



# The Canadian Atlas of Palliative Care - Mapping the State of Access to Palliative Care Across Ontario

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# Territorial Acknowledgement



# 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

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# Canadian Atlas of Palliative Care – Ontario Edition

## Funders & Supporters

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Lead funder



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# ON Based Organizations – Collaboration and Engagement

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**North West Region**

**North East Region**

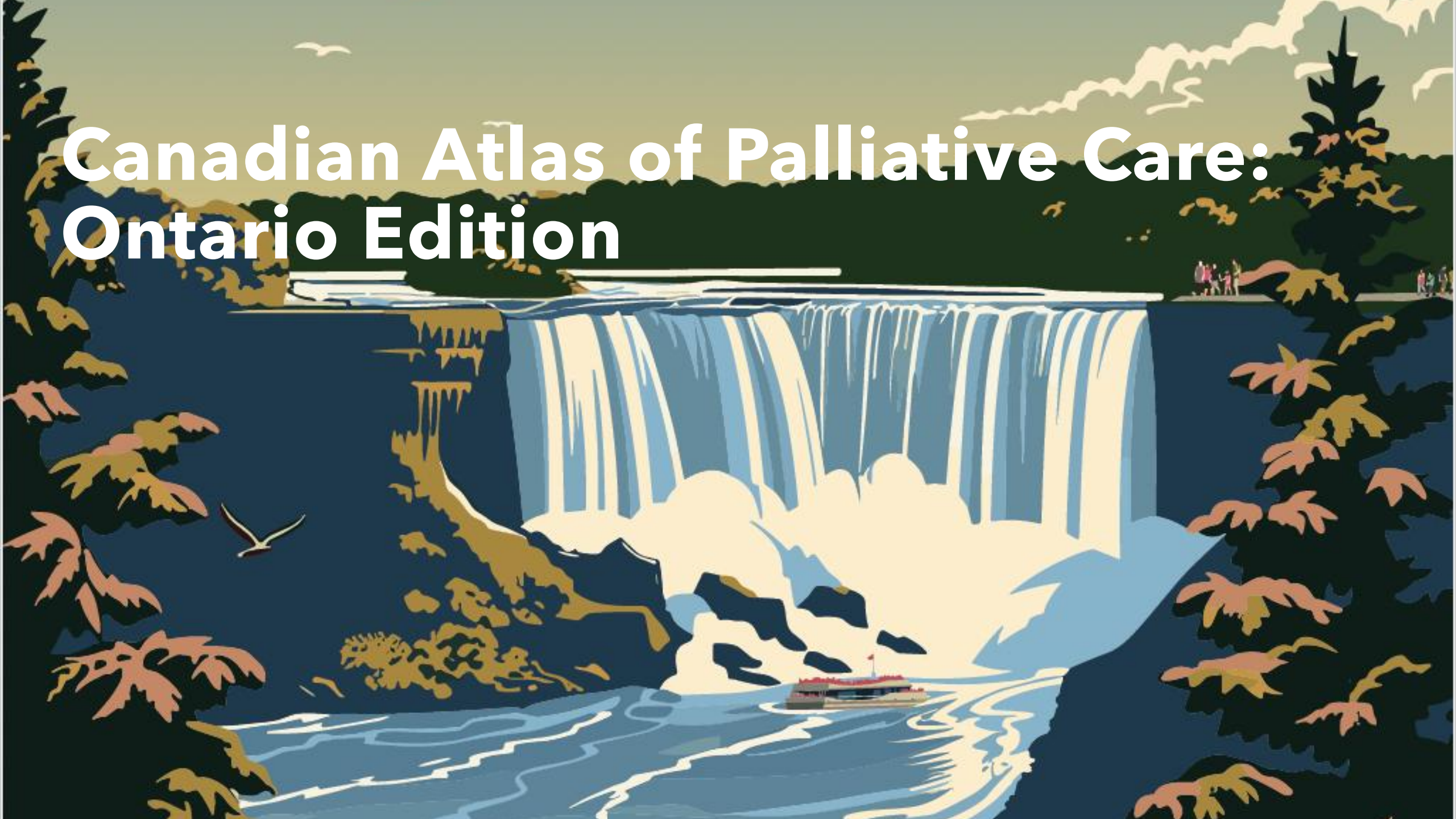
**West Region**

**Central Region**

**Toronto Region**

**East Region**

# Canadian Atlas of Palliative Care: Ontario 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

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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












