

# Exploring the British Columbia Atlas of Palliative Care: Key Findings and Insights



**Presenters:** Jeffrey Moat, CM, CEO Pallium Canada & Dr. Leonie Herx, MD, PhD, CCFP(PC), FCFP

**Date:** 05 June 2025

# Territorial Honouring



# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



# LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.



Learn more about the course and topics covered by visiting

[www.pallium.ca/course/leap-core](http://www.pallium.ca/course/leap-core)

# Introductions

## Presenters

### **Jeffrey Moat, CM**

Chief Executive Officer, Pallium Canada  
Secretariat, Palliative Care Coalition of Canada

### **Dr. Leonie Herx, MD, PhD, CCFP(PC), FCFP**

Section Chief, Pediatric Palliative Medicine, Alberta Health Services - Calgary Zone  
Director, Rotary Flames House, Children's Hospice & Palliative Care Services  
Clinical Professor, Cumming School of Medicine, University of Calgary  
Senior Scientific Director, Palliative Institute

# Welcome and Reminders

- For comments and introductions, please use the chat function!
- For questions, please use the Q&A function, these questions will be addressed at the end of the session.
- This session is being recorded—this recording and slide deck will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session.

# Conflict of Interest

## Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

## Host/Presenter

- Jeffrey Moat: No conflicts of interest to declare.
- Dr. Leonie Herx: No conflicts of interest to declare.

# BC Atlas



# Canadian Atlas of Palliative Care - British Columbia Edition

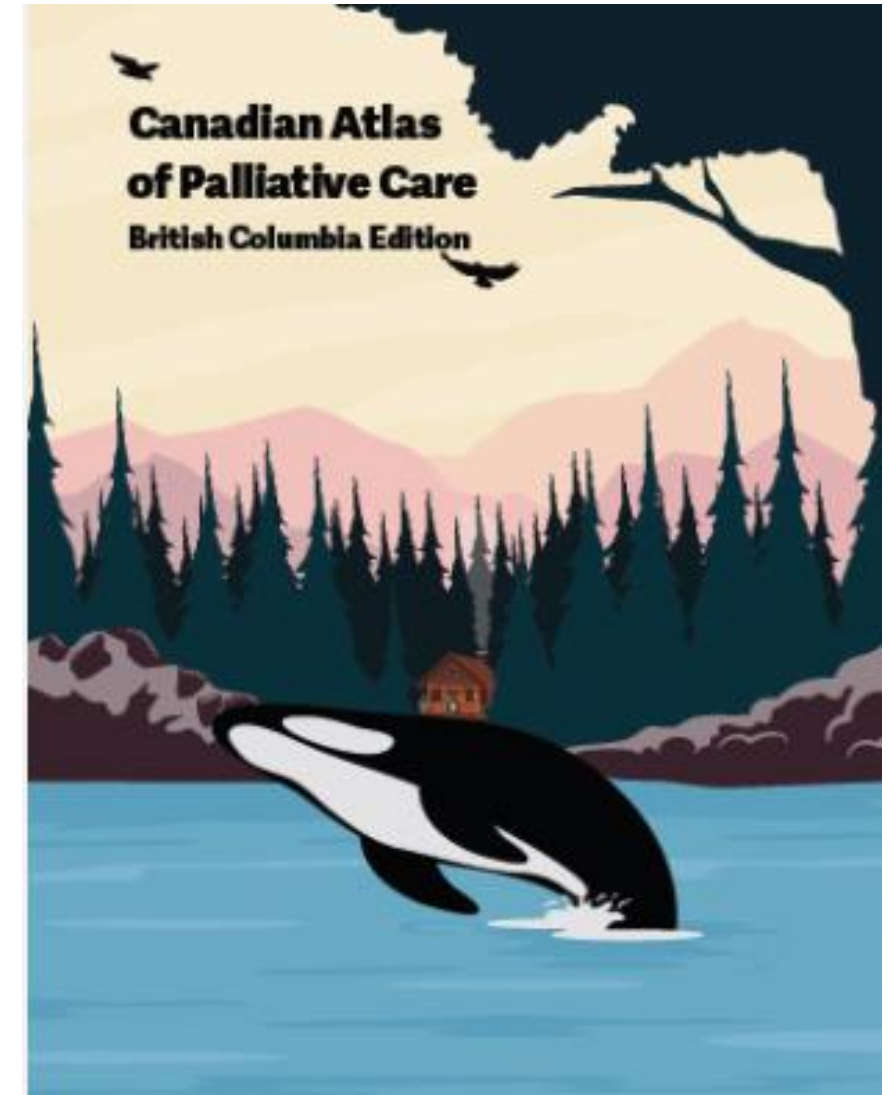
Mapping the Present – Shaping the Future

**Jeffrey B. Moat**

Chief Executive Officer, Pallium Canada

**Dr. Leonie Herx**

Research Associate, Joshua Shadd-Pallium Canada Research Hub



# Introduction



The Canadian Atlas of Palliative Care aims to raise awareness of the current state of palliative care in Canada.



Atlases improve the understanding of underserved populations, compare regional availability of palliative care, and highlight and promote best practices.



Atlases guide and inform policymaking, planning and capacity building in the provision of palliative care, enhancing the quality of care in jurisdictions across all provinces and territories.

# Core Research Team and Authors

TEAM MEMBERS	AFFILIATIONS
Dr. José Pereira	Project Co-lead and Co-Principal Investigator Department of Family Medicine, McMaster University, Canada Institute for Culture and Society, University of Navarra, Spain Pallium Canada, Canada
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Jeffrey Moat	Project Co-lead Pallium Canada, Canada

# Canadian Atlas of Palliative Care – British Columbia Edition Funders



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# BC Based Organizations – Collaboration and Engagement



# Canadian Atlas of Palliative Care: British Columbia Edition





# Domains and Elements

DOMAIN	ELEMENTS
Demographics	Population Density, Total Area, Hospitals and Classification, Primary Care Involvement, Death per Year (And Causes), Organization of Health Services, Population Profile (Including Indigenous Peoples and Focus Populations)
Policy	Designated Palliative Care Office Palliative Care Policy, Palliative Care Legislation, Standards/Norms of Practice, Monitoring System, Designated Funding, Palliative Care Billing Codes, Advance Care Planning Legislation
Services	Acute Care: Palliative Care Unites, Specialist Teams and Integration of Services, Community-Services: Community-Based Teams, Home Care and Hospice Services, etc.
System Performance	Indicators mainly taken from provincial and territorial reports alongside various stakeholder organizations; leverage of partner organizations toward the Canadian Atlas project
Education	Palliative Care (Sub-) Specialty for Physicians and/or Nurses, Palliative Care in Medical Schools, Education in Residency, Palliative Care in Nursing Schools, Academic Palliative Care Positions/Chairs, Palliative Care Research, Continuing Education
Professional Activities	Palliative Care Association, Palliative Care Directory, Palliative Care Conference(s), Quality Improvement Activities, Research Funding, Palliative Care Publications
Focused Populations	Pediatric Palliative Care, Pediatric Palliative Care Unit(s), Palliative Care for LGBTQ2SIA+, Palliative Care for the Homeless and Marginally Housed, Prison Populations, Immigrants and Refugees, Informal Caregivers
Community Engagement	Volunteer Program(s), Volunteer Training, Compassionate Communities, Compassionate Community Activities, Caregiver Education and Support
Other Activities	Other Resources and Programs

# Methods

A multi-phased, mixed-method approach was used in the collection of data.  
Methods were mainly adopted from the international atlases previously developed.

