

Progress on Ontario's Provincial Framework for Palliative Care

**Ministry of Health
June 4, 2025**

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Message from the Deputy Premier and Minister of Health

Ontario has established a vision for palliative care that enables individuals with a serious illness, as well as families and caregivers, to receive the holistic, proactive, timely and continuous care they need, to live as they choose and optimize their quality of life. This vision has been articulated through the passing of the *Compassionate Care Act, 2020*, and the subsequent Provincial Framework for Palliative Care (2021). Since the release of the Provincial Framework, and through the collective efforts of many, substantive progress toward the Provincial Framework's goals has been achieved.

To demonstrate a continued commitment to improving access to palliative care, the Ontario government has made significant investments, many of which are outlined in this report. This includes committing to the development of more hospice residence beds across the province and additional operational supports to sustain and expand the valuable services these organizations provide. Expanding access to end-of-life care for communities across the province is another step our government is taking to deliver compassionate and specialized care for individuals and their loved ones.

We also know that other investments – such as those in home and community care – support palliative and end-of-life services for individuals who can stay in their homes by maintaining continuity of care, quality of life, and providing adequate support for dying at home or in the community when possible.

I am pleased to report that the number of Ontarians accessing palliative care services has grown by 7.5% from 2021-22 to 2023-24. Additionally, Ontarians are not only receiving care but are accessing it sooner. On average, individuals are now accessing palliative care one month earlier in their illness journey.

While much has been accomplished, more remains to be done. Building on what has been achieved, continued improvements will include spreading and scaling impactful practices across community organizations, continuing to fill data gaps including capturing caregiver experiences, and supporting culturally competent care and inclusion for First Nations, Inuit, Métis and urban Indigenous people, Francophones and persons who are unhoused or vulnerably housed, among others.

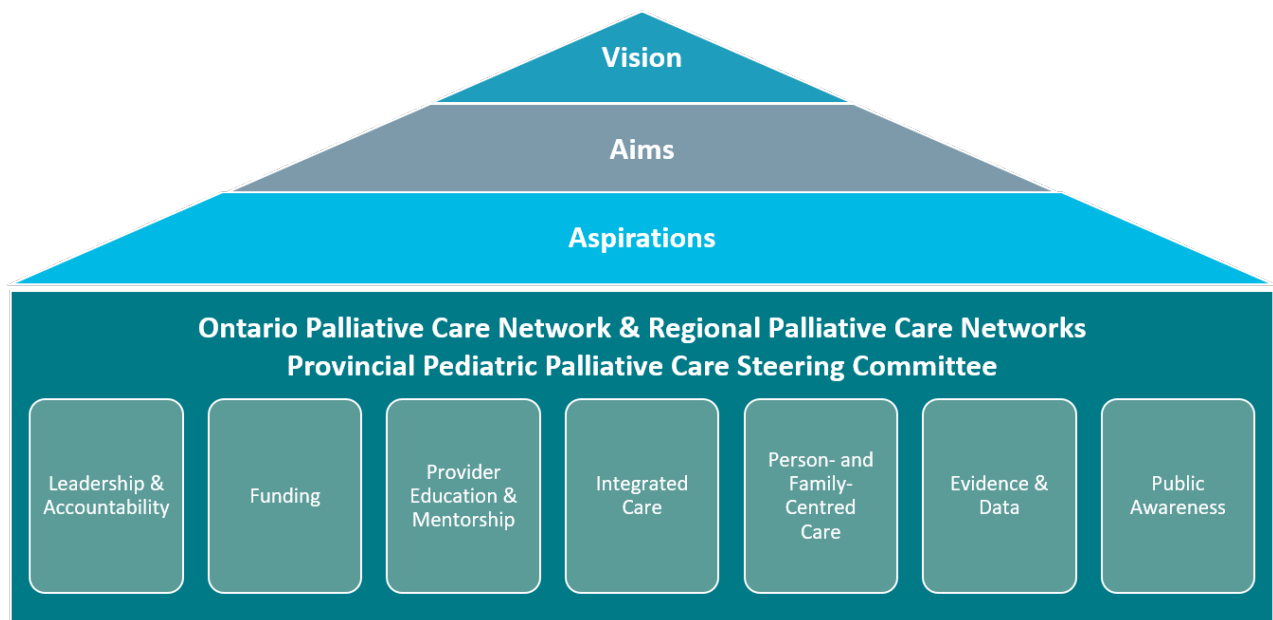
On behalf of all Ontarians, I extend my gratitude to all those who continue to advocate for and deliver the person-centered, holistic, proactive, timely, and high-quality palliative care that supports quality of life, through to the end of life.

The Honourable Sylvia Jones
Deputy Premier and Minister of Health

Part I – Introduction

Background

The *Compassionate Care Act, 2020* called for the development of [Ontario's Provincial Framework for Palliative Care](#) (the "Provincial Framework") to support improved access to palliative care for all Ontarians. Developed through extensive stakeholder consultation and released in 2021, the Provincial Framework (visually depicted below) is used to improve how palliative care is planned, delivered, and evaluated in Ontario. The *Compassionate Care Act, 2020*, also requires the Minister of Health to prepare a report on the status of palliative care in the province within three years after the Provincial Framework's release (December 2024).



The central vision of the Provincial Framework is as follows:

Adults and children with a serious illness, as well as their families and caregivers, will receive the holistic, proactive, timely and continuous care and support they need, through the entire spectrum of care both preceding and following death, to help them live as they choose and optimize their quality of life, comfort, dignity, and security.

This report summarizes Ontario's progress toward the Provincial Framework's vision for success since its release in 2021, and opportunities for continued improvement.

What is Palliative Care and Why Does it Matter?

Palliative care aims to relieve suffering and improve the quality of living and dying for every person with a serious illness. It helps individuals, families and caregivers to:

- address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears;
- prepare for and manage end-of-life choices and the dying process;
- cope with loss and grief;
- treat all active issues and prevent new issues from occurring; and
- promote opportunities for meaningful and valuable experiences, and personal and spiritual growth.ⁱ

In Ontario, palliative and end-of-life care is integrated into a variety of settings and provided by a range of professionals working together across the health care system.

Access to high quality palliative care benefits individuals, families and caregivers by focusing on quality of life and establishing goals of care centered around what is important to them. Broader access to palliative care also benefits the health care system by ensuring care is managed in the most appropriate setting. For example, when palliative care is delivered in a community setting (e.g., patients' homes, long-term care homes) the likelihood of dying in hospital decreasesⁱⁱ and the likelihood of going to an emergency department in the last two weeks of life is also reducedⁱⁱⁱ.

Palliative care is often organized at the local level and driven by grassroots initiatives and local networks of providers. This has led to groups of palliative care programs that respond to local needs by building on existing resources rather than meeting a standardized model. Implementation of the Provincial Framework aims to establish an equitable approach to care delivery and assist all Ontarians with accessing palliative care services regardless of where they live.

Performance Measurement

Despite the known benefits resulting from a palliative approach to care, there are still gaps in access to services. For example, the Canadian Institute for Health Information's (CIHI) most recent report on access to palliative care in Canada^{iv}, indicates 59% of adults who died in Ontario in 2021-22 received palliative care in any setting, an improvement from 52% in 2016-17. For children, access is more challenging and there is a need for

better data and understanding of specific needs of this population. As of 2016, only 18% of children who could benefit from a palliative approach were receiving palliative care.^v While there are no provincial targets for these two metrics, the goal is to continuously improve access to palliative care.

Ontario Health monitors and reports on system level indicators that are used to track the influence of palliative care at the provincial, regional and sub-regional level. These indicators can demonstrate how effectively palliative-specific services are being integrated and highlight where attention is required to advance effective practices and service access.