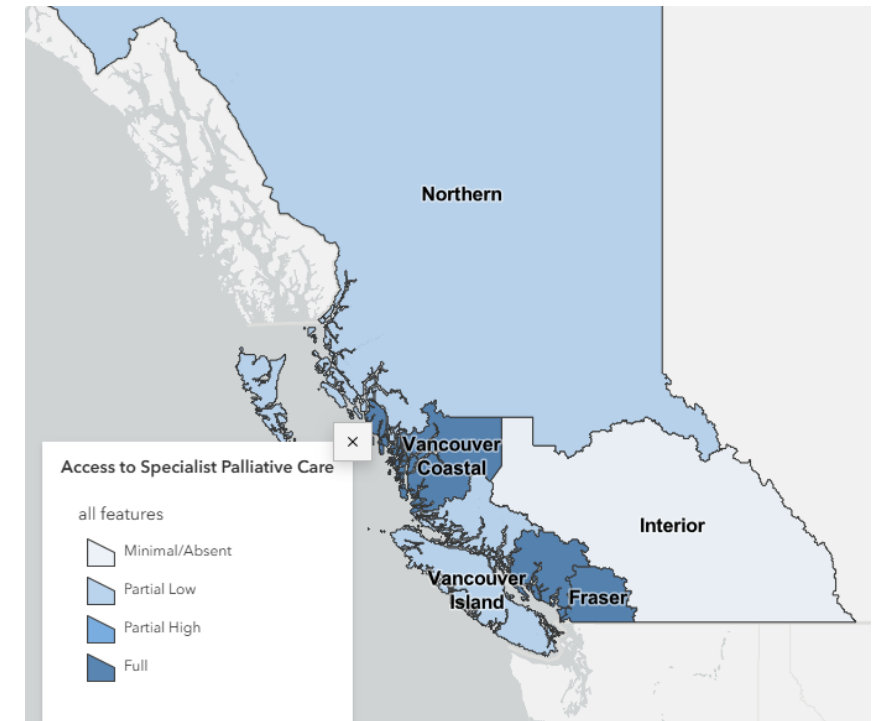
Focus groups to  
validate, expand,  
and clarify findings



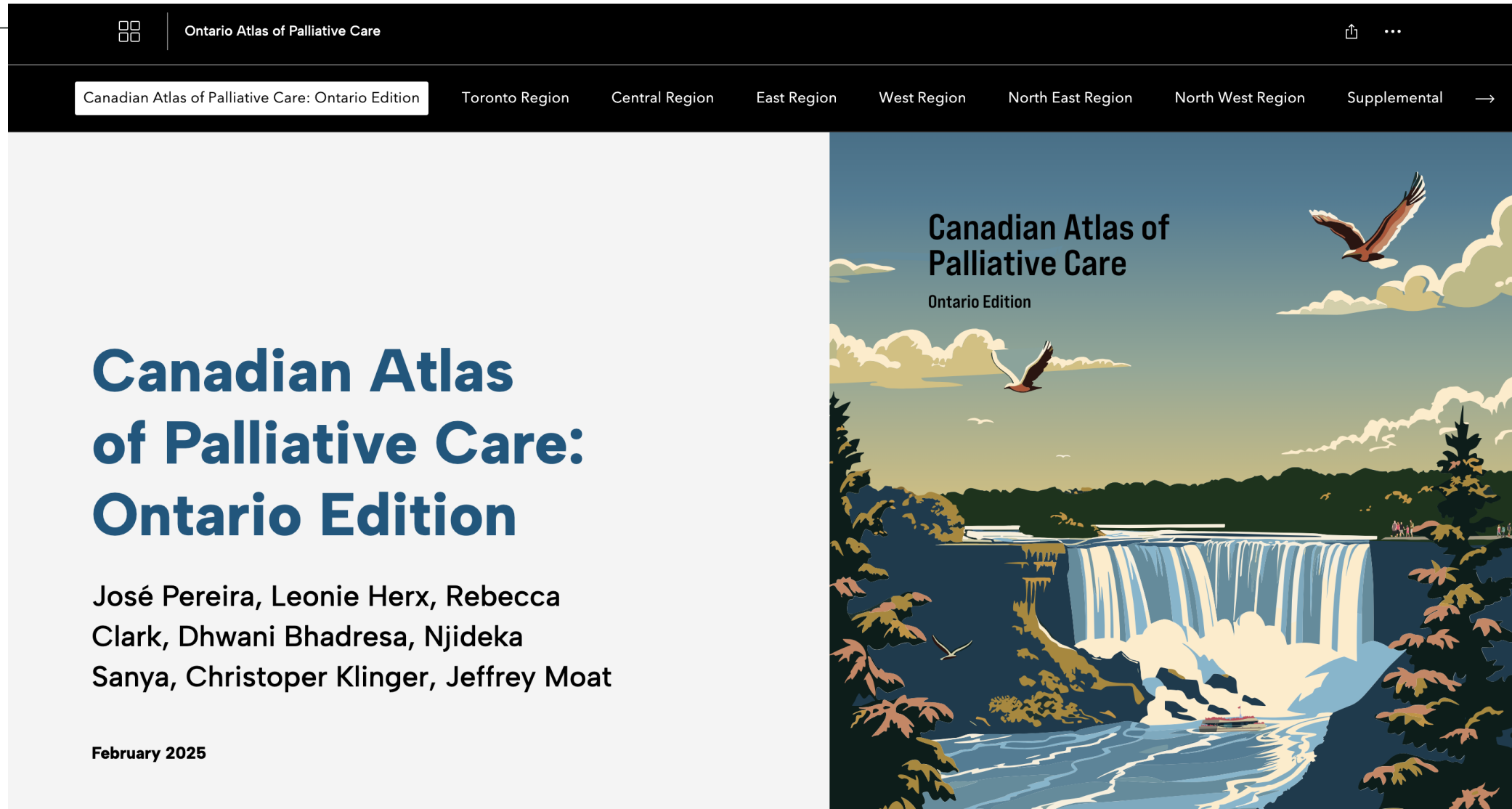
Member checking  
with regional leaders  
to provide final input  
on the results

# 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	<b>V</b>		
Highlights	A unique innovation, program, or strategy in the region to improve palliative care delivery.				



