



**BC Learning Centre for Palliative Care
Background and Terms of Reference**

February 12, 2007

Background

The Victoria Hospice Society (VHS) established the Learning Centre for Palliative Care in 1998 when, after a review of strategic alternatives in 1998, the Board of Directors and management identified expansion of educational activities as a priority and as a way to respond to the growing number of health professionals in the Capital Health Region who required palliative care skills and knowledge. The Learning Centre was established to formalize the education services and provide an infrastructure to support the education that had been provided over many years as a way of ensuring that quality palliative care was available to everyone in the region and to respond to increasing requests from programs in other parts of BC and Canada.

In 1999, the Victoria Hospice Society (VHS) undertook broad consultation with palliative care stakeholders in BC using the Berquist model of partnership determinants to ascertain if there was receptivity in the stakeholder group to join a collaborative effort to further palliative care education, research, and advocacy with Victoria Hospice's leadership. At this time, many stakeholders expressed interest (96.2%) and 86.2% of this group expressed a wish to become involved with the proposed initiative at their time of organizational readiness.

The first formal partnership with the BC Cancer Agency was signed in June 2000. Since then the meeting of partner organizations was known as the Learning Centre for Palliative Care Partnership Team or Learning Centre Partnership Team (LCPT) for short. Formal partnership agreements were later signed between the VHS and a number of other groups. Membership as of April 2006 includes the following organizations as "Major Partners":

- Victoria Hospice Society (VHS)
- BC Cancer Agency (BCCA)
- University of Victoria, Faculty of Human and Social Development (UVIC)
- BC Hospice Palliative Care Association (BCHPCA)
- University of British Columbia, Division of Palliative Care (UBC)
- Fraser Health Authority (FHA)
- Canuck Place (CP)

Partners could join the existing group as a “project partner” for a particular project, or become a “major partner” and participate on a continuing basis if their interests transcend their own organization’s boundaries to a provincial focus. Each partner signed an agreement with the Learning Centre initiative that delineates their organization’s contribution to the partnership. This included but was not limited to the following:

- A sustained and ongoing contribution to the partnership groups’ activities and infrastructure
- Allocating appropriate resources and staff to fulfill the role of a major partner
- Participating in work groups
- Designating executive representatives to the LCPT

Victoria Hospice Society has provided the institutional home, including financial management. Other resources were sought and acquired on a project-by-project basis from government, industry, and foundations. Current projects include the Vancouver Island Palliative Network (VIPN) administered primarily by VHS and BCCA and now expanded to include NHA and a Clinical Practice Guideline project several years ago.

The purpose of the Learning Centre for Palliative Care (VHS LCPC) was to plan, implement and evaluate partnership projects, which will advance hospice palliative care knowledge and practice in, but not limited to, BC. The LCPC sought to promote excellence in teaching, training, and advocacy for palliative and end-of-life care and to continue to develop a framework of collaborative partnerships involving clinical, academic, community, and government and funding organizations. The partnership existed to *achieve together that which we could not achieve alone.*

Partnership Team Goals direct all activities of the LCPT. Objectives arising from the goals were set annually by the LCPC Partnership Team (LCPT) to:

- Develop and implement/contribute to a palliative care education plan for the province
- Improve access for care providers to palliative care education across disciplines and geographic areas
- Support the creation and/or application of consistent standards and norms of practice
- Promote, participate in and/or facilitate research that strengthens the evidence base from which practice is developed
- Influence health and social policy at regional, provincial and federal levels

Changes to Home of the Learning Centre for Palliative Care

In 2005, discussions began within the membership of the LCPT as to the need to broaden representation to include all Health Authorities and the benefits of moving the current membership and resources of the Learning Centre under the auspices of the BCHPCA.

The Boards of both the two respective organizations passed formal motions supporting such a move and legal advice was sought as to any impediments to the move. It was agreed in March 2006 that there was agreement to move ahead with the change. As well Victoria Hospice Society agreed that the name, the ***Learning Centre for Palliative Care*** could continue to be used by the BCHPCA given that the name was recognized to represent the activities of the Learning Centre Partnership Team.

Victoria Hospice Society and the founding members of the BC Learning Centre for Palliative Care strongly urged the BCHPCA to ensure that an enduring and sustainable “division” be created within BCHPCA such that the goals of advancing hospice palliative care knowledge and practice in BC could be realized.