As of 2024, Ontario has seen the following results on three key system use indicators:

- 32% of community dwelling individuals received palliative-specific home care visits in their last 90 days.
- 52.6% of decedents had unplanned emergency department visits in their last 30 days.
- 50.5% of decedents spent their final days hospital.

Since the release of the Provincial Framework, significant investments have helped expand access to palliative care services and strengthen service delivery. As a result, the number of Ontarians accessing palliative care services across all sectors has grown from 75,230 in 2021-22 to 80,912 in 2023-24, representing a 7.5% increase.^{vii} Additionally, people are not only receiving care, but they are accessing it sooner. On average, Ontarians are accessing palliative care one month earlier in their illness journey.^{viii}

In 2023-24, the home care sector increased service volumes by 10%, delivering approximately 2.5 million hours of personal support services and 890,000 nursing visits^{ix} for 30,000 palliative patients in their homes. The system is scaling up in response to real and rising needs.

The stability in the above three system indicators demonstrates sustained performance under pressure as the system responds to increased demand. It reflects a system that is growing through provincial investments and continues to deliver care while building for the future. As the framework continues to mature, the impact of recent strategic investments is expected to grow. The addition of 96 new hospice beds announced in March 2024, alongside a \$44 million investment over three years in Health Human Resource capacity, such as clinical coaches and frontline training, have not been fully reflected in these indicators as they are still in early stages of implementation.

In continuing to act on the government's commitment to provide better palliative care, Ontario, in collaboration with system partners, is making concrete steps to improve access, equity, and the quality of palliative care services for Ontarians. The chart below provides a snapshot of key investments and activities, and Part II of the report provides further details. Additionally, regional achievements have been highlighted in Appendix A.

Highlights of Ontario's Progress to Increase Access to Palliative Care Since 2021	
Leadership & Accountability	<ul style="list-style-type: none"> • OPCN continues as Ontario's principal advisor for palliative care • Ontario Health regions continue to provide local leadership
Funding	<ul style="list-style-type: none"> • Adding 96 more hospice beds allocated by local need to serve 1,475 more individuals each year, closer to home • \$87 million invested since 2021 for equitable and sustainable operational funding increases for hospice residences • \$11 million invested for 23 new hospice beds to support immediate health system pressures
Provider Education & Mentorship	<ul style="list-style-type: none"> • Delivered primary level palliative education to support over 9,600 providers in 100 hospitals, 53 LTC homes, 45 community organizations, 26 hospices, all regional cancer programs and pediatric centres • Released online training modules for over 400 home care nurses and personal support workers
Integrated Care	<ul style="list-style-type: none"> • \$44 million to support provincial implementation of a palliative model of care for adults in the community that builds primary level palliative care capacity for providers in community settings and strengthens local organization of palliative care. To-date over 200 organizations are participating • Progress on developing the pediatric model of care • Opening of 8 hospice beds serving Franco-Ontarians in Ottawa
Person-Centred Care	<ul style="list-style-type: none"> • 2024 updated Health Quality Ontario Palliative Care Quality Standard • \$10 million investment to support over 120 organizations in expanding access to community-based bereavement programs • \$750 thousand reinvested in perinatal palliative care programs supporting families experiencing infant and fetal loss • \$3 million to support communication at end-of-life in LTC homes

Highlights of Ontario's Progress to Increase Access to Palliative Care Since 2021

Evidence & Data	<ul style="list-style-type: none"> • Performance summary reports tracking palliative indicators continue to support local and regional initiatives • Development of new grief and bereavement indicators • Ontario to participate in Pallium Canada's Palliative Care Atlas - the Ontario Edition of the Atlas will visually map out the availability of palliative care services and resources in Ontario
Public Awareness	<ul style="list-style-type: none"> • Delivery of 12 person-centred decision-making workshops for over 300 clinicians in 2023-24 with a public awareness campaign

Part II – Progress Report

System Level Progress

Ontario continues to make strides to increase access to health care resources for all Ontarians where and when they need them. Enhancing access to a palliative approach to care can be strengthened at the system level through appropriate integration of health care services and decreasing silos.

Change is needed across multiple sectors to support an integrated approach to care. The following are examples of actions taken by the Ontario government since 2021 that will improve the likelihood of accessing and maintaining palliative care in any setting:

- Expanding access to key services to provide people of all ages with the right care, in the right place through [*Your Health: A Plan for Connected and Convenient Care*](#).
- Establishing Ontario Health Teams (OHTs) as groups of providers that coordinate and deliver care for their local community. OHTs are focused first on connecting patients to primary care, supporting seamless home and community care, and improving outcomes for people with chronic illnesses.
- Investing in home care services to get more people connected to care in the comfort of their own home and community.
 - In the 2022 Budget, the government announced a plan to invest \$1 billion over three years to support the expansion of home and community care services and workforce compensation.
 - In 2023, the government accelerated investments in home care, as part of the 2023 Budget, bringing funding up to \$569 million, including nearly \$300 million to stabilize the home and community care workforce.
 - In the 2024 Budget, the government invested an additional \$2 billion over three years to boost the accelerated \$1 billion committed in 2023, support earlier investments in the home and community care workforce, and stabilize expanded services.
- Taking the next step to better connect and coordinate people's care with the establishment of Ontario Health atHome.

- On June 28, 2024, the *Convenient Care at Home Act, 2023* was proclaimed into force, amalgamating the 14 Local Health Integration Networks (LHINs), operating as Home and Community Care Support Services organizations into a single organization - Ontario Health atHome.
- Ontario Health atHome will continue to support the delivery and coordination of home and community care services and long-term care placement across the province. This will make it easier for people to connect to the services they need, including home and community care services, long-term care and other placement management services, and information and referrals to other health and social services.
- Investing in community care services which play an important role in helping people live safely and independently. These services include personal support services, homemaking services, and community support services (CSS) including meals, transportation, caregiver support and respite services.
 - In 2022-23, Ontario invested nearly \$100 million over three years to expand community care. This base investment of \$33.25 million starting in 2022-23 will stabilize and enhance sustainability for community services.
 - In 2023-24, approximately \$100 million in new funding was provided to the community care services sector and to expand assisted living services.
- Introducing a new legislative framework to govern long-term care services. On April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and its supporting regulation came into force. The FLTCA outlines expanded palliative care requirements to align with a broader, more holistic approach to palliative care that is not solely focused on end-of-life care.

Progress on Implementation of the Provincial Framework

In addition to the system-level progress highlighted above, Ontario continues work on implementation of the Provincial Framework to support the delivery of high-quality palliative care services in communities. The Provincial Framework can be utilized for palliative care service delivery, to guide future policy and program design, and to assist in funding decisions to improve palliative care for all individuals who would benefit.

