Special Article

Edmonton, Canada: A Regional Model of Palliative Care Development

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Abstract
Palliative care developed unevenly in Edmonton in the 1980s and early 1990s. Health care budget cuts created an opportunity for innovative redesign of palliative care service delivery. This report describes the components that were developed to build an integrated comprehensive palliative care program, the use of common clinical assessments and outcome evaluation that has been key to establishing credibility and ongoing support. Our program has continued to develop and grow with an ongoing focus on the core areas of clinical care, education, and research. J Pain Symptom Manage 2007;33:634–639. *© 2007 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

Key Words
Palliative care, program development, outcome assessment

Introduction

Palliative care developed unevenly through the Edmonton region in the 1980s and early 1990s. By 1993, access to palliative care services was inconsistent and poorly coordinated. Statistics for cancer deaths in the Edmonton region in 1992 identified approximately 1,200 people dying of cancer. Of these, 85% were dying in hospitals, with fewer than 15% dying at home. Cancer patients dying in our region remained in acute care hospitals for an average length of stay of 25 days or a total of 25,000 patient days every year.

A 25% decrease in health spending by the Government of Alberta during the early 1990s resulted in a reduction of bed availability and was anticipated to cause significant difficulty for the 85% of palliative care patients who had been dying in acute care hospitals. Representatives from acute care institutions, long-term care facilities, home care organizations, the community, the provincial government, family physicians, and the regional cancer institute were brought together to develop an integrated, coordinated approach to palliative care service delivery in the Capital Health (Edmonton and area) region, which received final approval in February 1995 (Fig. 1).

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Accepted for publication: February 1, 2007.

0885-3924/07/$–see front matter
doi:10.1016/j.jpainsymman.2007.02.012

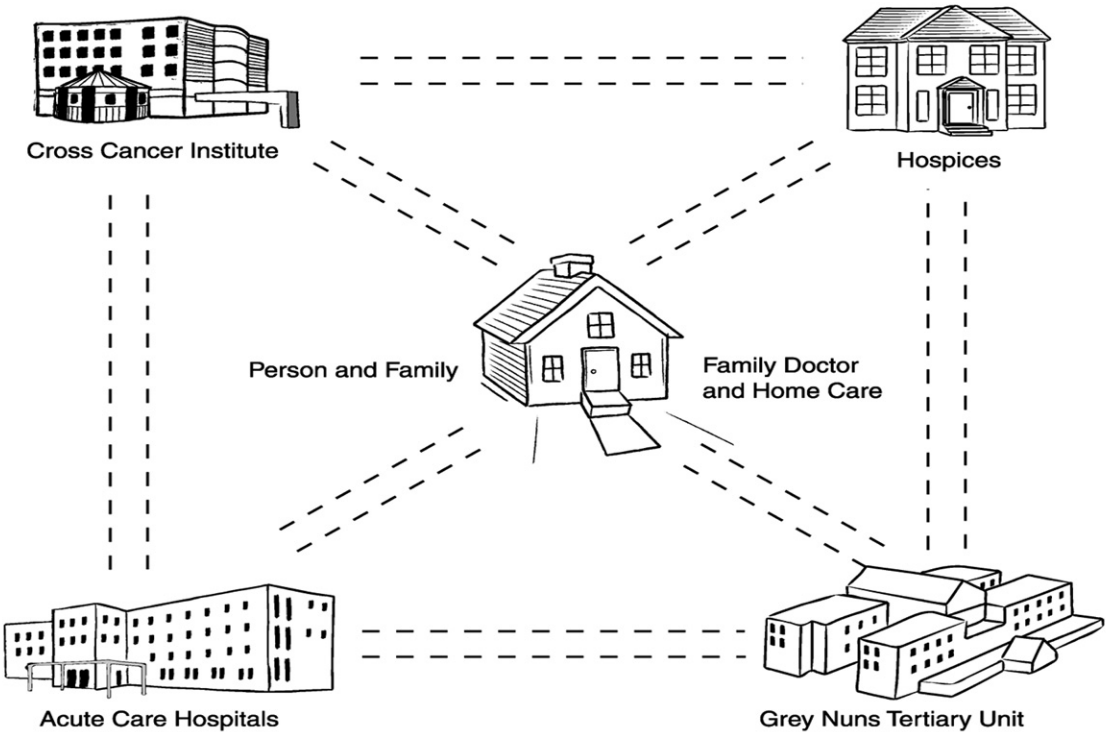

Fig. 1. Palliative care services in Capital Health (Edmonton and area).

The Regional Palliative Care Program administrative office was officially opened in July 1995.[1]

Program Components

Regional Palliative Care Program Administrative Office

The purpose of the regional office was to coordinate delivery of care and ensure regional standards, evaluate outcomes, advocate for ongoing funding and program development, and promote education and research.

Family Physicians and Home Care

Family physicians and home care are recognized as central to the delivery of primary palliative care in the community.

Family physicians are expected to provide primary care with 24-hour on-call coverage. Continuity of care is maintained with the family physician serving as the attending physician during hospice admissions. A major component of promoting the success of family physician involvement was the designation of new fee items specifically for palliative care. The Alberta Health Care Insurance Plan implemented fee codes allowing physicians to bill for every 15 minutes of direct contact with individual palliative care patients, as well as a further code covering compensation for every 15 minutes of time spent in family or team conferences.

Home care services were already in place in the Edmonton region. However, the need to provide adequate nursing care and time to assist patients and families at home, as well as sufficient funding to support an increased number of patients and families at home, was recognized. Other initial changes included clear criteria for admission, 24-hour response, and strengthening relationships and communication between palliative home care staff and family physicians.

Hospice Palliative Care Units (Hospices)

Although a home death is sometimes the preferred choice of some patients and families, social and demographic characteristics and personal choice do make this difficult for many people. To provide alternatives, three hospices (total of 57 beds) in continuing care