# Interactive StoryMaps



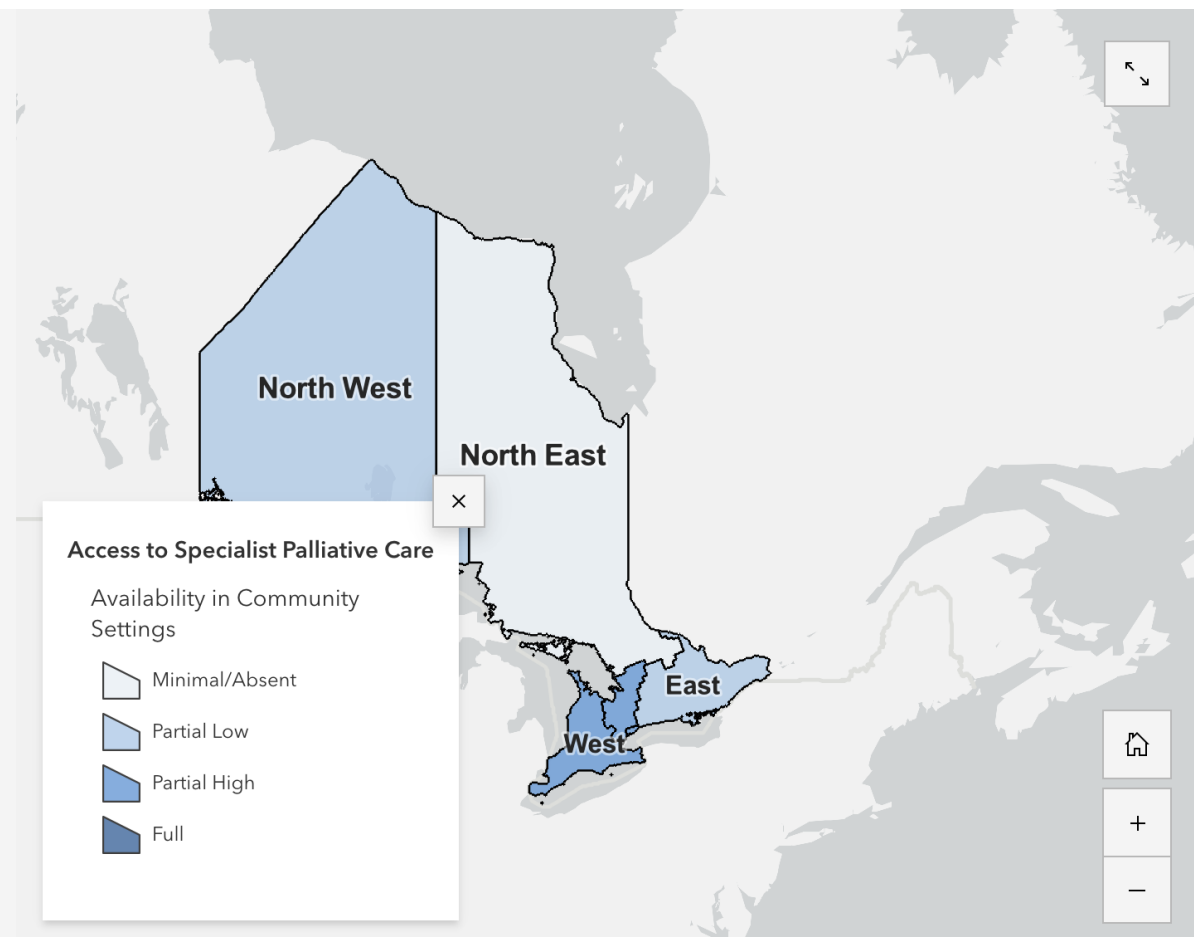


# Interactive Story Maps

## Setting: Community

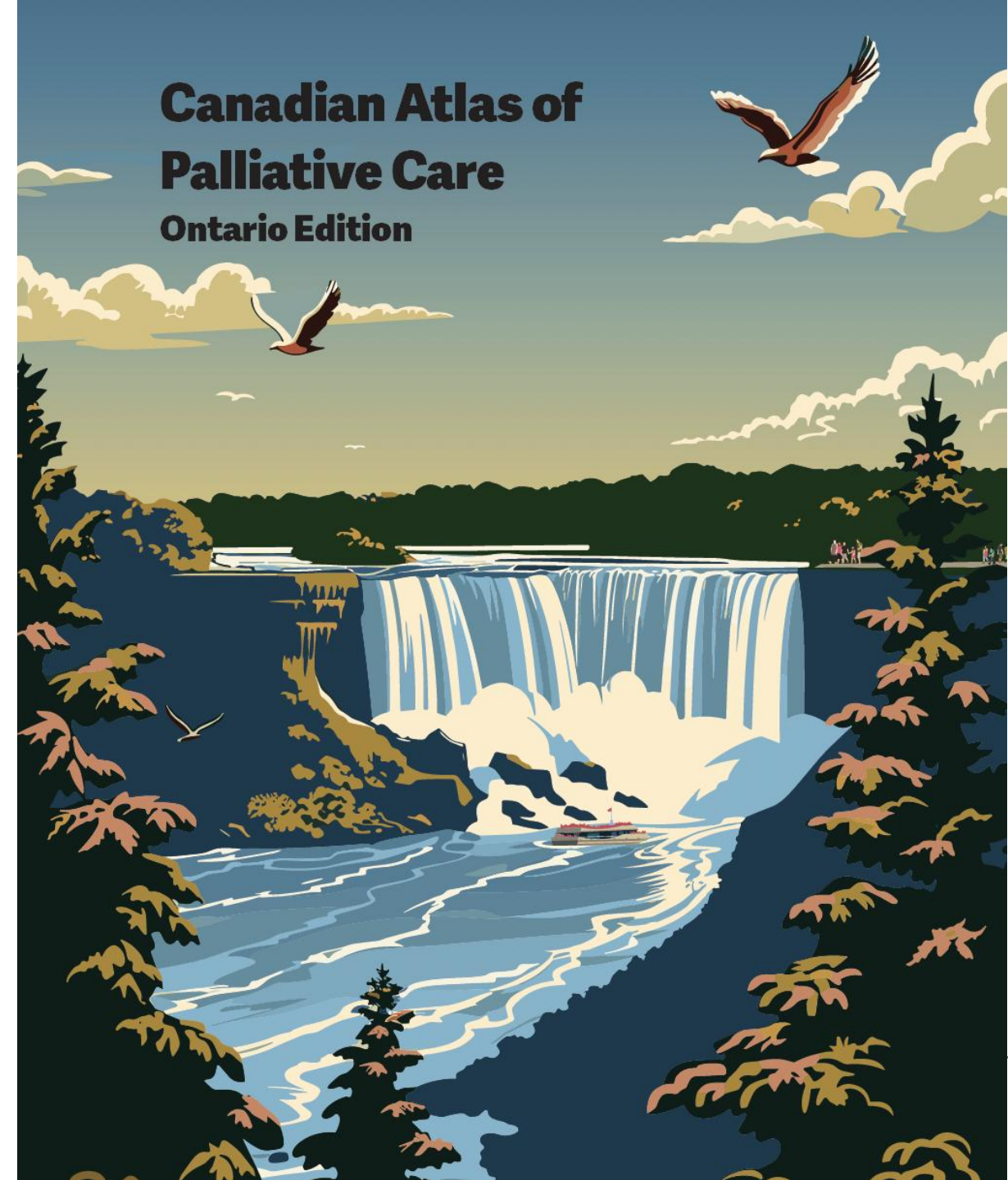
### Community

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

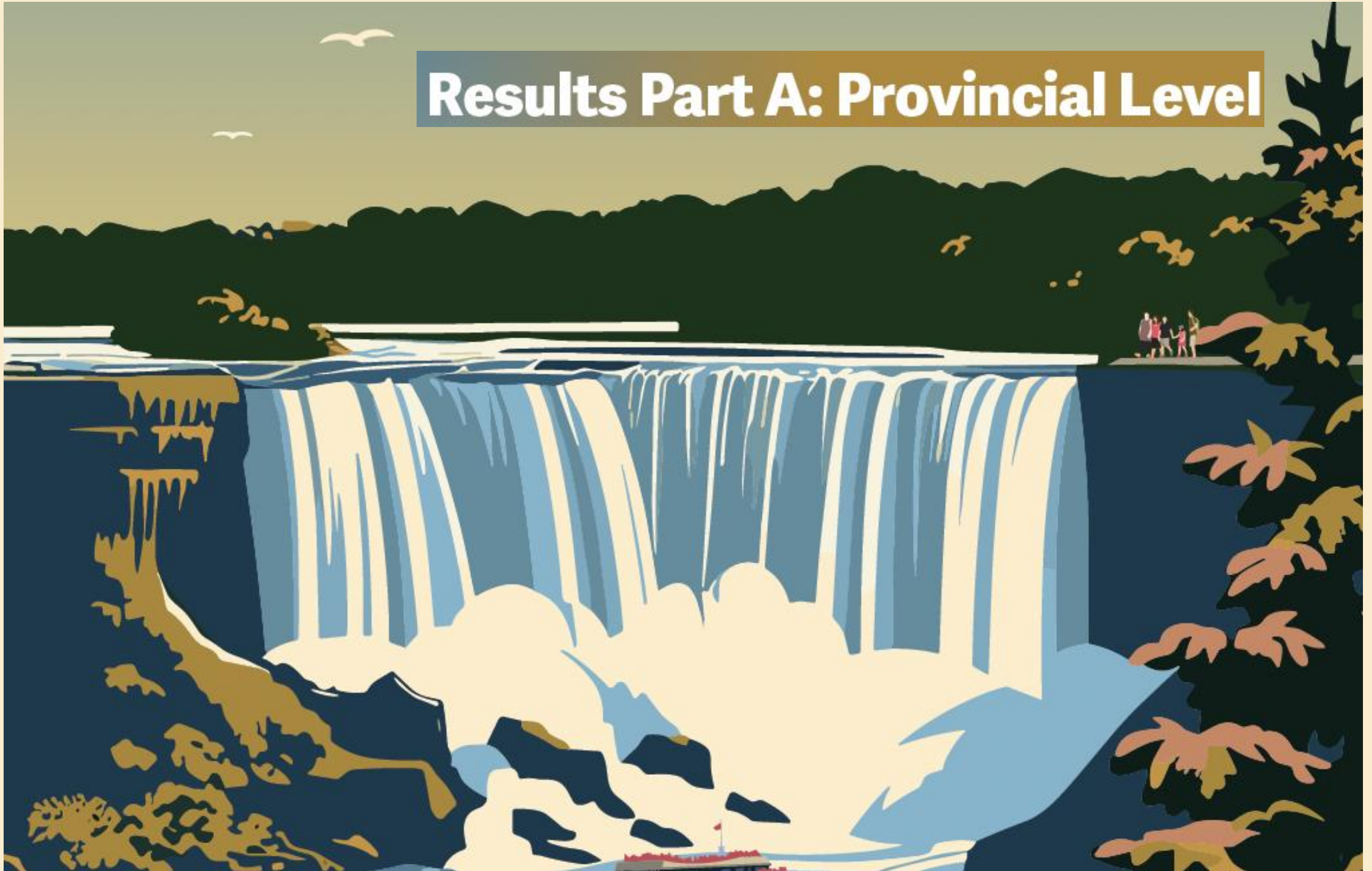


# Key Findings

- Ontario has a strong foundation of provincial frameworks to guide palliative care.
- Incomplete data and undefined standards impeded effective palliative care planning.
- There is a proportionally significant lack of acute palliative care beds.
- Primary-level palliative care is largely delivered by specialist teams in many subregions.
- Equitable access to palliative care remains a significant challenge for pediatric patients and other underserved populations.