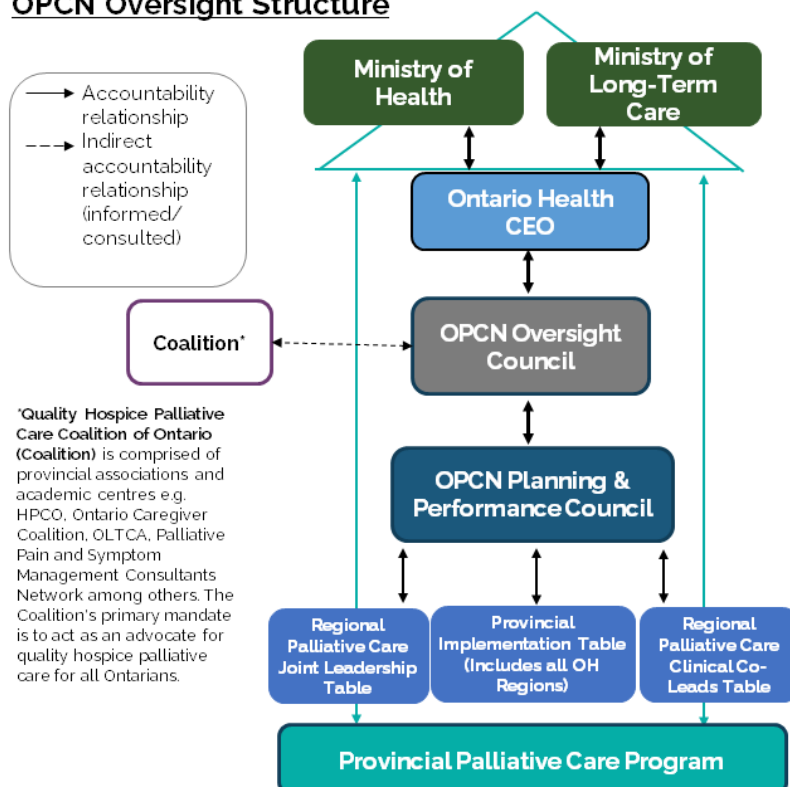
Building on considerable work by health care partners over many years, the Provincial Framework outlines seven building blocks, with related goals and initial actions to move toward Ontario's vision for access to palliative care. The progress toward the Provincial Framework's vision for success is the result of the collective impact of many provincial, regional, and local partner organizations.

1. Leadership & Accountability

As described in the Provincial Framework: *Effective and efficient palliative care service design and delivery requires strong and visible leadership. Accountability models and structures can drive consistent access and delivery of palliative care across the province and ensure value for money. Key accountability mechanisms include performance metrics, policies, guidelines, standards, and funding.*

OPCN has a provincial oversight structure (see below) and acts as the province's principal advisor on palliative care. OPCN is supported by the Provincial Palliative Care Program, six Ontario Health Regions, and sub-regional palliative care networks.

OPCN Oversight Structure



OPCN, supported by the Provincial Palliative Care Program, has developed a strategic policy document, the [Palliative Care Health Services Delivery Framework \(Delivery Framework\)](#). Developed through broad consultation and identifying best practices, the Delivery Framework provides actionable recommendations to improve care integration. The Delivery Framework is implemented through the structure depicted in the diagram above. Furthermore, Ontario Health supports in improving access to palliative care. Ontario Health's role is to connect, coordinate and modernize the health care system, including the shift to OHTs to organize and deliver care that is more connected to individuals in their communities. In this context, the Provincial Palliative Care Program and the Ontario Health regions are accountable for collaborative planning and the considerable work underway to build system capacity, encourage integration and support local teams to deliver seamless palliative care.

Future work will use the established leadership and accountability structures to continue work with Ontario Health Teams, align with home care modernization, and support individual health care organizations, including long-term care homes, to implement the policy direction from the Provincial and Delivery Frameworks.

Regional Spotlight – Leadership & Accountability

Ontario's Central region is building collaborative and collective impact through its Regional Palliative Care Network Strategic Planning Table and by engaging all 12 regional OHTs to create common goals and a harmonized regional palliative care system.

Ontario's Toronto region disseminated a regional asset map survey identifying palliative care resources which will be used to support implementation of the Health Services Delivery Framework.

2. Funding

As described in the Provincial Framework: *Funding is essential for equitable, accessible and sustainable palliative care supports and services for Ontarians. Funding allocations should consider support for health human resource capacity needs, access to equipment and supplies across care settings, as well as to psychosocial, spiritual, mental health, grief and bereavement services, education and mentorship. The pillar goals include completing a comprehensive analysis of current funding across all settings, creating a model of resources needed for integrated care, and developing strategies to ensure funding is equitably allocated across settings and populations.*

To support implementation of the Delivery Framework, a funding and accountability analysis and system planning work is currently underway for the province. Beginning with grief and bereavement services, system planning activities will assess current and future community needs for palliative care and identify gaps in access to resources.

Since 2021, Ontario has made significant investments with an aim to improve equitable access to palliative care in the community. Some examples include:

- Adding more hospice residence beds to increase end-of-life care options for individuals across the province.
 - Through Budget 2024, Building a Better Ontario, the Ontario government has committed to adding up to 84 new adult beds and 12 pediatric beds, bringing the total to 768 planned beds to meet current and future capacity needs. This investment includes allocations for operational and capital funding. Allocation of the new beds will be determined using established evaluation criteria which consider factors such as local demand, current state capacity, equity, and organizational readiness.
 - In 2023, adding 23 new hospice beds through Ontario's Plan to Stay Open: Health System Stability and Recovery to address the immediate pressures facing the health system and support care for end-of-life patients outside of hospitals.
- Additional operational funding to sustain the hospice residence sector for the future and address the increasing pressures facing the health system.

- In June 2023, Ontario committed an additional \$53.8 million to increase operational funding support by 45% for all approved hospice beds in the province, plus an additional increase for hospice beds in small facilities for the 2023-24 and 2024-25 fiscal years.
- New funding to stabilize and expand community-based grief and bereavement services across the province. To date, funding has been allocated to more than 120 organizations.
 - Early access to support for the bereaved assists in preventing more complex grief reactions and the need for clinical interventions later in the bereavement process.

The government's additional investments in care in the community, including home care and hospice residences, will increase Ontarians' access to high quality palliative care in their setting of choice, making it possible for more people to die at home or in home-like environments such as hospices, rather than in hospital.

In order to continue advancing the funding pillar goals, ongoing efforts will focus on assessing existing palliative care funding models, including identifying where further investments are needed. Next steps in system planning will focus on a provincial model for pediatric palliative care and on allocation of the newly committed hospice residence beds.

Regional Spotlight – Funding

In Ontario's East region, Maison de l'Est Hospice has opened eight Francophone beds that will serve more than 150 clients and families each year.

In Ontario's West region McMaster Hospital has received capital funding for 10 new pediatric hospice beds.

Ontario's North West region has been working with its communities to create asset maps that identify resources, gaps and priorities for improvements.

3. Provider Education and Mentorship

As described in the Provincial Framework: Service providers across care settings benefit from the necessary knowledge and skills to deliver high-quality palliative care when and where it is needed. Education and mentorship opportunities build palliative care capacity,

and ensure providers have the competency to identify those who would benefit from a palliative care approach.

Organizations and individual health care providers across Ontario are actively engaged in education to improve palliative care knowledge and skills.

Leveraging Ontario's Palliative Care Competency Framework (2019), examples of key accomplishments that have increased access to palliative care education since the release of the Provincial Framework include (but are not limited to):

- In early 2022, to address the training needs of home care providers, the Provincial Palliative Care Program partnered with Home Care Ontario, Home and Community Care Support Services (now Ontario Health atHome) and Pallium Canada to fund and make available online training modules for over 400 nurses and personal support workers.
- Since 2021-22, the Provincial Palliative Care Program worked with Regional Clinical Co-Leads to develop tools and resources to support the integration of palliative care for the Ontario Health Teams.
- Provincial funding in 2023-24, that supported primary level palliative care education for over 9,600 providers in at least 100 hospitals, 53 LTC homes, 45 community organizations, 26 hospices, all Regional Cancer Programs and Regional Pediatric Academic Health Sciences Centres.
- In the North East, an innovative partnership has been developed with the Northern Ontario Medical School to support physician training and education on palliative care.
- The Provincial Palliative Care program funded the Center for Education and Research on Aging and Health (CERAH) to implement culturally relevant palliative care education for 80 health and social care providers caring for First Nations, Métis, Inuit, and urban Indigenous people. Open access education will also be provided in 2025. These resources focus on educating healthcare providers in the community and long-term care sectors, including interdisciplinary providers who serve these communities.