Data was gathered in the following ways:



Publicly  
available  
data



Standardized online  
surveys conducted with  
provincial and regional  
palliative care leaders and  
educators



Semi-structured key  
informant interviews












Focus groups to  
validate, expand,  
and clarify findings

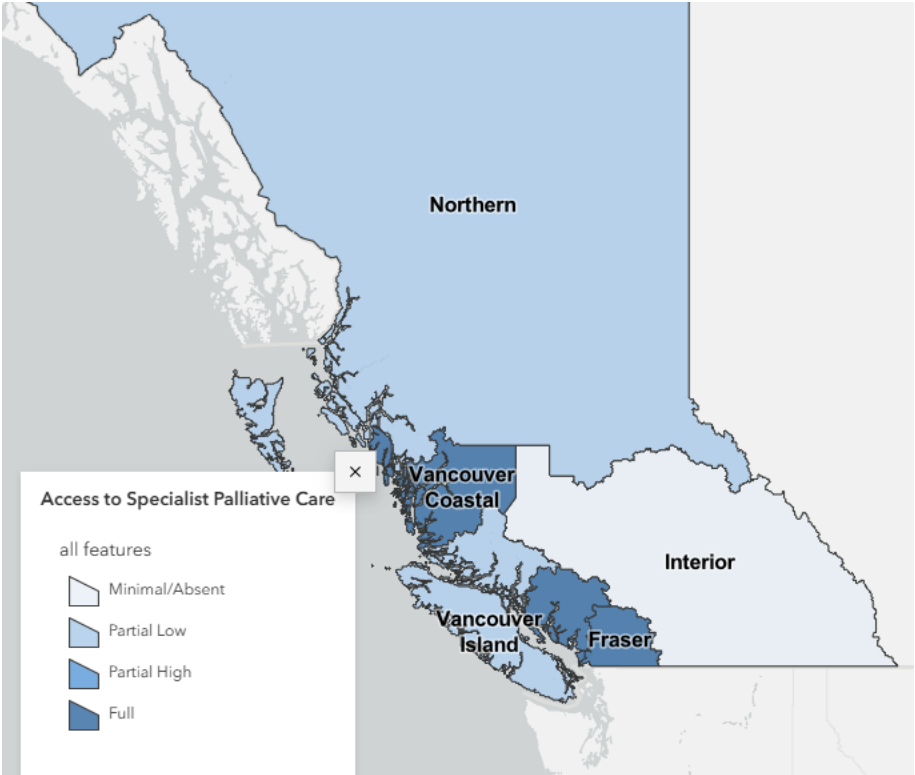


Member checking  
with regional leaders  
to provide final input  
on the results

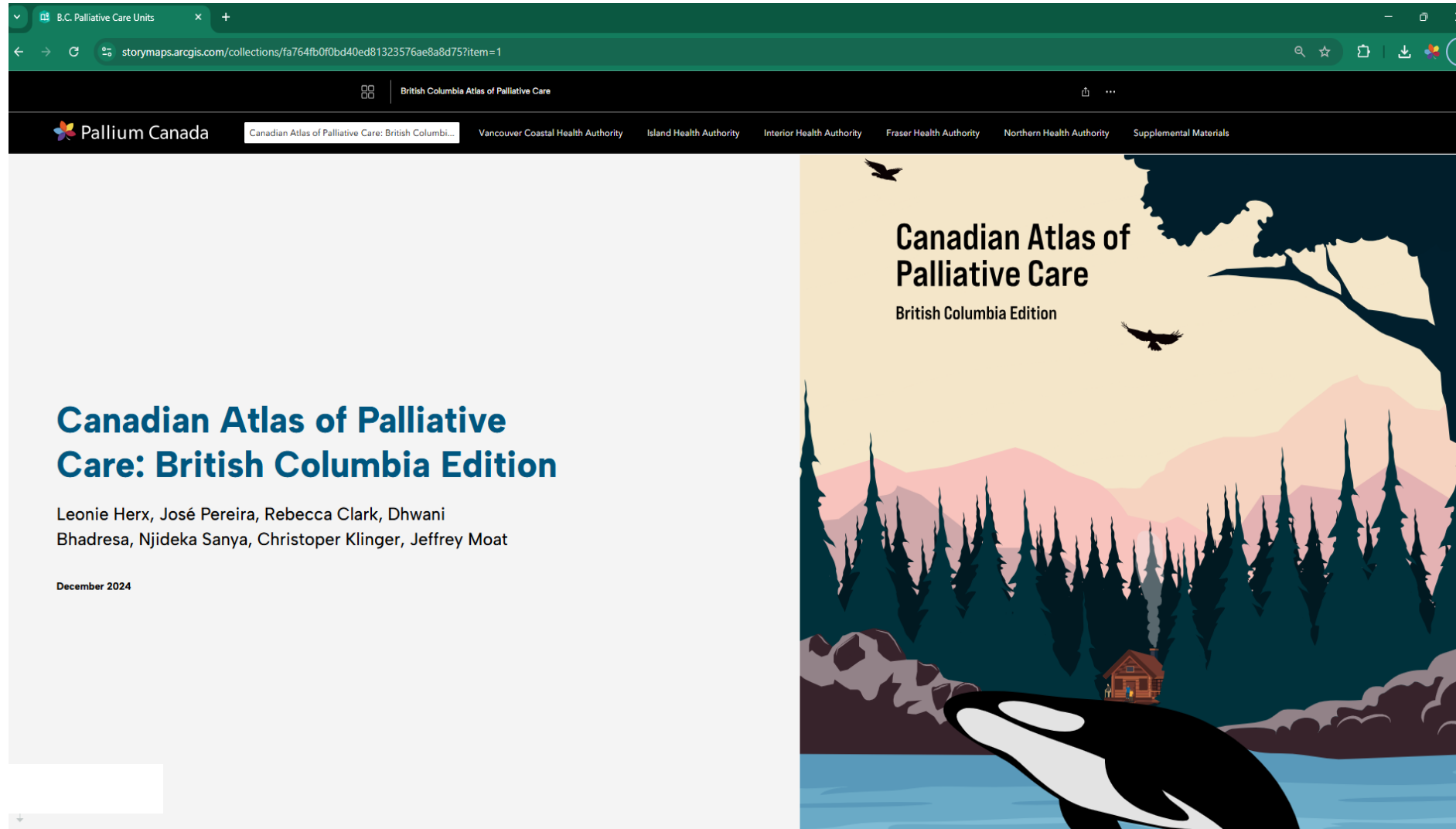


# How is information reported in the Atlas?

CONVENTION		EXPLANATIONS			
Maps	The extent to which the services or resources are present or absent in a region. The colours correspond to levels of presence or availability.	Minimal/ Absent	Partial Low	Partial High	Full
					
Dashboard	The extent to which a service or resource is available or integrated. The more circles coloured, the higher the level of presence or access.	Minimal/Absent			
		Partial Low			
		Partial High			
		Full			
	Indicates a region is mostly as depicted; however, some areas may be higher or lower	Variable	V		
Highlights	A unique innovation, program, or strategy in the region to improve palliative care delivery.				



