compassionate Communities Startup Toolkit by supporting initiatives through their next phase of development—scale and spread. Likewise, Pallium is also working on an evaluation toolkit with the BC Centre for Palliative Care (BCCPC) and Hospice Palliative Care Ontario (HPCO) for Compassionate Community initiatives in Canada that will help them adopt a common approach to evaluate their work with a focus on implementation facilitators, barriers, and potential for scale and spread. The evaluation framework will help Compassionate Community champions across Canada to evaluate the effectiveness of their work, share learning and results, and engage in discussions to help translate knowledge into action. Lastly, the Care Maps project will result in a tool aimed at caregivers and anyone who wants to support a caregiver (e.g. family member, health care professional, neighbour, etc.). This tool will help caregivers understand the breadth of the care they are providing and where there may be opportunities for others to support them.

## Revenues and expenditures

#### Statement of Financial Position

ASSETS	2020	2019
Current		
Cash	\$ 281,161	\$ 239,595
Short-term Investments	1,600,077	1,480,655
Accounts Receivable	374,268	255,664
Prepaid Expenses	79,987	52,870
Government Remittances Receivable	7,365	4,278
Health Canada Receivable	300,000	0
Inventory	38,771	46,817
	<b>2,681,629</b>	<b>2,079,879</b>
Capital Assets	5,744	21,770
Other Assets	333,336	321,308
<b>Total Assets</b>	<b>\$3,020,709</b>	<b>\$2,422,957</b>
<b>LIABILITIES and NET ASSETS</b>		
Current Liabilities		
Accounts Payable and Accrued Charges	382,270	365,774
Deferred Revenue	366,914	48,926
<b>Total Liabilities</b>	<b>\$ 749,184</b>	<b>\$ 414,700</b>
<b>NET ASSETS</b>	<b>\$2,271,525</b>	<b>\$2,008,257</b>
<b>Total Liabilities and Net Assets</b>	<b>\$3,020,709</b>	<b>\$2,422,957</b>

#### Statement of Operations and Net Assets

REVENUE	2020	2019
Public Sector Revenue	\$2,036,318	\$2,207,527
Self-Generated Revenue	1,123,487	870,547
Other Revenue*	30,054	14,669
<b>Total Revenue</b>	<b>\$3,189,859</b>	<b>\$3,092,743</b>
Marketing and Communications	624,130	449,738
Product Development	407,256	373,307
Program Delivery	652,571	420,517
Research	388,741	241,142
Support Services	853,893	795,357
<b>Total Expense</b>	<b>\$2,926,591</b>	<b>\$2,280,060</b>
<b>Excess of Revenue over Expense</b>	<b>\$ 263,268</b>	<b>\$ 812,683</b>

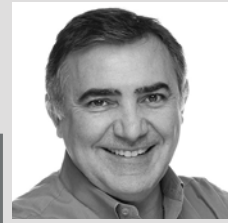
\*Investment income.

# Board of Directors and Leadership Team

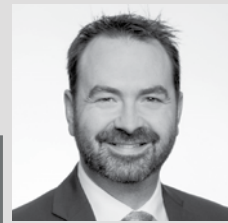
## Management Team



**Jeffrey B. Moat,**  
Chief Executive Officer



**Dr. José Pereira,**  
Scientific Officer



**Jonathan Faulkner,**  
Vice-President Operations

## Board of Directors



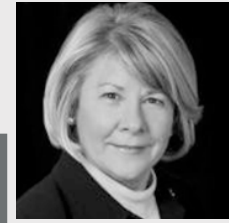
Gérald Savoie,  
BSc, MHA, CHE, Chair



Rabbi Reuven Bulka,  
PhD, 1<sup>st</sup> Vice-Chair



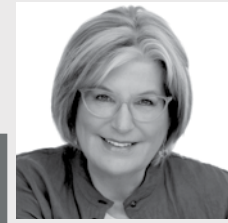
Deborah L. Weinstein,  
LL.B., 2<sup>nd</sup> Vice-Chair



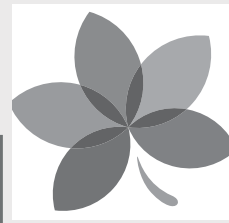
Beverley Lepine,  
BBA, CA, ICD.D, Treasurer



Dr. Srin Chary, MBBS,  
MRCS, LRCP, CCFP(PC), DA,  
FRCS Ed, Honourary Chair



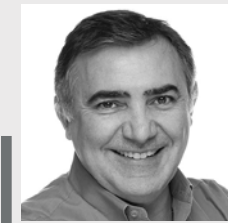
Louise Bradley,  
C.M., MS, RN, CHE, Director



Donna Kingelin,  
R.N., ICD.D, Director



Jeffrey B. Moat,  
CM, Director



Dr. José Pereira, MBChB,  
DA, CCFP, MSc, Director

# Actions you can take, right now

Here's what you can do:

**Try** a free LEAP course module [www.pallium.ca/taking-ownership](http://www.pallium.ca/taking-ownership)

**Learn** about Pallium's suite of LEAP courseware available to you [www.pallium.ca/courses](http://www.pallium.ca/courses)

**Host** a virtual LEAP course for your team [www.pallium.ca/course/leap-online](http://www.pallium.ca/course/leap-online)

**Launch** the Compassionate Workplace Campaign in your workplace [www.pallium.ca/cwc](http://www.pallium.ca/cwc)

**Join** in the palliative care conversations taking place on the Canadian Palliative Care (CPC) Exchange [cpcexchange.ca](http://cpcexchange.ca)

**Discover** new resources to help you launch community-wide change on the Compassionate Communities Exchange [theccexchange.ca](http://theccexchange.ca)

**Utilize** the *Pallium Palliative Pocketbook* hard-copy or e-book to equip yourself with clinical practice tools that can be used in your daily work [www.pallium.ca/mobile-app-pocketbook](http://www.pallium.ca/mobile-app-pocketbook)

**Access** the inspiring stories of health care organizations, health care professionals, and community champions driving change [www.pallium.ca/stories](http://www.pallium.ca/stories)

**Follow** us on Facebook, LinkedIn and Twitter for more examples of our work and impact

**Connect** with our support team to learn more about what you can do right now, [info@pallium.ca](mailto:info@pallium.ca) or 1-833-888-LEAP (5327)

Improving palliative care in Canada is everyone's business, from frontline health care professionals and teams, to the wider community and support services. Every person and community has a role to play in ensuring that all Canadians have access to high-quality, timely, and effective palliative care.



# Pallium Canada

Advancing Palliative Care

Founded in 2000, Pallium Canada is a national, non-profit organization focused on building professional, community, and workplace capacity to improve the quality and accessibility of palliative care in Canada.

OUR VISION:  
PALLIATIVE  
CARE IS  
EVERYONE'S  
BUSINESS



**Pallium Canada**

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Canada Revenue Agency Charitable Registration  
Number: 8014 79825 RR 0001