The impact of education, including helping service providers understand the benefits of palliative care and how to identify palliative care needs earlier, is beginning to emerge. Since 2021, on average, Ontarians are accessing palliative care one month earlier in their illness journey.^{viii} Building on this considerable momentum, efforts will continue to improve palliative care competencies in all settings with all Ontario Health regions developing and implementing education plans that leverage the provincial competency framework and associated tools and resources.

Regional Spotlight – Provider Education and Mentorship

In 2023-24, Ontario's West region provided Serious Illness Conversation training to nearly 700 service providers and Ontario's Central region provided 23 Learning Essentials Approaches to Palliative Care courses with 832 registrants and 10 Serious Illness Conversation Training Sessions.

Ontario's North West region has hosted a culturally safer educational series focused on Adult Palliative Care in Rural and Underserviced areas and delivered sessions on Supporting Journeys to the Spirit World: Embracing a Two-Eyes Seeing Approach to Caring for Indigenous Peoples.

4. Integrated Care

As described in the Provincial Framework: To address an individual's full range of needs, palliative care should be introduced early and integrated with chronic disease management throughout the illness trajectory. Aligning with the goals of integrated care delivery through Ontario Health Teams, 24/7 palliative care requires barrier-free communication and coordination between members of the interdisciplinary care team and across settings to improve access, ensure smooth transitions and facilitate continuity of care.

As envisioned in the Provincial Framework, the Delivery Framework will consist of three models:

- Pediatric palliative care across all settings
- Care for adults in the community, including long-term care
- Care for adults in hospital

Development and implementation considerations for each of the models will occur on a consecutive basis, beginning with adults in the community. Work in models for pediatrics and adults in hospital are in development with adults living in the community implementation underway.

Implementation of the model of care for adults living in the community is underway, and intends to:

- Build the palliative care knowledge and skills of health care providers in community organizations by optimizing the use of health human resources ;
- Deliver seamless palliative care to patients and residents through integration, role clarity and better connections between providers to support broader integration and coordination and;
- Provide patients, residents and their families/caregivers with timely, equitable access to high-quality care as close to home as possible.

Since the launch of the community model of care, 34 organizations have received funding to hire clinical coaches who will work with community providers to support projects aligned to the model of care.

The model of care for adults in the community includes recommendations to support culturally competent care and inclusion for First Nations, Inuit, Métis and urban Indigenous people, Francophones and persons who are unhoused or vulnerably housed. Some examples of initiatives to address their specific needs include but are not limited to:

- A 2024-25 call for expressions of interest launched to allocate funding to 26 organizations meeting the needs of First Nations, Inuit, Metis and urban Indigenous people supporting self-determined approaches to address palliative care needs.
- In April 2024, eight new hospice residence beds serving the Franco-Ontarian community were opened in Ottawa.
- Nine communities across Ontario are currently working to improve access to palliative care for those with unstable housing by participating in a national improvement collaborative led by Healthcare Excellence Canada and the Canadian Partnership Against Cancer to improve equity in access to palliative care.

Leading Projects

Within the Leading Projects initiatives aimed at implementing and testing models of home and community care delivery, there are two that have a particular focus on integrated care for palliative care populations within their Ontario Health Teams. These initiatives aim to ensure early identification of palliative care patients and enhancement of palliative care competencies. These models are testing a team-based approach to care that enables timely connections and consultations among care providers with different expertise, including in palliative care, in order to ensure a patient's needs are addressed in a coordinated manner.

Patient Care Models for 9-1-1 Palliative Care Patients

Through Your Health: A Plan For Connected and Convenient Care, Ontario is expanding patient care models (PCMs) that offer paramedics more flexibility to provide eligible patients who call 9-1-1 with the most appropriate care in the community, rather than in emergency rooms.

Since 2020, 9-1-1 PCMs have allowed paramedics to treat and refer or transport palliative patients to an alternate destination. Participation in the PCM initiative is voluntary for paramedic services.

- The Treat and Refer model provides eligible palliative patients calling 9-1-1 with the option to be treated by paramedics on-scene for symptom management and then receive follow up care from their palliative team or be referred by paramedics to an appropriate care provider for follow-up care.
- The Alternate Destination model provides eligible palliative patients calling 9-1-1 with the option to be treated by paramedics on-scene as needed, and then to be transported by paramedics to a local hospice for care.

Community Paramedicine

The Ministry of Long-Term Care currently funds the Community Paramedicine for Long-Term Care (CPLTC) program, which supports vulnerable seniors and individuals in the community who are on a waitlist for LTC. The program leverages specially trained community paramedics to provide assessments, diagnostic testing, and treatments, including palliative care, to seniors across the province in the safety and comfort of their

own homes. CPLTC has been shown to reduce avoidable emergency department visits and hospital admissions that can adversely impact palliative care patients.

The Ministry of Health also provides funding for Community Paramedicine, separate from LTC, that includes home visits to support individuals receiving a palliative approach to care.

Having achieved the initial goals related to the model of care for adults in the community, the next steps for this building block include:

- Expanding the number of community organizations, such as primary care providers, long-term care homes, and community support service providers.
- Implementing the model of care recommendations with the aim of increasing care in the community and reducing reliance on acute care services.
- Evaluating the reach and impact of the model for adults in the community.
- Planning the dissemination of the model for adults in hospital settings, and the model for children across all settings.

Concurrently, opportunities to improve partnerships and linkages, and support other Ontario Health initiatives such as home care modernization and OHTs, will continue.

Regional Spotlight - Integrated Care

Ontario's North East region has launched the Centralized Referral for Palliative Care in Sudbury developed and implemented through Health Sciences North, Ontario Health atHome and Maison McCulloch Hospice. This integrated care model improves access to palliative care and provides seamless transitions delivered by an inter-professional team.

In Ontario's Central region, the Mississauga Health OHT is implementing a provincial leading project that will provide fully integrated care to improve the experience of giving and receiving palliative care.

Ontario Health is leveraging existing community-based programs and clinical coaching in the Toronto region to build palliative care capacity for structurally vulnerable populations, with a particular focus on the shelter system.

5. Person and Family Centered Care

As described in the Provincial Framework: *High quality palliative care includes patients, residents and families/caregivers as active participants in decisions, is available 24/7, is provided by an interdisciplinary team and addresses the full range of an individual's needs in a culturally appropriate manner. The Provincial Framework called for identification of gaps and the best practices to address them to be implemented, scaled and spread.*

Implementing the recommendations in the Delivery Framework is central to advancing person and family-centered care. Examples of initiatives underway to address gaps include but are not limited to:

- In 2024-25, the province supported the Ontario Centres for Learning, Research and Innovation's (CLRI) Communication at End-of-Life Training Fund (CEoL Fund). The Collaborative Project to Sustain a Palliative Approach to Care in Long-Term Care under the CEoL Fund is driving meaningful change in Ontario's long-term care homes by integrating a palliative approach to care, with a strong emphasis on person and family centered care. The project will enhance personalized care plans that respect residents' unique needs and cultural backgrounds while actively involving families. Continuous feedback loops will enable LTC homes to adapt practices to the evolving needs of residents and their families.
- More than 120 organizations have received new funds through the Ministry of Health to support increased grief and bereavement service capacity. Recognition of loss and grief through the provision of bereavement support is a core component of the palliative continuum of care.
- The Systemic Treatment Program at Ontario Health (Cancer Care Ontario) undertook a multi-year strategy to increase the use of Goals of Care conversations. Interventions included a provincial quality metric, a Goals of Care Toolkit for Oncology Settings, and a two-year centrally led, locally implemented quality improvement project. Early results suggest that these interventions are leading to a significant decrease in the use of systemic treatment at the end of life, which is an established success metric for quality of care.
- In its 2019-23 plan, the Ontario Renal Network (ORN) outlined a strategic objective to strengthen the early identification of and support for people who

would benefit from a palliative approach to care. By using a Comfort-Focused Kidney Care (CKC) approach to maximize comfort and quality of life while minimizing adverse events for patients, there has been an increase in the proportion of patients with end-stage kidney disease receiving CKC from 6% to 11%. The ORN's Ontario Renal Plan 4 (2024-28) will build on this success with a commitment to improve the delivery of comfort-focused kidney care in partnership with primary care, nephrology care and palliative care teams. ORN will continue to share data with Regional Renal Programs to support their quality improvement initiatives.