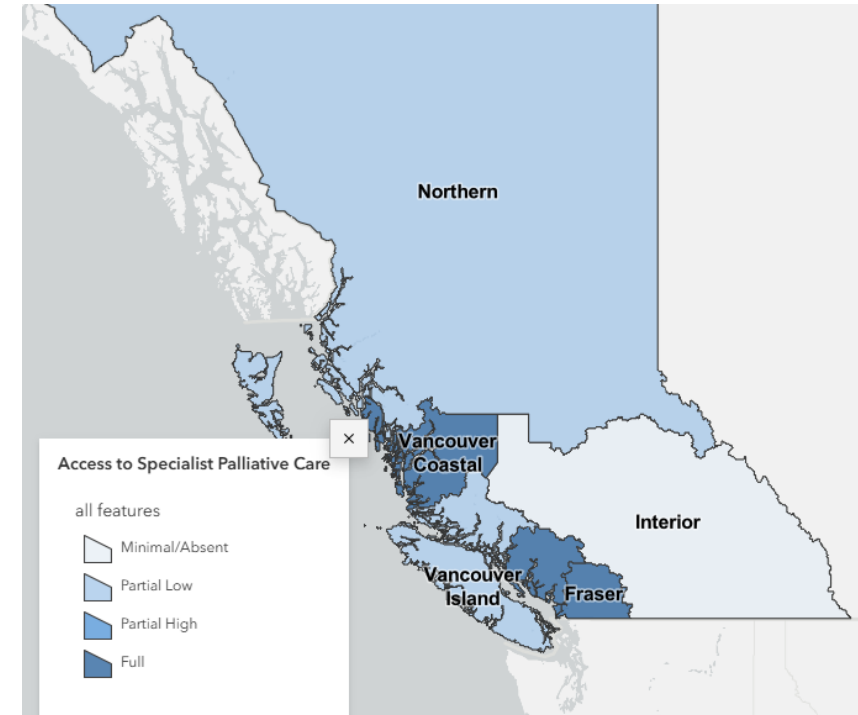
# Interactive StoryMaps



# Interactive Story Maps

Indicator	Presence
Access to community specialist care teams	●●●○ v <sup>1</sup>
Communities with 24/7 access to specialist palliative care teams	●●●○ v <sup>2</sup>

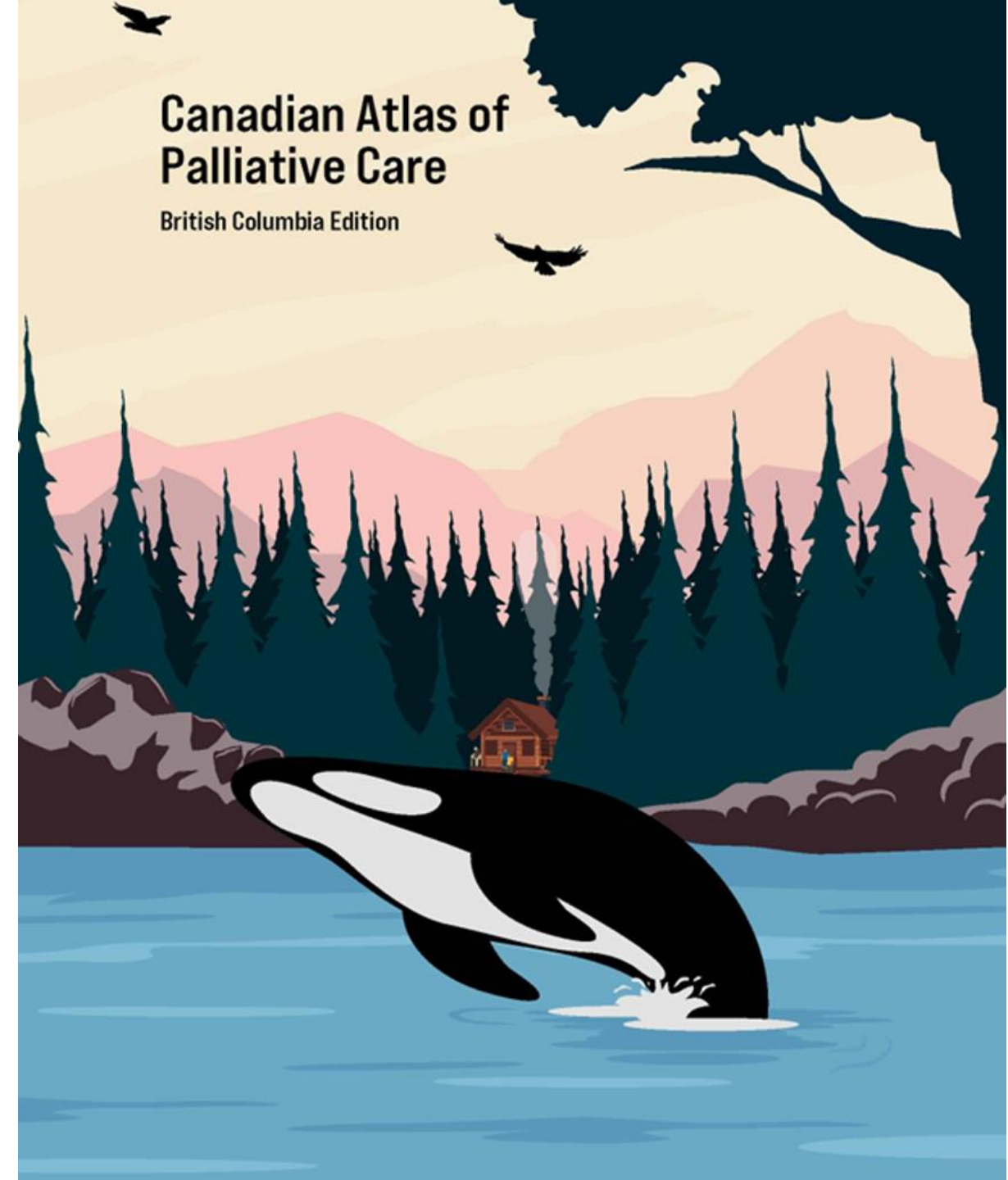
<sup>1</sup> Access to specialist palliative care clinicians in the community is variable; 100% in some communities to less than 10% in very rural areas. Some regions have hospital-based teams that provide some in-person community coverage. Community specialist teams largely provide *Consultative Care* across the province with some doing *Shared Care*. There are gaps in palliative care provision for patients who do not have a primary care physician or other clinician.