BC Learning Centre for Palliative Care

The BC Learning Centre for Palliative Care (BC LCPC) is comprised of a number of separate organizations that have come together under the umbrella of the BC Hospice Palliative Care Association for the purposes of advancing hospice palliative care knowledge in BC and the Yukon. Together they form the BC Learning Centre for Palliative Care and are an enduring branch or division of BCHPCA

Vision

To foster and encourage collaborative partnerships involving clinical, academic, community, government and funding organizations and to plan, implement and evaluate partnership projects related to education, which will advance hospice palliative care knowledge and practice in, but not limited to, British Columbia and the Yukon.

Scope

The BC LCPC scope is primarily for the education of professionals, with volunteer and public education to remain under the umbrella of the BCHPCA.

Goals

1. To promote excellence in teaching, training, and advocacy for palliative and end-of-life care education
2. Develop and implement / contribute to a palliative care education plan for the province.
3. Improve access for care providers to palliative care education across disciplines and geographic areas.
4. To support the creation and/or application of consistent competency standards and norms of practice through education.

Principles

Ethically based

Members will respect ethics of professional practice of the disciplines involved and scholarly research and adhere to the process of ethical review.

1. Evidence based

Members will seek the best evidence for and provide the highest quality of care possible.

2. Uses generally accepted standards and methods for study

Members will use appropriate accepted methods for study and seek expert assistance where necessary.

3. Considers interdisciplinary nature and diverse settings of hospice palliative care

Interdisciplinary includes medical, nursing, counselling, spiritual care, and volunteer and bereavement components and other allied health professionals.

4. Adds knowledge and increases skills

Members will seek to affirm and expand knowledge and skills in the field of hospice palliative care for the benefit of all patients, clients, families, caregivers and health care professionals.

5. Relevant and meaningful

Members will conduct only activities, which are relevant and meaningful to bringing about high quality hospice palliative care.

6. Feasible

Members will undertake, with appropriate approval and support, activities that are attainable according to skills, funding, time and partnership support.

7. Builds positive staff and community interest and experience

Members will work with staff and the public to encourage interest and skill building at various levels.

8. Outcomes are shared to help advocate for improved quality of hospice palliative care

Members will share results and outcomes through such methods as advocacy, education, and publishing, to raise awareness, impact policy and decision-making, and thereby improve the quality of hospice palliative care for all.

Organizational Structure

Relationship to BCHPCA Board

1. The Executive Director is a voting member of the BC LCPC but is not able to assume the role of Chair. A BCHPCA Board appointee will be made for a 2 year term to be reviewed at the end of that term.
2. LCPC representatives are accountable to the appropriate governance / reporting structure in their respective organizations as well as to the BCHPCA Board through the Chair of the BC Learning Centre for Palliative Care.
3. Members are responsible to consult with and inform their respective organizations of the ongoing work of the BC LCPC.
4. All effort will be made such that BC LCPC decisions can be made on a consensus basis – meaning that all LC partnership organizations *would be able to support* a decision. In the case where consensus can not be reached a simple majority decision taken by vote will be done
5. The Chair will be recommended to the Board of the BCHPCA every two years by a friendly ballot of the existing members of the BC Learning Centre for Palliative Care.

6. The budget for the BC LCPC will be approved by the BCHPCA board and semi-annual reports will be submitted to the BCHPCA board to keep them apprised on the activities of the BC LCPC.

Membership

1. All members of the BC LCPC must be a member in good standing of BCHPCA either on a program or individual membership level.
2. The Chair may request various organizations to designate representatives to the BC Learning Centre for Palliative Care and will endeavor to ensure that all Health Authorities and selected educational institutions in the province are represented.
3. Individual(s) representing an organization need to be able to make strategic decisions or obtain support for decisions related to education for their organization and have a broad-based understanding of and commitment to hospice palliative care.
4. Members should display commitment to sustained and ongoing contribution to the activities and projects undertaken through the BC LCPC.

Schedule of Meetings:

1. The BC LCPC will meet Bi-monthly and or at the call of the Chair.
2. Travel costs will generally be the responsibility of the member unless they can be assigned to a specific project budget approved annually by the BCHPCA Board.
3. Teleconferencing or videoconferencing may be utilized for some meetings to reduce travel costs and those costs will covered by BCHPCA as determined in the budget but should come from a revenue stream generated by the BC LCPC.

Resources

1. The BC LCPC will work with Executive Director of the BCHPCA to develop funding streams for BC LCPC projects.
2. The BC LCPC develops an annual budget request for core funding to support the operations of the BC LCPC in September for submission to the ED by October 1 of each year.
3. Existing activities of the BC LCPC need to be supported according to a transparent process or may be carried on by individual members/ partnerships around specific projects.