Health care partners across sectors continue to collaborate to develop provincial, regional and local solutions to gaps in care. The impact of these collective efforts is beginning to emerge – since 2021, the number of Ontarians accessing palliative care services has increased from 75,230 in 2021-22 to 80,912 in 2023-24, representing a 7.5% increase in patients and their families with access to palliative care services.^{vii} Future priorities include supporting the Delivery Framework through home care modernization to enhance access to services, and undertaking Indigenous-led engagements on the model of care for children to ensure it clearly reflects the needs of Indigenous communities.

Regional Spotlight – Person and Family Centred Care

Ontario's North West region funded Hospice Northwest to deliver Help Us Understand Grief (HUUG) program which helps kids process grief and provides tools and resources to understand their feelings and develop healthy coping strategies.

Ontario's East region established a Practical Caregiver Education working group which includes Patient Family Advisory Committee membership and hospice representatives from across the East Region.

6. Evidence and Data

As described in the Provincial Framework: High-quality palliative care requires data systems to support ongoing system planning, quality improvement, research, evaluation and decision-making. Organizations can participate in shared learnings to facilitate equitable access for diverse and underserved populations. Data and research should respect

Indigenous data governance principles such as the First Nations Principles of OCAP® (ownership, control, access, and possession).

Since 2021, significant progress has been made on data collection and performance measurement.

The Provincial Palliative Care Program:

- Created a Palliative Care Measurement Strategy in 2023-24 which identifies current gaps and advocates for integration of data systems to drive continuous improvement, and advance high-quality palliative care.
- Developed and implemented a measurement approach specifically for the Adult Community Model of Care implementation that includes new data collection tools and captures the patient and family voice.
- Distributed a quarterly performance summary report and an annual regional profile report that support local and regional improvement initiatives.

Ontario is also participating in Pallium Canada's Canadian Palliative Care Atlas research project by providing a comprehensive view of palliative care supports, services and assets across the province. Atlases are widely used tools to describe current state, highlight excellence and outline gaps and opportunities. Ontario's participation will provide additional information on where palliative resources are available across the province to inform future planning.

To better capture the experience of accessing grief and bereavement services and to support system planning, Hospice Palliative Care Ontario has been funded to develop a set of provincial indicators for these important services.

While significant progress has been made on coordinating, standardizing and using data for system improvement, more can be done. Future work aims to fill data gaps such as the individual and caregiver reported experience through implementation of Caregiver Voices, define and implement new provincial indicators and continue to use best available data – such as asset maps and utilization information – for system planning.

Regional Spotlight – Evidence and Data

Ontario's Toronto region has used available death data and rates of emergency department transfer to hospital to identify LTCHs to participate in the CLRI care improvement collaborative.

Ontario's Central region has added palliative care indicators to the OHT Dashboard to support palliative care planning at the local level.

7. Public Awareness

As described in the Provincial Framework: Improving the public's general understanding of palliative care, the role of services, and available supports for individuals and their families and caregivers is important for reducing stigma, normalizing death and dying, as well as empowering individuals to access palliative care services, and manage their care.

Advance care planning (ACP) workshops and resources continue to be available for Ontarians through a range of organizations such as Speak Up Ontario, Hospice Palliative Care Ontario, and the Ontario Caregiver Organization.

As part of its work to improve access to palliative care the CLRI is delivering a Palliative Care Series for Families and Carers to raise public awareness about palliative care approaches in long-term care. The program also provides Peer Support in collaboration with Family Council Ontario (FCO) and access to a comprehensive resource library. As a result of the sessions, 81% of participants reported increased knowledge and a better understanding of the benefits of palliative care.

Taking active roles in caring for others and raising awareness of end-of-life issues, Compassionate Communities are groups of citizens who feel empowered to engage with and increase understanding about the experiences of those living with a serious illness, caregiving, dying and grieving. Compassionate Communities are another way that public awareness of palliative care and access to support at the end of life is being improved. A growing grass roots movement across Canada, there are currently more than 40 Compassionate Communities active in Ontario.

Future efforts will continue to promote ACP, to help Ontarians access resources to support their planning for future care, and to increase awareness of palliative care and normalize conversations around death. There are also opportunities to explore how emerging public-health approaches to palliative care such as Compassionate Communities can be encouraged and supported.

Regional Spotlight – Public Awareness

In 2023-24 Ontario's West region hosted a series of public awareness events attended by 578 people and 88% strongly agreed that palliative care can improve quality of life from diagnosis through end of life.

In Ontario's North East region, Maison McCulloch Hospice hosts the "Dying Well - Let's Talk" Caregiver Education Day, attended by 187 community members.

Conclusion

Sustained collective efforts have resulted in more Ontarians accessing palliative care. There is work going on at all levels and in all sectors of the health care system to continue to close gaps in access and quality. This momentum will continue to be leveraged to support additional improvements.

Using the Provincial Framework as a guide, efforts will continue to spread and scale impactful practices in the community, improving integrated, person and family-centered care. This includes continuing to improve access to culturally competent care and inclusion for First Nations, Inuit, Métis and urban Indigenous people, Francophones and persons who are unhoused or vulnerably housed through spreading and scaling best-practices; educating health service providers on culturally competent care; and engaging with Indigenous communities to develop a culturally appropriate model of care for children and support for self-determined palliative care initiatives. Efforts will also continue to fill data gaps, such as patient and family experience measures, to inform system planning and improvement.

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Appendix

Appendix A: Summarized Regional Initiatives

Framework Building Block	Ontario Health East Accomplishments
Leadership and Accountability	<ul style="list-style-type: none"> Reinforced and sustained palliative care provider engagement and committee structures including: <ul style="list-style-type: none"> The East Region Palliative Care Leadership Table and the Regional Education Sub-group The Central East, South East and Champlain Sub-Regional Palliative Care Networks Supported two Pediatric Academic Health Science Centres through the Strategic Planning Proposal process to facilitate implementation of the Model of Care: Pediatric Care Across All Settings. Successfully retained six regional palliative care Clinical Co-leads. Built a strong and foundational relationship with the Champlain Hospice Palliative Care Program (CHPCP) to support regional expansion of CHPCP activities. Actively collaborating with the Ontario Centres for Learning, Research, and Innovation (CRLI) in Long-Term Care.
Funding	<ul style="list-style-type: none"> For Fiscal Year (FY) 2023-24 Ontario Health East distributed 27 Grief and Bereavement Funding Letters for stabilization and for FY 2024-25 distributed 29 funding Letters for expansion, which were implemented across 33 sites. Continued one-time funding support to sustain the Central Referral and Triage (CRT) program in Ottawa through Hospice Care Ottawa/Bruyère Continuing Care.
Provider Education and Mentorship	<ul style="list-style-type: none"> Conducting a structured gap analysis and gathering lessons learned to understand regional education and clinical support needs. Launched an Expression of Readiness (EOR) to support the Model of Care for Adults in the Community by embedding palliative Clinical Coaches in the system to facilitate engagement with