<sup>2</sup> Most access is provided virtually by regional teams or through the provincial physician-led on call line. Patients, families and nurses have access to a provincial nursing-led palliative care call line for 24/7 support.

# Key Findings

- Palliative care in BC is robust, but regional disparities remain.
- The BC Centre for Palliative Care is a leader in innovation and system integration.
- Many hospitals offer good access to specialist palliative care teams.
- Community-based palliative care is well established, especially in larger regions.
- Palliative care bed availability varies, with greater access to hospice beds and limited availability for Palliative Care Units (PCUs).
- Strong community engagement and volunteerism.



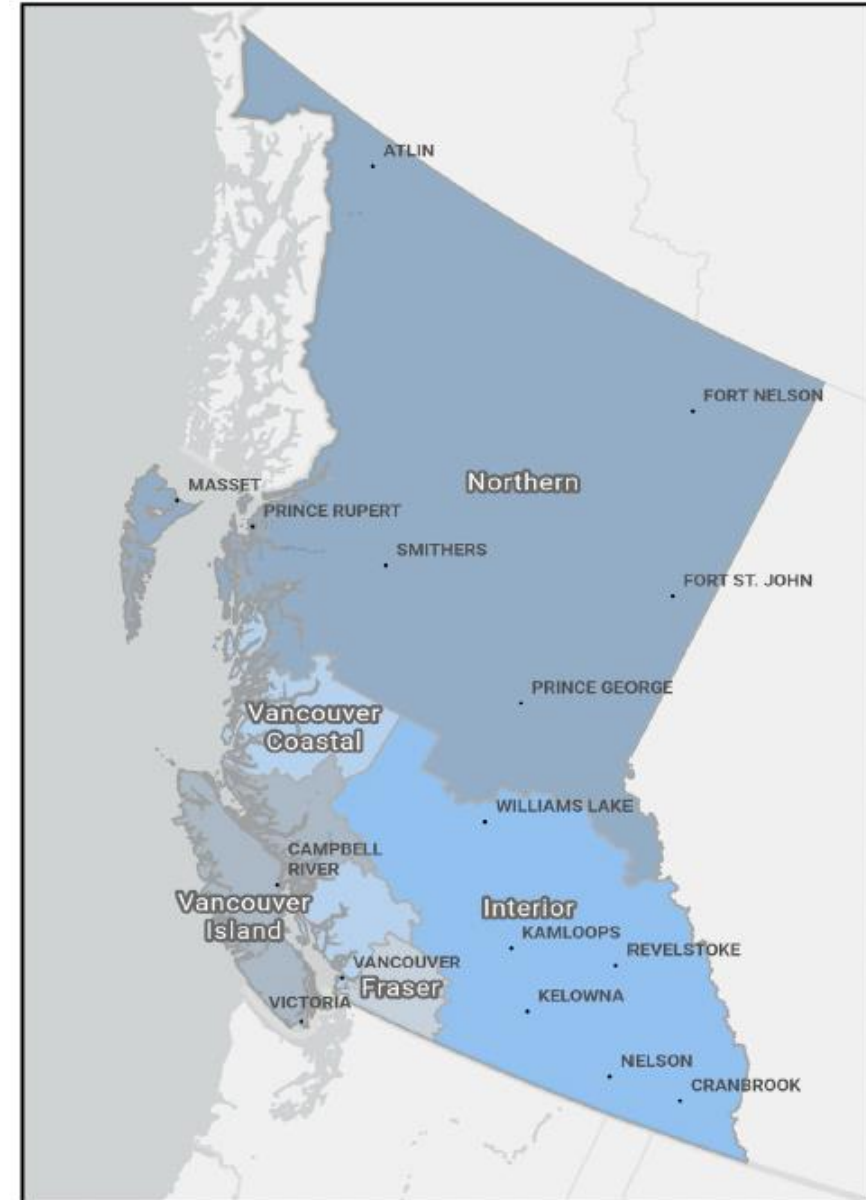
## Results Part A: Provincial Level



# Demographics

REGION	POPULATION SIZE*	POPULATION DENSITY PER KM <sup>2</sup>
Vancouver Coastal	1,198,017	23.0
Island	840,284	15.4
Interior	809,734	3.9
Fraser	1,872,476	125.0
Northern	280,368	0.5
TOTAL:	5,000,879	5.4

\* Data taken from the 2021 Canadian Census





# Policy

## POLICIES, STRUCTURES AND LAWS

	PRESENCE
Designated office, secretariat or program responsible for palliative care	YES
A formal palliative care strategic plan, policy or framework	YES <sup>1</sup>
Law to ensure palliative care access	NO
Standards and norms for palliative care	YES
Designated palliative care leads	YES
Law related to advanced care planning	YES <sup>2</sup>
Compassionate care benefits	YES <sup>3</sup>

## FORMAL STRATEGIES






	PRESENCE
Home and community care	YES
Inpatient and outpatient hospital services (cancer and non-cancer)	YES
Long-term care facilities	YES
Rural and remote	NO
Paramedic/emergency services	YES

## GOVERNMENT FUNDING

	PRESENCE
Palliative care home service	PARTIAL <sup>4</sup>
Hospice residences	PARTIAL <sup>5</sup>
Community hospice services	PARTIAL
Medications: In hospital	FULL
Medications: Out of hospital	PARTIAL <sup>3</sup>
Supplies and equipment: In hospital	FULL
Supplies and equipment: Out of hospital	PARTIAL <sup>3</sup>
Continuing palliative care education in various settings	PARTIAL

# SERVICES – Acute Care

## PALLIATIVE CARE AND HOSPICE BEDS IN THE PROVINCE

	TYPES OF BEDS	NUMBER	ADEQUACY*	% OF TARGET BEDS
	Palliative Care Units (PCUs)	10		
	Palliative Care Unit beds	76 <sup>1</sup>	Inadequate	50.7%
	Other palliative care beds	0		
	Hospice Residences	v		
	Hospice beds in residences <sup>2</sup>	318 <sup>2</sup>	Adequate <sup>3</sup>	91.4%
	Other hospice beds <sup>2</sup>	2		
	Total number of inpatient palliative care beds (PCU and Hospice combined)	396 <sup>1</sup>	Inadequate	79.2%

\*Catalonia formula (10 beds per 100 000 population of which 3 are PCU beds, and 7 are hospice or continuing care type beds). Only dedicated beds are included.