4. Members are expected to identify in kind or cash supports that they can contribute to the BC LCPC.
5. A transparent process for project funding will be developed by the BC LCPC and a percentage of any funds obtained for a project will be designated to support the administrative structures within the BCHPCA and/or whoever provides administrative support.
6. The BC LCPC Chair/designate along with the Executive Director or President of the BCHPCA signs any grant proposal on behalf of the BC LCPC.

Guidelines for Project Initiatives

1. Educational projects which do not fit with the mission, philosophy, values and mandate of the Association or place the Association in a position of conflict as determined by the policies of the Association will not be given consideration and if the request has come from an external agency or group a follow-up letter of response to the requesting body will be forwarded by the Executive Director BCHPCA.
2. Projects or educational or standards development initiatives may differ significantly in their complexity, the extent of member and committee involvement, resources required, term of the project, cost, method of program delivery and evaluation. Thus the Chair and the members of the LCPC using a Project Management Template (Appendix 1) shall assess each on an individual basis.
3. Project initiatives, which are comprehensive in scope or require additional funding, etc. may require the hiring of a project leader recommended by the BC LCPC.
4. Either the Executive Director or the Chair may be the first contact for projects / initiatives which are initiated external to the Association i.e. Industry or Ministry or Health Authority requests.
5. The Executive Director will support the activities of the BC LCPC as it relates to budget preparation, work plan development.

6. If contractual work is part of a project initiative, a contractual agreement must be signed between the contracted worker and BCHPCA. All relationship with the contracted worker will operate as per BCHPCA policies.

Checklist for Initial Screening of Projects

1. The initiation of a project, which comes, as an external or internal request must be considered on the following basis:
 - Does it fit with the mission, philosophy and values of the Association?
 - Is the project within the mandate of the Association?
 - Does the project fit with strategic directions of the Association?
 - Does the BCHPCA have the necessary resources to meet project goals or are there alternative secured funding sources /resources? (Funding, staff resources, long term implications and commitments)
 - Will administrative costs to the organization be reimbursed?
 - Will the expertise of the project team be recognized through authorship or through payment of honoraria?
 - Is the time required to meet project goals excessive or within the ability of the BC LCPC to meet?
 - Would involvement in the project create conflict of interest for the Association?
2. Following the initial screening the Chair of the BC LCPC and a small task group will develop a brief high-level report for the information of the membership of the BC LCPC. The report will include the findings of the initial screening, potential benefits, cost implications, resources required, contract considerations such as ownership and distribution and recommendations re: further involvement by the Association. To optimize successful fund granting, the Project Initiative will be required to adjust its proposal in the instances where it is requested for funding proposal purposes.
3. If a project initiative request successfully meets the initial screening the BC LCPC will initiate a project committee and is responsible for selecting task group members.

Project Committee

Under the direction of the Chair of the BC LCPC, a project committee whose mandate will be to develop the overall plan for the project through the development of a formal proposal /contract for each project supported by the ED of the BCHPCA or Project Team Leader as

assigned. The Project template (Appendix 1) will be submitted to the BC LCPC through the Chair for review and endorsement of the project plan (see attached Project template) through a consensus process. External funding will be sought as necessary for the project. Projects will be monitored regularly and evaluated under the leadership of the Chair of the BC LCPC or the Project Team Leader

Project Team

1. Project team leaders/ members will be selected for their ability to meet project deadlines, interpersonal and team leading skills, qualifications and experience/expertise in the field related to the project and are approved by the Project Committee.

Conflict Resolution

It is expected that members will deal with concerns and differences respectfully, directly and openly with the individual(s) involved, and in the setting where the concern has arisen. Where necessary, the following progression is recommended:

- Speak to the individual member in a timely fashion to resolve the issue;
- Where necessary, issues of conflict may be referred for resolution to the Project Committee involved;
- Where resolution has not been achieved, matters are referred to the BC LCPC for resolution;
- If appropriate, the BC LCPC will arrange for a mediator to assist in resolving the issue.

Appendix 1

Victoria Hospice Society

[Project Name]

Project Plan

Project#: [Project #]

Author: [Name]
Creation Date: [Date – applicable format]
Last Updated: [Date – applicable format]
Version: V 0.1

Table of Contents

1.0	Project Purpose and Background.....	12
2.0	Objectives	12
3.0	Scope – What’s in and what’s out?	12
4.0	Major Deliverables	12
5.0	Stakeholders	12
6.0	Driver Constraint	12
7.0	Milestones.....	12
8.0	Budget	13
9.0	Roles and Responsibilities	13
10.0	Project Control	14
11.0	Project Review and Completion Criteria	15

Project Purpose and Background

The purpose of the project is to ...