Framework Building Block	Ontario Health East Accomplishments
	<p>community organizations, build capacity and enhance their primary palliative care skills.</p> <ul style="list-style-type: none"> Facilitated regional palliative education funding for FY 2023-24 to build palliative care competency and capacity across health care sectors. This resulted in 220 providers receiving Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP) foundational palliative care education and five new palliative care education facilitators trained across Primary Care and Home and Community care.
Integrated Care	<ul style="list-style-type: none"> In June 2024 eight Francophone beds were opened in the east end of Ottawa (Hospice Care Ottawa – Maison de l'Est) that will serve over 150 clients and their family/caregivers yearly. Roger Nielson Children's Hospice received funding for two additional pediatric hospice beds, expanding its capacity from eight to ten beds. Ontario Health East supported the Ministry of Health's 2022 Call to Action through engaging with hospice providers and assessing the readiness of hospice providers to create new community hospice beds. This resulted in the following expansion: Oak Ridge's Hospice two bed expansion; Hospice North Hastings two bed expansion; and Ed's House four bed expansion. Key messages from the Regional Palliative Leadership Table are shared with Ontario Health Team Leads bi-monthly. Maintaining ongoing engagement with Ontario Health Teams and associated Palliative Care priority working groups. Initiated a Digital Health Inventory of existing Digital Health tools/programs and an assessment, to create readiness to expand palliative care capacity for coordinated care.
Person and Family Centered Care	<ul style="list-style-type: none"> A Patient Family Advisor Committee member is an active participant on the Palliative Leadership Table and related project sub-group initiatives. Launched an Expression of Interest (EOI) to support the Model of Care for Adults in the Community for self-determined Indigenous

Framework Building Block	Ontario Health East Accomplishments
	<p>providers/communities with a commitment to fund aspects of all nine proposals received.</p> <ul style="list-style-type: none"> • Hosted two regional town halls to engage and support Indigenous-led organizations and communities as part of the Expression of Interest for Self-determined Indigenous approaches to Palliative Care. • Supported the establishment of an East region Practical Caregiver Education working group which includes a Patient Family Advisory Committee member and hospice representatives from across the Ontario Health East Region.
Evidence and Data	<ul style="list-style-type: none"> • Completed the Pallium Atlas survey for the East region, which will support the Canadian Pallium Atlas – Ontario Edition. • Implemented reporting requirements associated with Grief and Bereavement funding to facilitate capacity and gap analysis and increase services for those experiencing complex grief, expand to communities where there are gaps, including self-determined Indigenous communities. • Ongoing assessment of performance summary reports which are shared with system partners and inform quality improvement initiatives across the region. • Continued assessment of local priorities to maintain alignment with regional and provincial priorities.
Public Awareness	<ul style="list-style-type: none"> • Ongoing engagement with Academic Centres including The Ottawa University and Queen's University through the regional education sub-group. • Ongoing engagement and collaboration with Ontario Health at Home (formerly Home and Community Care Support Services) and health system partners who work with hospices and palliative care hubs across the East Region. • Members of the Ontario Health East palliative care team presented at the 2024 Hospice Palliative Care Ontario Conference on the Adult Community Model of Care implementation in the East region and lessons learned to date.

Framework Building Block	Ontario Health Central Accomplishments
Leadership and Accountability	<ul style="list-style-type: none"> • Building regional structures and relationships including establishing a Central Region Palliative Care Network Strategic Planning Table (CRPCN) in 2023 to build a harmonized regional palliative care system to support the achievement of shared/common goals.
Funding	<ul style="list-style-type: none"> • Provided regional funding for Grief and Bereavement services. • Allocated funding for Clinical Coaches to support Cohort 1 OHTs (6) to implement the Adults in Community Settings Model of Care in 2024-25. • Allocated funding for Palliative Care Education for Cohort 1 OHTS (6) to support model of care implementation in 2024-25. • Provided funding for self-determined palliative care supports for Cohort 1 Indigenous Communities (4) in 2024-25.
Provider Education and Mentorship	<ul style="list-style-type: none"> • Provided education via 23 LEAP courses with 832 registrants and 10 Serious Illness Conversation Training Sessions in 2023-24.
Integrated Care	<ul style="list-style-type: none"> • Mississauga Health OHT is implementing a provincial leading project that will provide fully integrated care to improve the experience of giving and receiving palliative care. The leading project will enhance patient care by: <ul style="list-style-type: none"> ○ Testing neighbourhood-based integrated teams that include an Integrated Palliative Care Coordinator, contracted service provider staff (nurses, PSWs and allied health trained in palliative care), primary care providers, and hospice staff. ○ Enabling patients to be referred into palliative home care through multiple sources. ○ Integrating electronic medical records into a shared care collaboration tool – Careteam – for communication amongst team members as well as patients and families. ○ Sharing care coordination functions amongst integrated team members to improve efficiency/productivity for providers in accordance with OH guidance.

Framework Building Block	Ontario Health Central Accomplishments
Person and Family Centered Care	<ul style="list-style-type: none"> • Maintained HSPs service volumes for visiting hospice and palliative care services providing 10,875 visits, 2,587 individuals served and 639 group sessions that included 4127 participants in 2023-24. • 12 residential hospice beds upgraded at Dorothy Ley Hospice in 2024.
Evidence and Data	<ul style="list-style-type: none"> • Addition of palliative care indicators in 2024 to the OHT Dashboard to support palliative care planning at the local level. • Leveraged data to inform further expansion of residential hospice in 2024. • Collaborated on Pallium Canada's Atlas of Palliative Care project in 2024 resulting in mapping of palliative care services in the region.

Framework Building Block	Ontario Health North East Accomplishments
Leadership and Accountability	<ul style="list-style-type: none"> • Established and supported a Regional Planning eco-system that includes North East Regional Palliative Care Network (NE RPCN) Steering Committee, NE RPCN Leadership Committee and Local Palliative Planning Tables. These Regional and Local systems directly connect to the Provincial Governance structure of the Palliative Care Program at Ontario Health. Supporting effective and efficient implementation of palliative priorities and Models of Care across the North East Region.
Funding	<ul style="list-style-type: none"> • Supported sustainability of the Volunteer Visiting Hospice Program at Hospice West Parry Sound by providing funding (2023-2024) to support sustainability. • Provided funding for a Rural-Hospice Bed at West Parry Sound Health Centre 2022-2023, 2024-2025.
Provider Education and Mentorship	<ul style="list-style-type: none"> • Created and sustained a Regional Palliative Care education committee to lead planning and align with Provincial priorities. • Cultivated a relationship with the Northern Ontario School of Medicine (NOSM) to support Regional Palliative Education Planning through the Scientific Planning Committee (SPC).

Framework Building Block	Ontario Health North East Accomplishments
	<ul style="list-style-type: none"> • Hosted the North Eastern Ontario Palliative Care Conference attended by over 230 Health Service Provider participants in 2022-2023 & 2023-24. • Facilitated Education Planning for the 2023-2024 Model of Care Implementation funding to support education of 220 Health Providers across the North East, including 56 Health Service Providers, across 14 Health Disciplines. • Promoted Palliative Education in LTC through the Centre for Learning, Research and Innovation (CLRI). Engaged 7 LTC homes in the Collaborative Project across the North East.
Integrated Care	<ul style="list-style-type: none"> • Relaunched several Palliative Local Planning Tables across the North East post-pandemic. This includes our first OHT led Palliative Planning Table, hosted by the Sudbury Espanola Manitoulin, Elliot Lake (SEMEL) Ontario Health Team (OHT). • Centralized Referral for Palliative Care in Sudbury developed and implemented through Health Sciences North, Ontario Health atHome and Maison McCulloch Hospice. This integrated care model focuses on improved access to palliative care through a patient centred approach and seamless transitions delivered by an inter-professional team. • Onboarded 3 out of 7 planned Palliative Clinical Coaches through hosting Health Service Providers for the Model of Care Implementation for Adults in Community Settings.
Person and Family Centered Care	<ul style="list-style-type: none"> • Despite pandemic impacts on volunteer programs, maintained community hospice volumes including volunteer visiting, reaching 826 people and providing 184 grief and bereavement sessions in 2023-2024.
Evidence and Data	<ul style="list-style-type: none"> • Ontario Health North East Clinical Co-Leads presented: <ul style="list-style-type: none"> ○ Point of Care Ultrasound Research Study at Hospice Palliative Care Ontario Conference (HPCO) June 2024 & Canadian Society of Palliative Medicine Conference 2024 ○ Advance Care Planning Education for Primary Providers in North Eastern Ontario, and were awarded Best Poster Presentation at the HPCO Conference in June 2024.