# SERVICES – Acute Care

## HOSPITALS

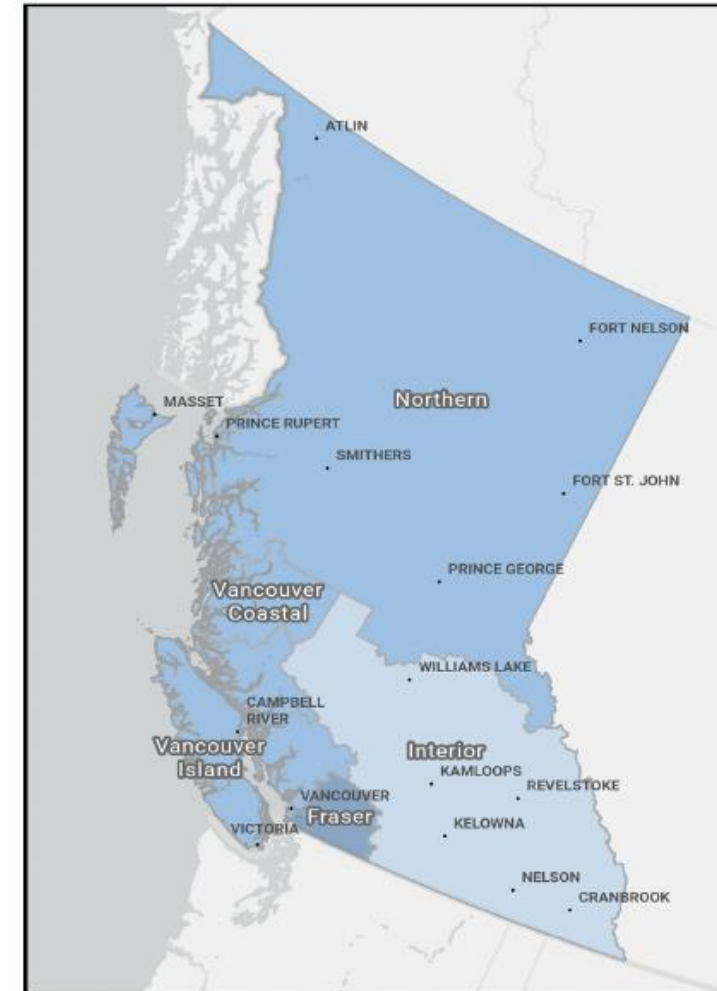
Access to specialist-level  
palliative care teams in  
hospitals



Funding models for palliative  
care physicians

MOSTLY BY  
SERVICE  
CONTRACTS

Access to Specialist Level Care Support Teams in Hospital






### Legend

- Major Cities
- Full
- Partial High
- Partial Low

References: 1) ESRI Light Gray Basemap (arcgis.com); 2) Regional Health Authority Boundaries (BC Map Hub); Major Cities (The Atlas of Canada Base Maps of BC).

# SERVICES – Acute Care

## INPATIENT UNITS AND OUTPATIENT CLINICS

Integration* in inpatient units	 1
Integration* in outpatient clinics – Cancer	 V <sup>2</sup>
Integration* in outpatient clinics – Other**	 3

\*Integration includes clinicians and staff with the core palliative care competencies to provide a palliative care approach; early activation of a palliative care approach; timely referral to specialist teams when needed; and collaboration with palliative care teams.

\*\*Cardiology, respirology, nephrology, neurology.

# SERVICES – Community

## COMMUNITY

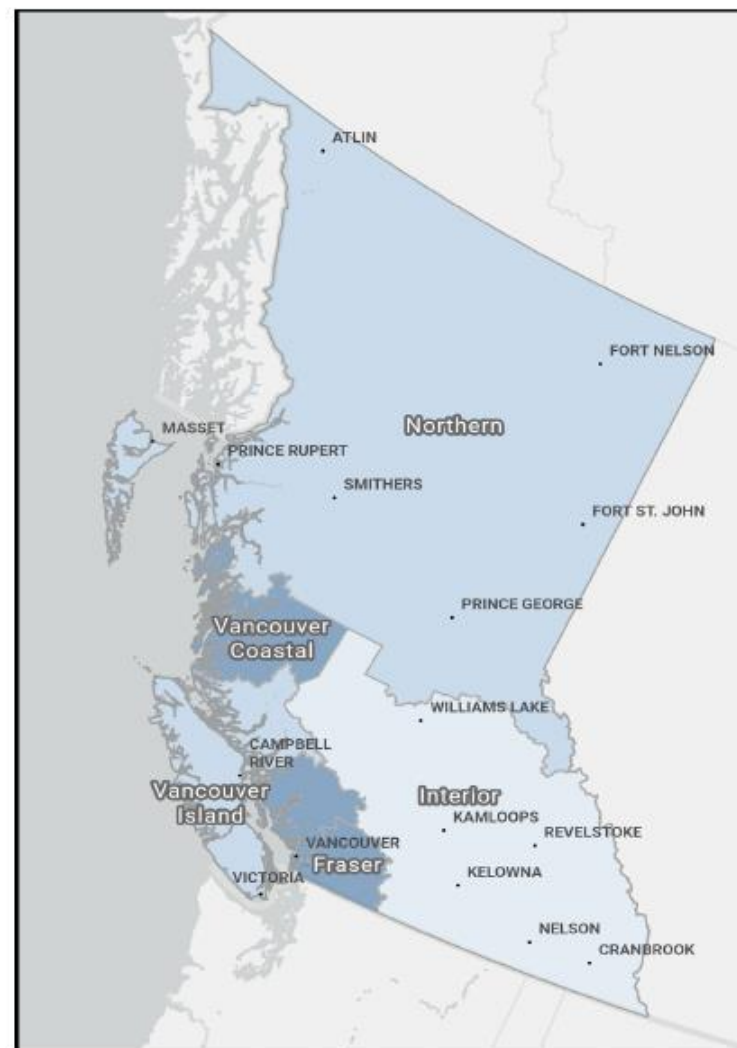
Access to community specialist  
care teams



Communities with 24/7 access to  
specialist palliative care teams



## Access to Specialist Level Care Support Teams in the Community



### Legend

- Major Cities
- Full
- Partial Low
- Minimal/Absent

References: 1) ESRI Light Gray Basemap (arcgis.com); 2) Regional Health Authority Boundaries (BC Map Hub); Major Cities (The Atlas of Canada Base Maps of BC).

