Pallium Canada

Building Palliative Care Capacity in Long-Term Care

Presentation to:

Nursing Homes of Nova Scotia Association (NHNSA)

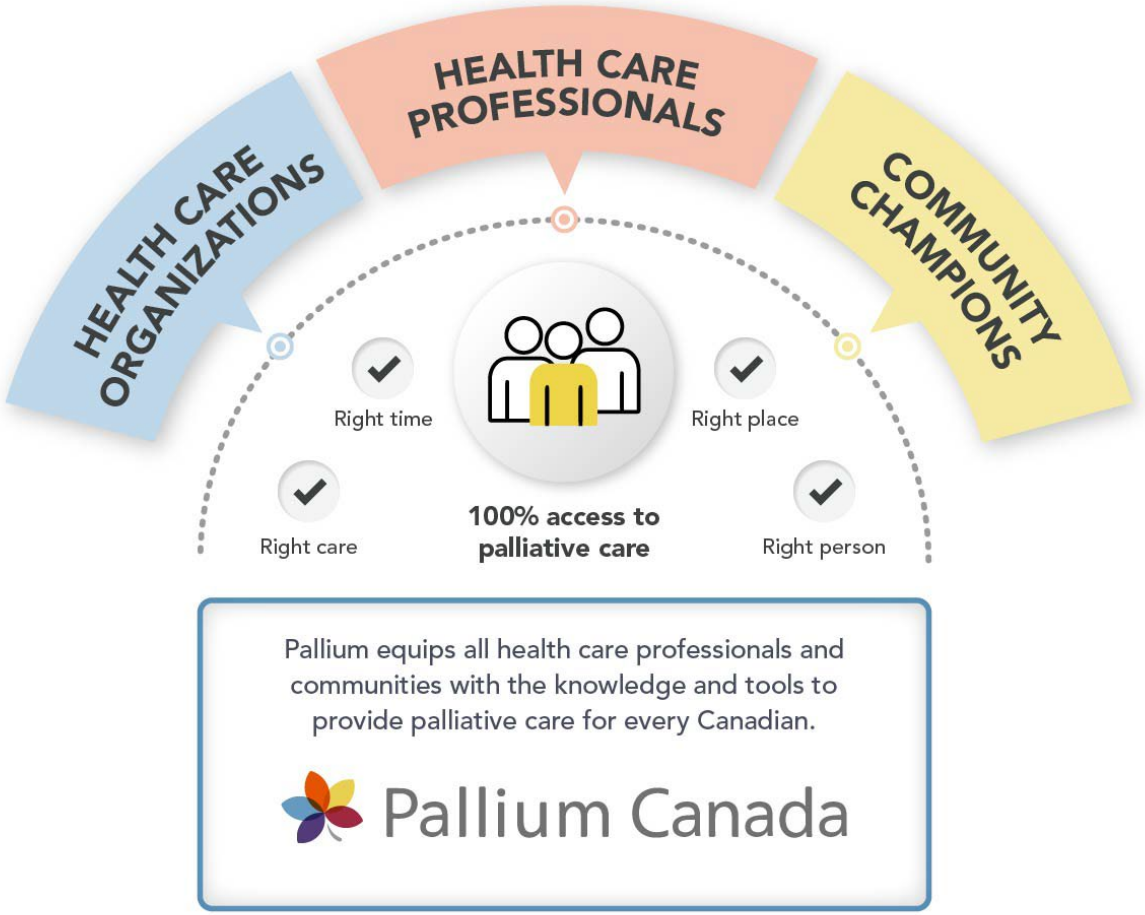
Jeffrey Moat, CEO
Pallium Canada

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About Pallium

About Pallium Canada

Building professional and community capacity to help improve the quality and accessibility of palliative care in Canada



Source: Health Canada, Framework on Palliative Care; Pallium Canada.

Our Courses

Palliative Care Training in LTC

Pallium Canada has been partnering with LTC homes across Canada over the past two decades.