- There is a strong community of palliative care researchers with active palliative care research programs within university-affiliated centres.



# Results Part A: Provincial Level





# Demographics

AGE RANGE	POPULATION SIZE <sup>1</sup>	PERCENTAGE
0-19	3,053,250	21%
20-64	8,532,985	60%
65-74	1,504,495	11%
75+	1,133,215	8%

<sup>1</sup>Data taken from 2021 Canadian Census

REGION	POPULATION SIZE	POPULATION DENSITY PER KM <sup>2</sup>
East	3,522,772	68.6
Central	4,623,620	311.9
Northeast	559,296	0.1
Northwest	230,223	0.6
Toronto	2,794,356 <sup>1</sup>	4427.8
West	4,006,360	104.5
TOTAL:	15,736,627	17.6

<sup>1</sup>This number reflects the most recent available population estimate as per Ontario Health Toronto








# Policy

<b>POLICIES, STRUCTURES AND LAWS</b>	<b>PRESENCE</b>
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	YES <sup>2</sup>
Standards and norms for palliative care	YES
Designated palliative care leads	YES
Law related to advanced care planning	YES <sup>3</sup>
Compassionate care benefits	YES <sup>3</sup>
<b>FORMAL STRATEGIES</b>	<b>PRESENCE</b>
Home and community care	YES <sup>4</sup>
Inpatient and outpatient hospital services (cancer and non-cancer)	YES <sup>5</sup>
Long-term care facilities	YES
Rural and remote	NO <sup>6</sup>
Paramedic/emergency services	PARTIAL <sup>7</sup>
<b>GOVERNMENT FUNDING</b>	<b>PRESENCE</b>
Palliative care home service	PARTIAL
Hospice residences	PARTIAL
Community hospice services	PARTIAL
Medications: In hospital	FULL
Medications: Out of hospital	PARTIAL <sup>8</sup>
Supplies and equipment: In hospital	FULL
Supplies and equipment: Out of hospital	PARTIAL <sup>8</sup>
Continuing palliative care education in various settings	PARTIAL