# SERVICES – Community

## PALLIATIVE HOME CARE

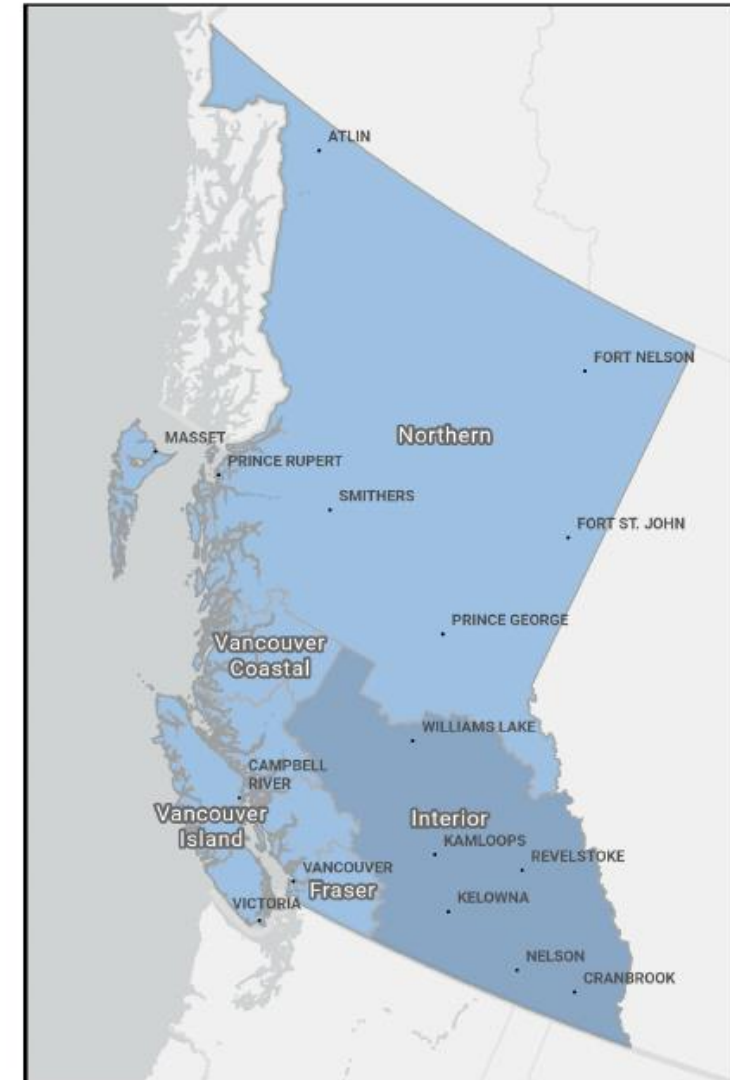
Access to palliative home care services



Availability of 24/7 access



## Access to Palliative Home Care Services



### Legend

- Major Cities
- Full
- Partial High

References: 1) ESRI Light Gray Basemap (arcgis.com); 2) Regional Health Authority Boundaries (BC Map Hub); Major Cities (The Atlas of Canada Base Maps of BC).

# SERVICES - Community

## PRIMARY CARE

Overall provision of primary palliative care	● ● ○ ○ V
Providing palliative care to ambulatory patients	● ● ● ○ <sup>1</sup>
Providing palliative care home visits	● ○ ○ ○ V
Clinics providing 24/7 on-call coverage	● ○ ○ ○ V
Standards/indicators for overall provision of primary palliative care	NO
Training for primary care professionals on the palliative care approach available	YES <sup>2</sup>

## RURAL AND REMOTE AREAS

Access to specialist palliative teams	● ● ○ ○ V <sup>1</sup>
Strategic plan to build primary palliative care capacity	NO
Standards/indicators for access to primary palliative care	NO
Funding for education on the palliative care approach	YES
Training of primary care professionals on the palliative care approach available	YES

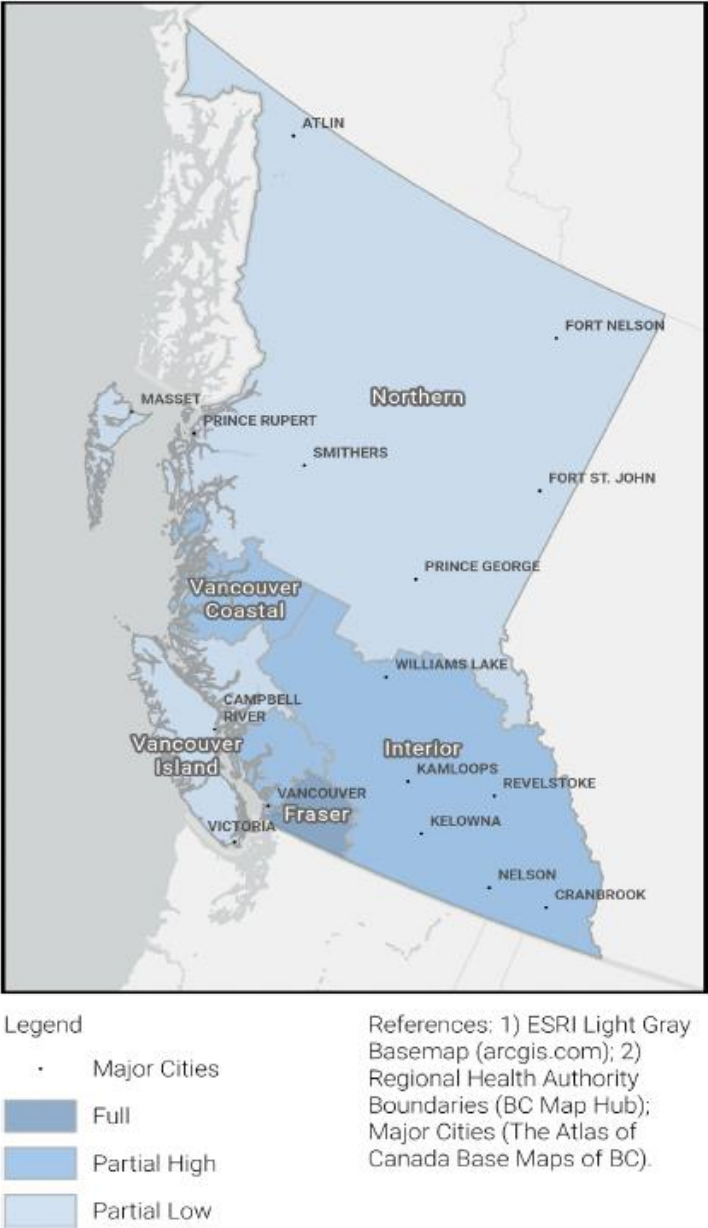


# SERVICES - Community

## LONG-TERM CARE (LTC)

Access to specialist palliative care services	● ● ● ○ V <sup>1</sup>
Integration of palliative care approach	● ● ○ ○ V
Standards/indicators for providing palliative care	NO
Formal standards of training on palliative care approach	NO
Training programs on the palliative care approach available	NO
Funding for education on the palliative care approach	NO

Access to Specialist Level Care Support Teams in Long-term Care Homes



# SERVICES - Community

## HOSPICE SERVICES

Standards/indicators for hospice residences	NO
Hospice residences	31
Community hospice organizations*	77 <sup>1</sup>

\*Due to data collection methods and the wide range of organizations that may provide hospice services, this may be an underrepresentation.

## PARAMEDIC EMERGENCY SERVICES

Training paramedics in palliative care	YES <sup>1</sup>
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# SERVICES - Community

## PALLIATIVE CARE RESOURCES

Advance Care Planning resources/programs	YES <sup>1</sup>
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Palliative care competencies elaborated for different professions and levels*	YES <sup>2</sup>
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### Context:

<sup>1</sup>Resources are available online through the government website and community organizations.

<sup>2</sup>BC Interprofessional Palliative Care Competency Framework and Discipline-specific Palliative Care Competency Frameworks (plus COVID-19 pandemic specific palliative competencies).