Courses:

Pallium Canada LEAP LONG-TERM CARE

Pallium Canada LEAP PERSONAL SUPPORT WORKER

Pallium Canada LEAP ONBOARD

Partners:

Sienna Senior Living

Extendicare

Perley Health Community of Care

Northwood INTOUCH

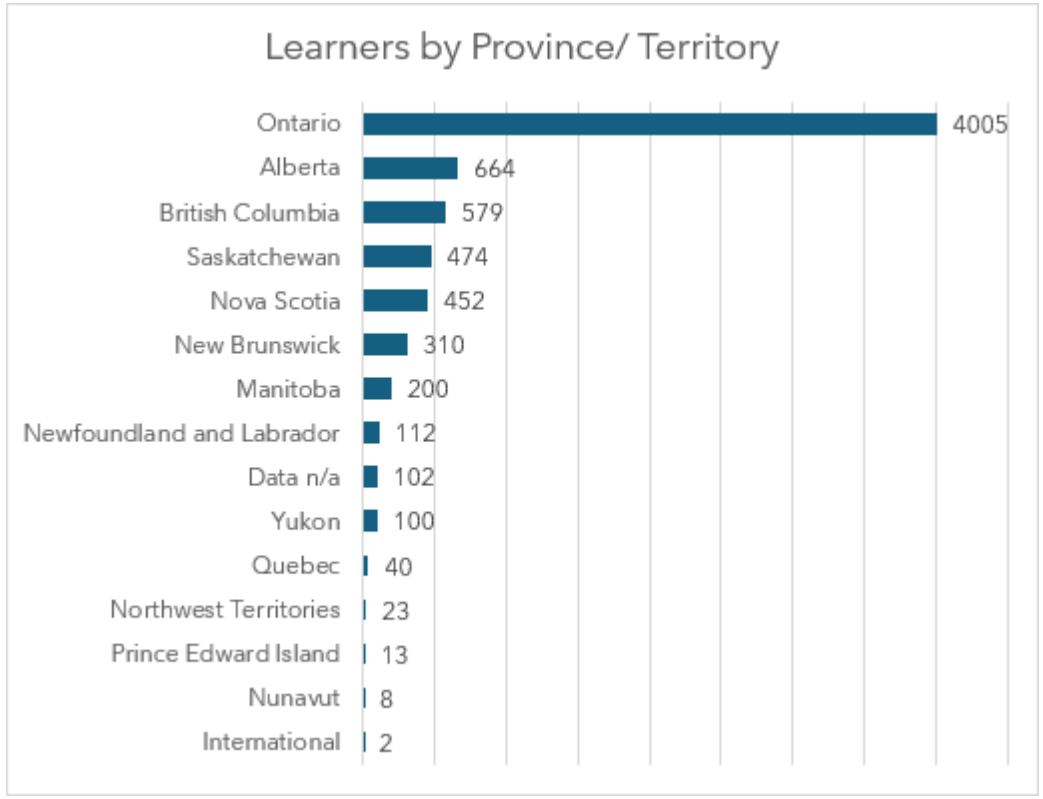
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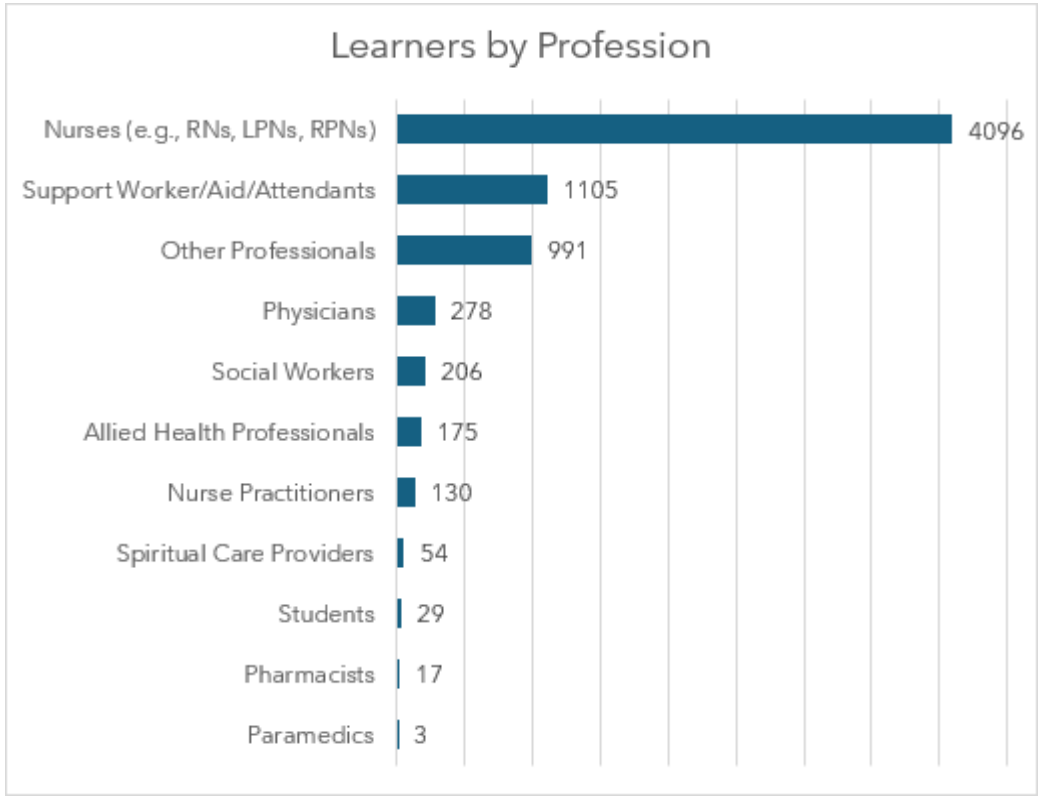
Shannex ENHANCED CARE