Objectives

The objectives of the project are to:

- [list]

[This section succinctly states the strategic level objectives of the project, focusing on how the project will make a difference. The objectives are clearly stated, specific, attainable, and measurable. All stakeholders (project client, target users, steering committee, etc.) must agree on the objectives.]

[Objectives should be S.M.A.R.T. (Specific, Measurable, Agreed-upon, Realistic, Time-Sensitive). The Objectives should be written to include Critical Success Factors (CSF).]

Scope – What’s in and what’s out?

[This section describes the project boundaries in terms of its activities and the work to be performed. The scope should relate to the project goals and objectives, and cover all the work and only the work to be undertaken.]

Major Deliverables

[This section documents the tangible final product(s) and documents of the project in terms of the major deliverables.]

Stakeholders

[This section pertains to who is impacted by the project – who are our partners and who is the audience?]

Driver Constraint

[What is the single most important constraint affecting this project?]

Milestones

[This section lists the high-level milestones for the project and the schedule at which each of these milestones must be met. Milestones mark the completion of deliverables, or phase completions. Also list any review points at which the project requires further authorization.]

The high-level project milestones are:

Milestone	Target Date / Completion Date

Budget

The following are the estimated costs for the project:

Budget allocation - identify where the budget is coming from specifically.

Contractors – number of contracts, anticipated number of hours and hourly rate for each

Travel – include anticipated number of trips including destinations

Meetings – anticipated number of meetings requiring room rental and/or catering and anticipated number of participants for each

Other – honorariums; hardware & software, etc.

Roles and Responsibilities

The following descriptions define the general roles and responsibilities of the resources to support this project.

Role	Responsibilities
Project Manager	<ul style="list-style-type: none"> <input type="checkbox"/> Responsible for the delivery of the final product and all interim deliverables as agreed in this MPP <input type="checkbox"/> Plans and controls all project activities. <input type="checkbox"/> Identifies and acquires resources. <input type="checkbox"/> Completes the assigned tasks at the scheduled time as indicated in the project plan. <input type="checkbox"/> Manages issues, decisions, changes, and problems to resolution. <input type="checkbox"/> Communicates status and project information to sponsor, committees, and project stakeholders on a regular basis as agreed. <input type="checkbox"/> Ensures all project tasks and deliverables conform to quality management standards where they exist and are appropriate to the project.

Role	Responsibilities
Working Committee	<ul style="list-style-type: none"> ❑ Provides expert advice to the Project Manager and Team Leaders.
Team Leaders	<ul style="list-style-type: none"> ❑ Responsible for delivery of products within sub-project or component. ❑ Identifies resource requirements ❑ Completes the assigned tasks at the scheduled time as indicated in the project plan ❑ Manages issues, decisions, changes, and problems to resolution at the sub-project level ❑ Collects status from team and communicates to project manager on a regular basis as agreed ❑ Participates in management of project.

Project Control

Communication Plan

- How often will the project manager provide a [weekly, bi-weekly, monthly] status report for update to the organization project management office and/or others as determined?
- Is a special report anticipated?
- Is there an opportunity to do an OpEd piece as a result of this project?

Risk Assessment

[All projects experience a degree of risk. Risk is usually lower for projects that have clear and visible sponsorship, with accountability for results. These projects tend to stay on track and achieve their objectives. Risk identification is conducted with members of the project team, project management and stakeholders. In conducting our project risk assessment we should concentrate on risks that have a high likelihood of occurring and that would have a significant impact on the project should they occur.

]

Number	Risk Event or Assumption	Impact if Occurs (L,M,H)	Likelihood of Occurrence (L,M,H)	Mitigation Plan
1.	<i>[List assumptions and risk factors here.</i>			<i>[describe overall strategy and steps being taken to mitigate occurrence (if any)]</i>

Project Review and Completion Criteria

[It is important to know up-front (1) “when you are done”, (2) “when you have won”, and (3) “who gets to decide”. Develop the completion criteria with the client, stakeholders and team members early in the project so that everyone will know when the project is complete. Use this section to define the criteria for project completion. Some sample statements follow (add/modify/delete as needed)]

The project will be deemed successful when all the objectives have been met.

The project will be deemed complete when:

- all tasks in the project work plan have been completed;
- all project issues have been addressed;
- the project evaluation has been completed;
- all project-related finalization activities have been completed;
- all the appropriate data is entered into the VHS database;
- all project files are completed and documentation archived into the VHS database;
and
- The file is closed.