### Highlight:

The BC Centre for Palliative Care supports essential conversations with healthy adults and their families, people with serious illness, and health care providers. BCCPC offers training and resources for two types of workshops: volunteer-led Advance Care Planning for the public, and Serious Illness Conversations for health care students and providers.



# SYSTEM PERFORMANCE

Each Health Authority has a "Health Care Report Card." These are published multiple times a year on key priority areas for the Ministry of Health and the Health Authorities.

Some system performance indicators for British Columbia and its health regions have been reported by the Canadian Institute for Health Information (CIHI) 2023 Palliative Care Report and by the Canadian Partnership Against Cancer (CPAC) in 2017.

# EDUCATION

## MEDICAL AND NURSING SCHOOLS\*

Medical schools	1 <sup>1,2,3</sup>
Nursing schools (LPN, RN, graduate, post-graduate programs)	21 <sup>3</sup>

## POSTGRADUATE EDUCATION AND CERTIFICATION

### Physician Education

Palliative care residency programs:	
College of Family Physicians of Canada Certificate of Added Competence in Palliative Care and Residency program	YES
Royal College of Physicians and Surgeons of Canada Subspecialty in Palliative Medicine and Residency program	YES – ADULT AND PEDIATRIC

### Nursing Education

Nursing specialization or certification in palliative care**	YES
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\*See the Regional reports for the extent to which palliative care appears in undergraduate and postgraduate curricula

\*\*Nursing specialization is achieved through CHPC(N) national certification

# PROFESSIONAL ACTIVITIES

Palliative care association or organization	YES <sup>1</sup>
Existence of palliative care directory of services	YES
Dedicated resources to organize palliative care continuing professional development	YES <sup>2</sup>
Palliative care conference/symposia provincially	YES <sup>3</sup>
Research activities	YES <sup>4</sup>
Palliative care quality improvement initiatives	YES

# FOCUSED POPULATIONS - Pediatrics

## PEDIATRIC PALLIATIVE CARE

Formal strategy for pediatric palliative care	NO
Pediatric hospice residence(s)	YES <sup>1</sup>
Outpatient palliative care programs for pediatric populations	YES
Respite pediatric palliative care (hospice or hospital setting)	YES
Pediatric palliative care consultation team(s)	YES
24/7 access to specialist pediatric palliative care consult team(s)	YES
Education program(s) for pediatric palliative care	YES

## FOCUSED POPULATIONS - Other

POPULATION	FORMAL STRATEGY	PROGRAM/INITIATIVE
2SLGBTQI+*	NO	NO
Homeless and marginally housed	NO	NO
Incarcerated people (correctional facilities)	NO	NO
Recent immigrants and refugees	NO	NO

\*Refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and additional people

# COMMUNITY ENGAGEMENT

## VOLUNTEERS

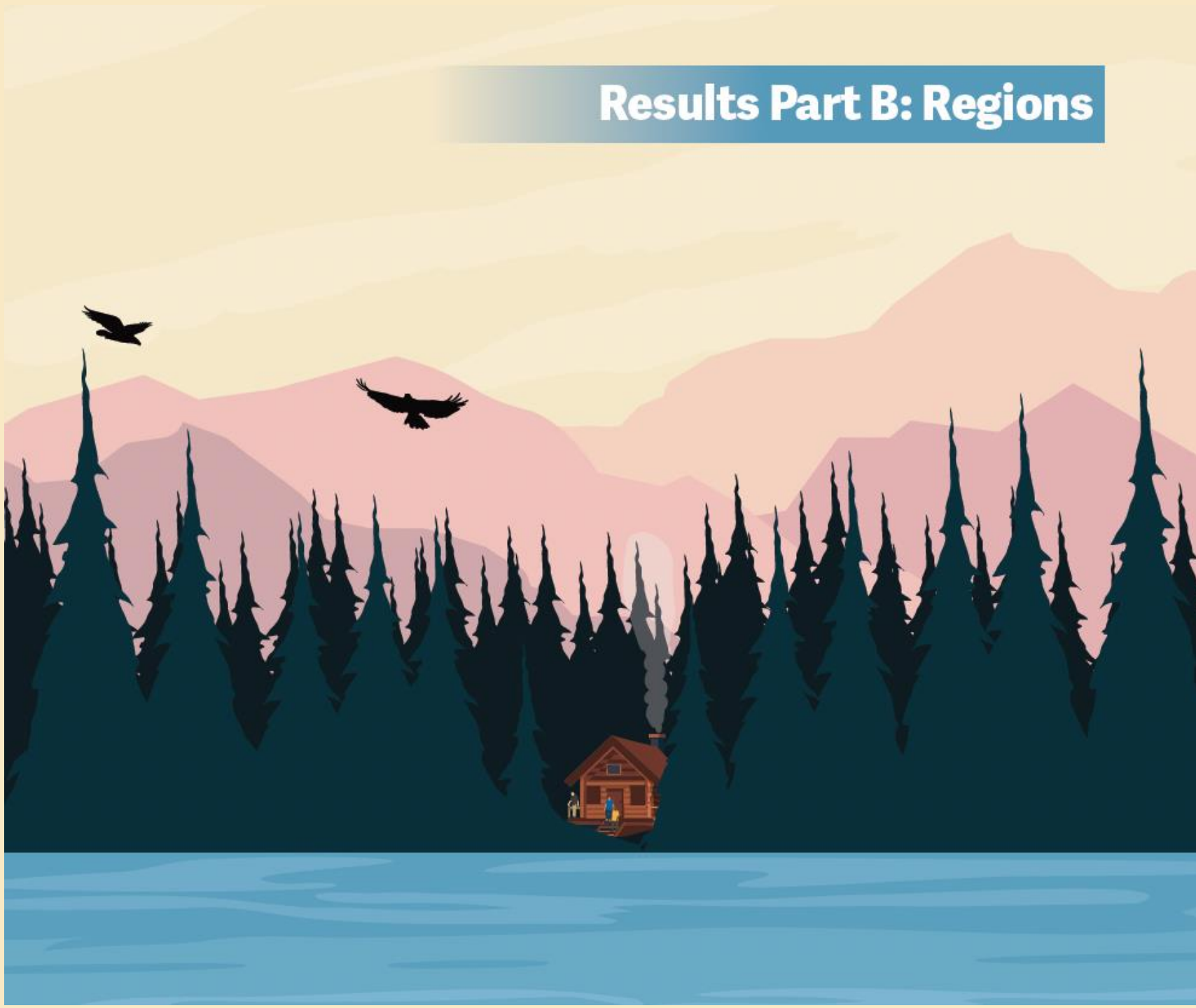
Formal strategy for palliative care volunteers	YES <sup>1</sup>
Programs or initiatives for volunteers	YES
Training programs for volunteers	YES

## COMMUNITY RESOURCES

Compassionate Community activities and other community engagement activities/ resources*	YES <sup>2</sup>
Grief and bereavement services	YES
Formal strategy for support of informal caregivers	NO
Programs or initiatives for informal caregivers	YES <sup>3</sup>