# SERVICES – Inpatient Palliative Care Beds

## PALLIATIVE CARE AND HOSPICE BEDS IN THE PROVINCE

	TYPES OF BEDS	NUMBER	ADEQUACY*	% OF TARGET BEDS
	Palliative Care Units (PCUs)	35		
	Palliative Care Unit beds	579 <sup>1</sup>	ADEQUATE	
	Other palliative care beds	55 V		
	Hospice residences	64		
	Hospice beds in residences	533	INADEQUATE	52.5%
	Other hospice beds	45 V		
	Total number of inpatient palliative care beds (PCU and Hospice combined)	1,212 <sup>1</sup>	INADEQUATE	77%

\*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

MIXED – V²

## Access to Specialist Level Care Support Teams in Hospital



# SERVICES – Acute Care

## INPATIENT UNITS AND OUTPATIENT CLINICS

Integration\* in inpatient units



Integration\* in outpatient clinics—Cancer



Integration\* in outpatient clinics—Other\*\*



\*Integration means services with core palliative care competencies providing primary or generalist level palliative care and collaborating closely with and referring to specialist palliative care teams when needed and in a timely manner.

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



### Highlight:

Since 2015, the Ontario Renal Network (ORN) has been implementing a provincial palliative care framework for the integration of palliative care within chronic kidney disease care, including several key initiatives, such as person-centred decision making, palliative care training with Pallium Canada's LEAP Renal course, and the identification of local champions for palliative care for each of the 26 regional renal programs.

# 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





# 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
  - Partial Low

# SERVICES - Community

## PRIMARY CARE

Overall provision of primary palliative care	● ● ○ ○ V <sup>1</sup>
Providing palliative care to ambulatory patients	● ● ○ ○
Providing palliative care home visits	● ○ ○ ○ V <sup>2</sup>
Clinics providing 24/7 on-call coverage	● ○ ○ ○
Standards/indicators for providing primary palliative care	YES
Training for primary care professionals on the palliative care approach	PARTIAL <sup>3</sup>


## RURAL AND REMOTE AREAS

Access to specialist palliative care services	● ● ○ ○ 1
Strategic plan to build primary palliative care capacity	NO <sup>2</sup>
Standards/indicators for access to primary palliative care	YES
Funding for education on the palliative care approach	YES
Training of primary care professionals on the palliative care approach available	PARTIAL

# SERVICES - Community

## LONG-TERM CARE (LTC)

Access to specialist palliative care services	●●○○V
Integration of palliative care approach	●●○○V
Standards/indicators for providing palliative care	YES <sup>1</sup>
Formal standards of training on palliative care approach	YES <sup>1</sup>
Training programs on the palliative care approach available	YES
Funding for education on the palliative care approach	PARTIAL



**Highlight:** The Northwest Region has many quality improvement initiatives for palliative care within LTC (e.g., early identification and palliative care education for staff), and many homes in the region have integrated a palliative approach.

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



# SERVICES - Community

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## HOSPICE SERVICES

Standards/indicators for hospice residences	PARTIAL
Hospice residences	661
Community hospice organizations*	85

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

## PARAMEDIC EMERGENCY SERVICES

Training paramedics in palliative care	PARTIAL - V
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# SERVICES - Community

## PALLIATIVE CARE RESOURCES

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

### Context:

<sup>1</sup>Many provincial organizations provide resources for patients, families, and health care professionals. Speak Up Ontario is a commonly used resource.

<sup>2</sup>The OPCN has elaborated specialist and primary level competencies for palliative care across professions, where the primary or generalist refers to core palliative care competencies allowing these non-specialist professionals to provide a palliative care approach.

# SYSTEM PERFORMANCE

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- Provincial system performance indicators are collected and reported through Ontario Health by the Ontario Palliative Care Network and by Health Quality Ontario.
- Some system performance indicators for Ontario 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	6
Nursing schools (RPN, RN, graduate, post-graduate programs)	36

## POSTGRADUATE EDUCATION AND CERTIFICATION

### Physician Education

Palliative Care Residency Training Programs:	
College of Family Physicians of Canada Certificate of Added Competence in Palliative Care	6
Royal College of Physicians and Surgeons of Canada Subspecialty in Palliative Medicine	4 ADULT 2 PEDIATRIC

### Nursing Education

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

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



# PROFESSIONAL ACTIVITIES

## PROFESSIONAL ACTIVITIES

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

# FOCUSED POPULATIONS - Pediatrics

## PEDIATRIC PALLIATIVE CARE

Formal strategy for pediatric palliative care	NO
Pediatric hospice residence(s)	2 <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)	PARTIAL <sup>2</sup>
Education program(s) for pediatric palliative care	YES

### Context:

<sup>1</sup>The hospices are located in the Toronto and Ottawa areas. Other hospices, such as Darling Home, in Milton and Andy's House in Port Carling, also accept pediatric patients when needed.

<sup>2</sup>Outside of university hospital tertiary care centres in Ottawa, Toronto, Hamilton and London, access to pediatric palliative care consultations is primarily virtual.