Framework Building Block	Ontario Health North East Accomplishments
Public Awareness	<ul style="list-style-type: none"> In 2023-24 Maison McCulloch Hospice hosted the "Dying Well - Let's Talk" Caregiver Education Day, attended by 187 community members (patients/caregivers) who received practical tools to assist with navigating palliative care and informed decision-making.

Framework Building Block	Ontario Health North West Accomplishments
Leadership and Accountability	<ul style="list-style-type: none"> Ongoing collaboration and development of a stronger relationship between Ontario Health North West and the North West Regional Palliative Care Program by planning regionally including the co-development of work plans and reporting. Supported the provincial program to engage with Indigenous communities and organizations to identify initial priorities for the implementation of the Adult Community Model of Care. Participated in the Indigenous Services Canada First Nation Home and Community Care Hospice Like Spaces Community of Practice. The practice group was formed in 2022 for those communities who were successful recipients of the hospice like spaces First Nations and Inuit Home and Community Care funding. Sent Expression of Interests for creation of the Interprofessional Indigenous Palliative Care Extension for Community Healthcare Outcomes (ECHO) hub series "Supporting Journeys to the Spirit World: Embracing a Two-Eyes Seeing Approach to Care for Indigenous Peoples". 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.

Framework Building Block	Ontario Health North West Accomplishments
	<ul style="list-style-type: none"> Presented to the North West Regional Specialized Services Network on the structure and role of the North West Regional Palliative Care Program, the adult model of care (MOC) and how the North West Regional Palliative Care Program can support Ontario Health Teams with planning and implementation of MOC. Also shared the indicators selected for the OHT Palliative Care Data Dashboard being developed and the key OPCN resources. Supported provincial program to compile an inventory of Indigenous specific education programs and identify new education programs for health service providers.
Funding	<ul style="list-style-type: none"> Provided 2 regional webinars to inform Health Service Providers on the Clinical Coach Expression of Readiness application. Provided 2 regional webinars to inform Indigenous communities and organizations on the Indigenous Funding Expression of Interest application. Funded Hospice Northwest to deliver Help Us Understand Grief (HUUG) program serving 35 children and 48 caregivers in Thunder Bay and district which helps children process grief and provides children and their caregivers with tools and resources to understand their feelings and develop healthy coping strategies. Funded Hospice Northwest to expand Bereavement Services, Caregiver Support and Respite Services that address the grief, and bereavement needs of individuals in the community. Supported system planning for four Kenora Hospice Beds, including 3 recently funded beds. Provided funding for North West Clinical Coach Cohort 1 that supports implementation of the palliative model(s) of care recommendations for adults in the community settings in 2024-25. North West Cohort 1 proposal selection in progress for Indigenous communities to support implementation of the palliative model(s)

Framework Building Block	Ontario Health North West Accomplishments
	of care recommendations for adults in community settings in 2024-25.
Provider Education and Mentorship	<ul style="list-style-type: none"> Supported LTC homes across the North West Region with CoP (Community of Practice) focused on palliative learning opportunities. The Centre for Learning Research and Innovation in LTC and shared resources and tools to support palliative care in LTC during the Covid-19 pandemic as well as Grief and Bereavement services during and following the pandemic. Supported North West LTC homes with multidisciplinary clinical co-lead re engagement with home's palliative care committees. Provided Palliative Care Interdisciplinary Education with: <ul style="list-style-type: none"> 169 group sessions serving 2,884 total participants 89 Palliative Care Education Events serving 1,591 total participants which included 220 providers educated in LEAP with 7 of those providers trained to be LEAP facilitators. Worked alongside North West Healthcare partners to provide mentorship and support Palliative Care education/training acknowledging post-pandemic recovery, compassion fatigue and significant grief and loss including the delivery of a timely & appreciated virtual workshop called "When the Well is Dry" that served 30 participants representing a variety of disciplines and looked at ways of identifying some early warning signs of compassion fatigue, vicarious trauma and burnout with practical strategies to support self-care. Hosted 33 participants in the first session of the Adult Palliative Care in Rural and Underserviced areas Extension for Community Healthcare Outcomes (ECHO) Hub series called "Supporting Palliative Care in Rural and Underserviced Communities". Delivered the series "Supporting Journeys to the Spirit World: Embracing a Two-Eyes Seeing Approach to Caring for Indigenous

Framework Building Block	Ontario Health North West Accomplishments
	<p>Peoples" and was attended by participants from across the country including British Columbia, Alberta, Manitoba, and Ontario.</p> <ul style="list-style-type: none"> • Delivered a workshop to 49 Indigenous Transition Coordinators, Discharge Planners and Navigators focused on the following topics: Attending to Spirit; Advocating for Clients: A Case Based Approach; Non-Insured Health Benefits; Discharge Planning to a Remote Community- Lessons Learned; and case study activities ending with Creating a Safe Space. • Hosted a 3-day NWO Palliative Care Conference titled "Navigating the Journey Together: Providing Care for Ourselves & Others" which accommodated over 100 health and social care providers and included keynote presentations and other interactive sessions. Rwandan Palliative Care Physician Christian Nitzimara delivered two hybrid presentations one on Decolonizing Palliative Care and one on African Perspectives on EOL Care. • Invested significantly in advancing the Canadian Serious Illness Conversation program, delivering Palliative Care for Front Line Workers for Indigenous Communities education, and building capacity with providers and the public.
Integrated Care	<ul style="list-style-type: none"> • Participated in the development of Palliative Carelink central referral and intake pathway and common referral form. • Supported local health hub Palliative Care Committee leads with planning for future work plan priorities. • Collated feedback on the palliative model(s) of care recommendations for pediatric populations in all settings and the palliative model(s) of care recommendations for adults in hospital settings from regional engagement provided to the Provincial Program. • Onboarding of Clinical Coaches to engage with community organizations, build capacity and enhance their palliative care skills in support of the implementation of the Model of Care for Adults in the Community.

Framework Building Block	Ontario Health North West Accomplishments
Person and Family Centered Care	<ul style="list-style-type: none"> • Palliative Carelink partnership participated in a national project to improve access to services for persons experiencing homelessness. • Delivered Dialogues, Help Us Understand Grief, and Palliative Care training for those working with vulnerably housed and homeless. • Hosted a Palliative Care ECHO Lunch and Learn Series by Elder Albert McLeod titled Supporting Patients Who Identify as 2SLGBTQIA+. • Launched an Expression of Interest (EOI) to support the Model of Care for Adults in the Community for self-determined Indigenous communities and organizations. • Adapted 3 Palliative Care brochures for LTC use.
Evidence and Data	<ul style="list-style-type: none"> • Completed program asset mapping with 9 of 11 community Palliative Care Committees to identify the resources and gaps in each community, to inform future priorities and readiness for implementation of the completed asset maps have been validated with 9 of 11 communities.
Public Awareness	<ul style="list-style-type: none"> • Participated in provincial Pallium service mapping.