\*e.g., death cafes, visiting programs, support groups



## Results Part B: Regions





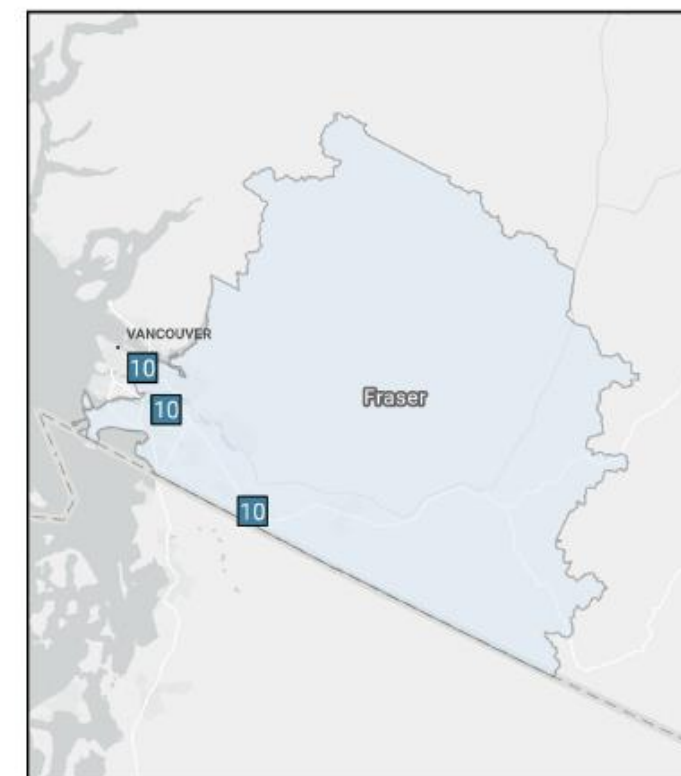
# SERVICES – Acute Care

## Palliative Care Units (PCUs)

		NUMBER	ADEQUACY*	% OF TARGET BEDS
	Palliative care units (PCUs)	3		
	Palliative care unit beds	30	INADEQUATE	52.6%
	Other palliative care beds	0		
	Total palliative care beds	30	INADEQUATE	53.4%

\*Catalonia formula (10 beds per 100 000 population of which 3 are PCU beds, and 7 are hospice or continuing care type beds). Only dedicated beds are included.

Palliative Care Units in Fraser Region



### Legend

• Major Cities

### Facility, Type

 PCU, Acute

 Health Authority Regions



References: 1) ESRI Light Gray Basemap (arcgis.com); 2) Regional Health Authority Boundaries (BC Map Hub); Major Cities (The Atlas of Canada Base Maps of BC).

Facility labels report number of beds available.



# SERVICES – Acute Care

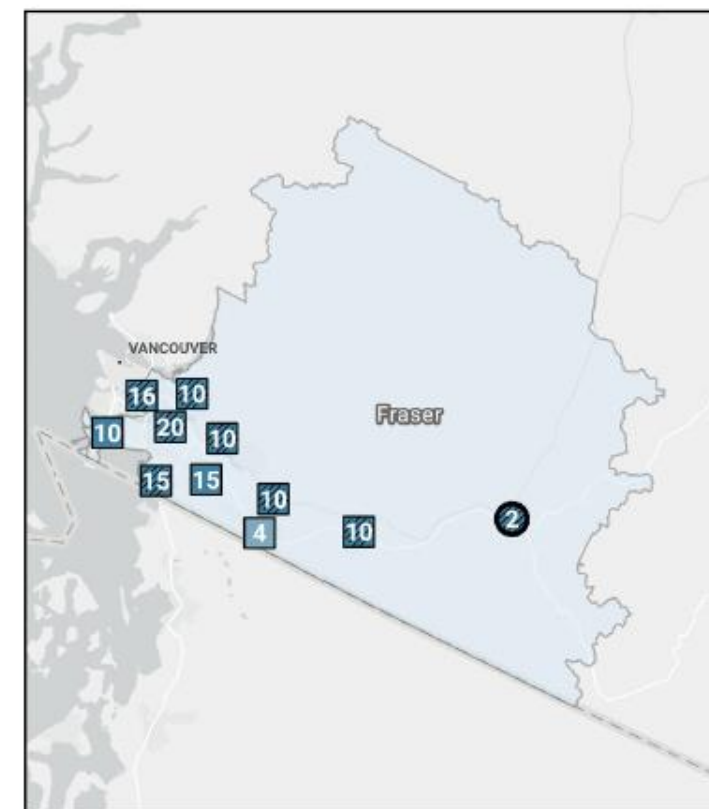
## Hospice Residences and Services

		RESPONSES	ADEQUACY*	% OF TARGET BEDS
	Hospice residences	10		
	Hospice beds in residences	120		
	Other hospice beds	2		
	Total hospice beds	122	ADEQUATE <sup>1</sup>	93.1%
	Standards/indicators for hospice residences	YES		
	Community hospice organizations**	12		

\*Catalonia formula (10 beds per 100 000 population of which 3 are PCU beds, and 7 are hospice or continuing care type beds). Only dedicated beds are included.

\*\*This may not include all community organizations that provide hospice or palliative care-related services and support.

## Hospices in Fraser Region



### Legend

- Major Cities
  - Facility, Patients, Location-type
    - Hospice Residence, Adult, Stand-alone
    - Hospice Residence, Adult, Co-located
    - Hospice Residence, Pediatric, Stand-alone
    - Other Hospice Beds, Adult, Co-located
  - Health Authority Regions
- Facility labels report number of beds available.

References: 1) ESRI Light Gray Basemap (arcgis.com); 2) Regional Health Authority Boundaries (BC Map Hub); Major Cities (The Atlas of Canada Base Maps of BC).

# Leveraging the Atlas - examples of identified opportunities

- Update the 2013 Provincial End-of-Life Care Action Plan with insights from the BC Atlas findings.
- Explore opportunities to expand the subsidization of hospice beds by examining models from other provinces.
- Re-establish PCU and hospice beds, which were lost during the COVID-19 pandemic.
- Improve PCU bed numbers and expand the presence of specialist palliative care teams in key regions.
- Conduct a study to evaluate the usage and impact of provincial help lines.
- Undertake a distinct process developed by Indigenous Peoples to map palliative care across British Columbia that adheres to First Nations Principles of Ownership, Control, Access, and Possession (OCAP®).

Q & A





# Next steps



# Next Steps

- How to use and disseminate the Atlas – [www.pallium.ca/BCAtlas](http://www.pallium.ca/BCAtlas)
- Identify opportunities for future collaboration and impact
- Provincial information webinars:
  - Thursday, April 24, 2025 – 12:00 to 1:00 p.m. PT
  - Thursday, June 5, 2025 – 12:00 to 1:00 p.m. PT

# Thank You



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