# FOCUSED POPULATIONS - Other

POPULATION	FORMAL STRATEGY	PROGRAM/INITIATIVE
2SLGBTQI+*	NO	NO <sup>1</sup>
Homeless and marginally housed	NO <sup>1</sup>	NO <sup>2</sup>
Incarcerated people (correctional facilities)	NO	NO <sup>3</sup>
Recent immigrants and refugees	NO	NO <sup>4</sup>
Francophone population	NO	NO

\*Refers to Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Plus population.



# COMMUNITY ENGAGEMENT

## VOLUNTEERS

Formal strategy for palliative care volunteers	NO
Programs or initiatives for volunteers	YES <sup>1</sup>
Training programs for volunteers available	YES

## COMMUNITY RESOURCES

Compassionate Community activities and other community engagement activities/resources*	YES
Grief and bereavement services	YES <sup>2</sup>
Formal strategy for support of informal caregivers	YES <sup>3</sup>
Programs or initiatives for informal caregivers	YES <sup>3</sup>



\*e.g., Death Cafes, visiting programs and support groups.

# Results Part B: Regions



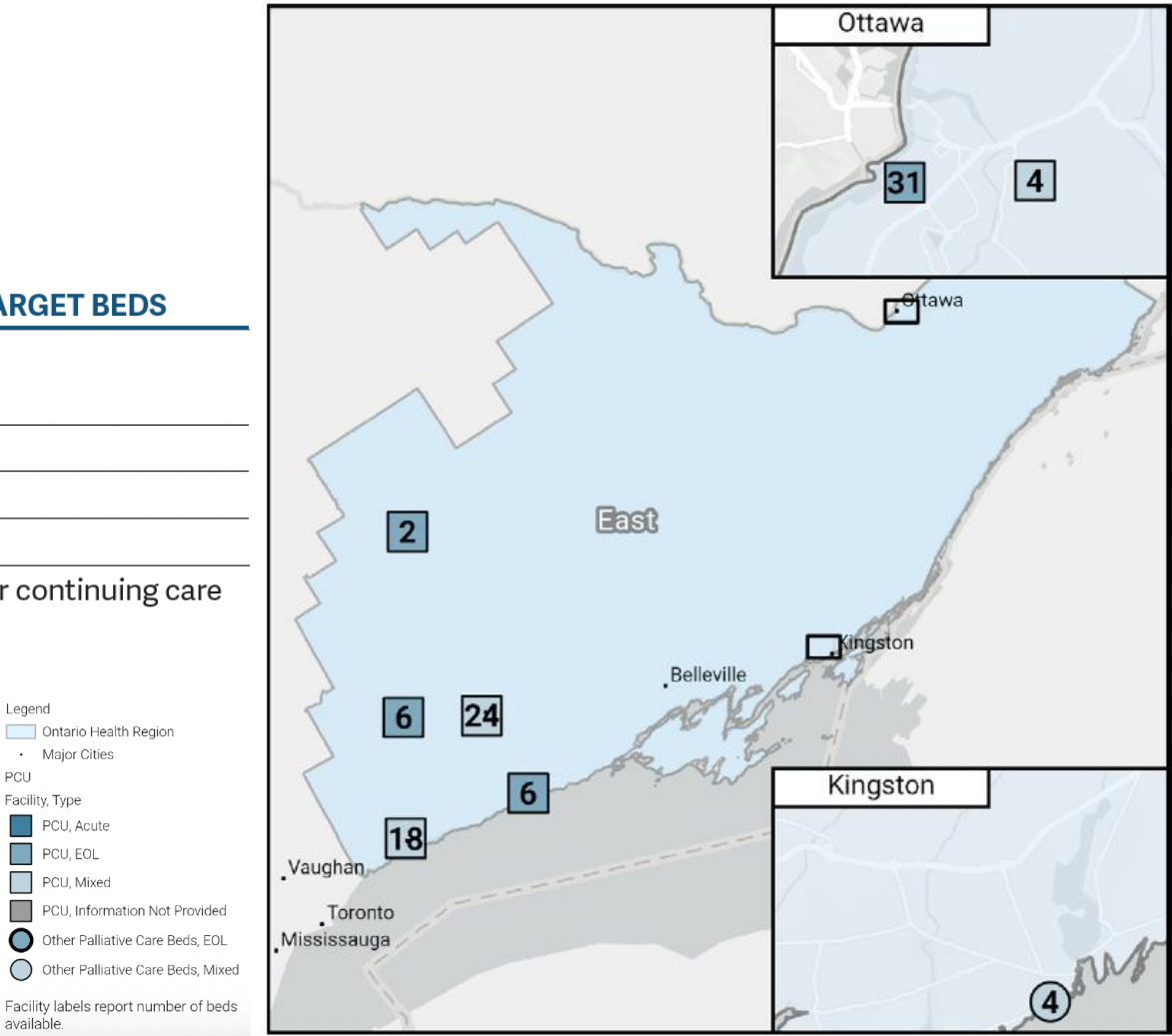
# SERVICES – Palliative Care Units

Palliative Care Units (PCUs)