…and many more

Palliative Care Training in LTC

- Since 2014, Pallium has trained over 7,000 health care professionals in the palliative care approach in LTC settings across Canada





Palliative Care Training in LTC

Pallium has recently completed a major update to it LEAP LTC to address the current needs of LTC partners and learners, including:

- **Two new role-based self-learning streams**, one for registered staff and a second for PSWs/Care Aides, with a shared workshop that brings learners together.
- **Expanded content**, with new topics such as wound care and behavioural symptoms of dementia, and greater attention to communication, caregiver experience, and team-based care.
- **Enhanced workshop experience**, featuring new cases, and a more interactive, case-based learning experience.

National Palliative Care Training Standard in Long-Term Care

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Long-term care is already a palliative care setting

Dementia, frailty, and other life-limiting conditions make palliative care essential to residents' everyday care.

Only 19%

of residents who died in Canadian LTC homes were reported to have received palliative care in their last year of life.

Palliative care is still not consistently recognized, documented or integrated as a routine part of care in long-term care homes

61%

Canadians receiving palliative care in four reporting jurisdictions received it in hospital only.

Palliative care is still too hospital-dependent, rather than being available earlier in the settings where people live and receive care.

8,500

LTC residents were transferred to hospital and died there or during transfer

While not every transfer is avoidable, earlier palliative care, supported by staff training, can reduce avoidable hospital transfers and health-system costs.

The opportunity is to provide palliative care earlier and more consistently in LTC, before a crisis results in hospital transfer.

Source: CIHI, Access to Palliative Care in Canada, 2023; CIHI, Ensuring resident well-being and comfort in long-term care, 2026.

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The difference is often what happens before the crisis

REACTIVE PATHWAY

Life-limiting illness
No plan in place for decline

→

Decline occurs
Symptoms or family concern

→

Crisis
9-1-1-> Emergency Department

→

Transfer
Admission / hospital stay

→

Hospital
Higher-intensity, higher-cost care

EARLIER PALLIATIVE APPROACH

Anticipate
Risks and likely changes

→

Plan
Goals, wishes, and how to respond

→

Manage
Symptoms and distress

→

Support
Specialist input when needed

→

Care in place
Hospital only when truly needed

Conceptual pathway based on Pallium evidence brief and LTC implementation literature.

Build palliative care capability into everyday LTC care

The evidence points to a broad palliative approach across the LTC team, with specialist expertise for more complex needs.

46 articles in the 2019 scoping review

Three recurring components of palliative programs in LTC:

1. **TRAINING & CAPACITY**
   Build essential palliative care knowledge and skills.
2. **RESIDENT, FAMILY & STAFF SUPPORT**
   Support the people receiving and delivering care.
3. **ADVANCE CARE PLANNING & GOALS OF CARE**
   Start conversations earlier and clarify wishes before a crisis.

EVERYDAY LTC CARE

Equip the staff caring for residents with essential palliative care skills.