Framework Building Block	Ontario Health Toronto Accomplishments
Leadership and Accountability	<ul style="list-style-type: none"> • Established a Toronto Region Palliative Care Steering Committee to inform regional planning and coordination as it relates to the Palliative Health Services Delivery Framework, with an initial focus on adults in community settings. • Conducted multiple engagements with all 8 OHTs in the Region to understand local context, priorities and opportunities for collaboration; raised awareness of Clinical Coaching initiative.

Framework Building Block	Ontario Health Toronto Accomplishments
	<ul style="list-style-type: none"> Disseminated regional asset map survey to identify palliative care resources, innovations, etc., in support of a broader regional strategy for Model of Care implementation. Reviewed Palliative Care Unit (PCU) capacity and utilization and facilitated daily communication with the palliative sector with up-to-date PCU and Hospice residence bed capacity.
Funding	<p>Distributed funding:</p> <ul style="list-style-type: none"> in 2023-24 and 2024-25 to expand Grief and Bereavement services, in 2024-25 to implement the Adult Community Model of Care through the launch of the Clinical Coaching initiative, for Palliative Care education in 2023-24 and 2024-25 to support model of care implementation, in 2023-24 to advance a locally driven, self-determined approach to palliative care in an urban indigenous environment.
Provider Education and Mentorship	<ul style="list-style-type: none"> In partnership with Pallium Canada, provided 10 LEAP Core courses and 5 Serious Illness Conversation courses, with a total of 188 attendees. A targeted approach was taken to primarily reach providers in primary care and community paramedicine, as well as within Nurse-Led Outreach Teams (NLOT) to improve capacity within the Long-Term Care (LTC) sector. Used available death data and rates of emergency department transfer to hospital to identify LTC Homes to participate in CLRI cohort selection and partnered with CLRI on outreach to improve uptake.
Integrated Care	<ul style="list-style-type: none"> Facilitated incremental spread and scale of a palliative care clinical pathway both within and across OHTs. Advanced a self-determined approach to palliative care for Indigenous populations through sustained stakeholder engagement and a regionally specific model that integrates traditional and western approaches to palliative care.

Framework Building Block	Ontario Health Toronto Accomplishments
	<ul style="list-style-type: none"> Leveraged OHT-based relationships to support the launch of the Clinical Coaching initiative, with Clinical Coaches currently assigned to 6 of 8 OHTs in the Region; planned expansion to all 8 OHTs in 2025-26.
Person and Family Centered Care	<ul style="list-style-type: none"> Leveraged existing community-based programs as well as the Clinical Coaching initiative to build palliative care capacity for structurally vulnerable populations, with a particular focus on the shelter system. Opened 11 new Hospice residence beds and 10 new Palliative Care Unit beds.
Evidence and Data	<ul style="list-style-type: none"> Analyzed regional death data to raise awareness and support LTCHs with potentially avoidable hospital admissions. Developed a regional data package to identify current and projected geographic and population-based areas of greatest palliative care need. Raised awareness of the palliative care indicators on the OHT Dashboard to support palliative care planning at the local level. Developed regional reporting tool to understand current grief & bereavement-related services and to inform future program planning and funding related to complex grief and underserved populations Leveraged data to inform further expansion of residential hospices. Collaborated with the Canadian Atlas of Palliative Care project team to contribute to the provincial map.

Framework Building Block	Ontario Health West Accomplishments
Leadership and Accountability	<ul style="list-style-type: none"> Established a quarterly meeting series "West Region Palliative Care Network Collaborative (WRPCN)". The WRPCN collaborative includes over 300+ system partners representing all sectors of the health care system (i.e. Hospitals, Community, CSS, LTCH's, Paramedicine [both 911 and CPI], Hospice, Palliative Care Specialist teams, Primary Care providers, and many other health system partner reps). Palliative Care data is shared at these meetings to assist organizations in aligning their work with the Palliative Care Quality Standards and other regional and provincial palliative care initiatives. This structure assists the West Region in meeting Palliative Care Deliverables, and ensures accurate, reliable and timely information is being shared with partners.
Funding	<ul style="list-style-type: none"> In 2023-24 distributed Hospice Capital Funding for: <ul style="list-style-type: none"> 10 new pediatric hospice residence beds and base funding for regional pediatric palliative care program. 5 hospice beds for Six Nations of the Grand River. 6 hospice beds for Saugeen Hospice. 10 hospice beds for Hospice Niagara (Welland) and 10 beds for Hospice Niagara (Fort Erie). Beginning in 2023-24 provided Grief and bereavement funding to 38 health service providers. In support of regional implementation of the Model of Care implementation selected for 6 organizations to receive clinical coach and education funding in 2024-25. Through expression of interest, selected 3 Indigenous communities to receive Palliative Care in 2024-25. Completed the Pediatric Strategic Planning Process for McMaster-London Health Sciences Center. Conducted a Regional and OHT level Hospice Residence capacity assessment, highlighting areas requiring more Hospice Residence beds per population-based methodology. Supported the Provincial Program with development of provincial Hospice Expression of Interest documents.
Provider Education and Mentorship	<ul style="list-style-type: none"> In 2022-23 Canadian Serious Illness Conversation (CSIC) guide training was provided for 60 palliative care providers and

	<p>continued building equitable subregional roster of LEAP facilitators for the west region.</p> <ul style="list-style-type: none"> • In 2023-24 CSIC Training and LEAP Palliative Care training was provided to nearly 1,000 providers. • In 2024-25 LEAP Paramedic was provided to support for implementation of 911 patient care model Treat & Refer Palliative Care. Additionally, CSIC training was provided for community paramedicine programs and LTCH's.
Integrated Care	<ul style="list-style-type: none"> • Continued engagement with OHTs through Palliative Care Working Group co-chair models, collaborative working groups and sharing resources. • In 2022-23 Equity Inclusion Diversity Antiracism presentations at the SW and HNHB Collaborative Tables included, Indigenous Cultural Sensitivity Training in Palliative Care, French Language and Linguistic Cultural Sensitivity Training, and Palliative Care for Intellectually Developmentally Disabled. • Indigenous Leads Model team is embedded in WRPCN Palliative Care work. • Chatham Kent OHT is a site for a palliative care leading project. • Remote Care Monitoring for Palliative Care through Hospice Niagara and Grey Bruce OHT continues. • Supporting implementation of the 911 Palliative Care Treat and Refer New Model of Care standards to ensure all Paramedic Services within the West Region are implementing this new model of care.
Person and Family Centered Care	<ul style="list-style-type: none"> • Patient and family advisors are included in Palliative Care model of care local implementation collaboratives via advisors who support the involved OHTs.
Evidence and Data	<ul style="list-style-type: none"> • West Region follows key system indicators including emergency department utilization, hospital deaths, days spent at home and palliative care home visits with slow but steady improvement in acute care utilization.
Public Awareness	<ul style="list-style-type: none"> • In 2023-24 the WRPCN piloted a Public Awareness strategy in partnership with the Waiting Room Revolution team which resulted in: <ul style="list-style-type: none"> ○ 6 events held to date to support patients and family care givers with navigating a life-changing diagnosis

	<ul style="list-style-type: none"> ○ 1,059 participants attended events ○ 240 participants completed a preliminary evaluation survey: <ul style="list-style-type: none"> ▪ 98% of respondents rated the events as very good or excellent. ▪ 88% of respondents rated 'strongly agree' to the following statement: Palliative care is an approach to care that can improve quality-of-life for patients and their families from diagnosis of a life-changing illness, through end of life, and includes grief and bereavement. ● In 2024-25 an additional 4 public and 2 primary care provider events will be provided by the Waiting Room Revolution team.
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