		NUMBER	ADEQUACY*	% OF TARGET BEDS
	Palliative Care Units (PCUs)	7		
	Palliative Care Unit beds	91	INADEQUATE	86.2%
	Other palliative care beds	4		
	Total palliative care beds	95		



\*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 East Region



# SERVICES – Hospice

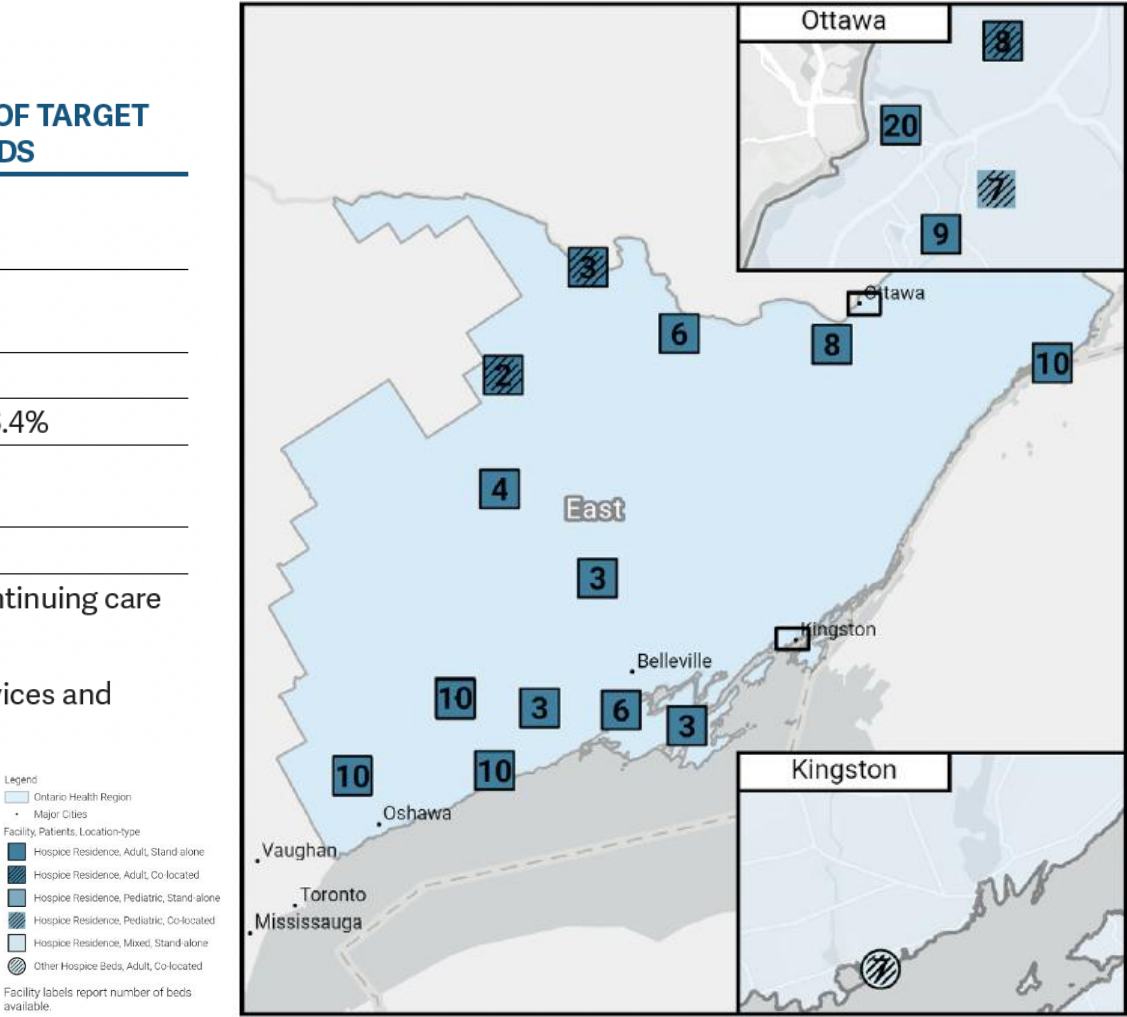
## Hospice Residences and Services

		RESPONSES	ADEQUACY*	% OF TARGET BEDS
	Hospice residences	18		
	Hospice beds in residences	132		
	Other hospice beds	7		
	Total hospice beds	139	INADEQUATE	56.4%
	Standards/indicators for hospice residences	YES <sup>1</sup>		
	Community hospice organizations**	32		

\*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 East Region





# Next steps



# Next steps

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## Leveraging the Atlas



Explore data across key domains, including Demographic, Policy, Services, System Performance, Professional Activities, Education, Focused Populations, Community Engagement, Other Activities.



Review strengths, gaps and opportunities for system improvement.



Explore palliative care access by Ontario Health region.

## Take action

- **Apply it in your work:** Use the data for planning, education, and advocacy.
- **Access the Atlas:** Explore the interactive Atlas at [pallium.ca/ontarioatlas](https://pallium.ca/ontarioatlas) or via the QR code.





# Thank you

The Pallium Foundation of Canada

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