- **Anticipate** — Risks and Likely Changes
- **Plan** — Goals, wishes, and how to respond
- **Manage** — Symptoms and distress
- **Support** — Residents, families and staff

Make palliative care part of routine care — not a late add-on.

SPECIALIST PALLIATIVE EXPERTISE

For complex symptoms, difficult decisions and needs beyond the team's scope.

Consult • Coach • Collaborate

Broad capability + specialist backup

Source: Kaasalainen et al. (2019), "Palliative Care Models in Long-Term Care: A Scoping Review."

Training only creates value when staff can use it

Canadian LTC research shows that staff need support and mentorship to put training into practice.



WHAT THE WESTERN CANADIAN STUDY TESTED

4 LTC facilities

Palliative "link nurses" one day/week for two years

Staff valued the education, tools and support — including an early-identification tool, conversation guide and palliative rounds.

WHAT GOT IN THE WAY

- **DIFFERENT UNDERSTANDINGS** — Teams need a shared view of what a palliative approach means.
- **UNEQUAL ACCESS TO SUPPORT** — Training and reinforcement need to reach the whole team.

Source: Cloutier et al. (2021), "'Bare-bones' to 'silver linings': lessons on integrating a palliative approach to care in long-term care in Western Canada," BMC Health Services Research.

Training can change confidence, behaviour and teamwork

Canadian LTC participants described sustained effects two to four years after completing LEAP-LTC.

2–4 YEARS LATER participants still described "ripple effects" from the training

Qualitative Canadian study • 10 LTC physicians and nurses

INDIVIDUAL PRACTICE

More knowledge & confidence

- Earlier identification of palliative needs
- More timely care-plan review
- Better advance-care-planning and end-of-life conversations
- Greater confidence supporting residents and families

TEAM PRACTICE

Stronger collaboration

- Greater collective knowledge
- More interprofessional collaboration
- More family involvement and meetings
- More confident communication with colleagues

BEYOND THE HOME

Ripple effects outward

- Connections with other LTC homes
- Engagement with external stakeholders
- Skills that supported care during COVID
- Greater sense of professional fulfillment

Well-designed palliative care education can have durable effects beyond the classroom.

Source: Gill et al. (2024), "'Confidence and fulfillment': the impact of palliative care training for long-term care physicians and nurses," Palliative Care & Social Practice.

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Deloitte: treat health as a productivity asset

The broader policy frame is not "spend less on care." It is "get more value and capacity from the resources we already have."

"Create capacity from what we already have"

Deloitte Canada, 2026

"Make outcomes, not just inputs, the shared measure of success"

Our LTC application of that logic

1. Strengthen an existing workforce
2. Recognize needs earlier
3. Provide more appropriate care in place
4. **Reduce avoidable downstream hospital demand**

Deloitte's figures are economy-wide; they are not estimates of savings from this proposal.

Source: Deloitte Canada, The health-productivity gap: Canada's untapped growth lever (2026).

The Case for a National Palliative Care Training Standard in LTC

A dedicated national envelope to develop, and implement, a National Palliative Care Training Standard for Long-Term Care.

THE PROBLEM

81%

of LTC residents lack documented palliative care in their last year of life.

NO CONSISTENT TRAINING STANDARD

Canada lacks a consistent palliative care training standard for LTC teams

FEDERAL INVESTMENT

$300M
OVER 5 YEARS

Funds development of national training standard, and implementation support for LTC homes, co-developed, sector-informed, and quality-aligned

Supports protected training time, role-based learning, coaching, workflow integration, and performance reporting

WORKFORCE TRAINING & CAPABILITY

TRAINED, CONFIDENT, AND EQUIPPED LTC TEAMS

EARLIER RECOGNITION
Staff identify decline, distress, and changing needs sooner

MORE CARE IN PLACE
Improved alignment with comfort, dignity, and care goals

FEWER AVOIDABLE HOSPITAL TRANSFERS
Reduced acute-care pressure and less disruption for residents and families

BENEFITS FOR RESIDENTS & HEALTH SYSTEMS

BETTER CARE IN PLACE

Health systems see reduced acute pressure; residents receive better dignity and goal-aligned care

3–5X
HIGHER COST

Acute-care beds cost far more than LTC beds. Appropriate care in place reduces pressure and improves value

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A common foundation, tailored to each role

Different roles need different levels of knowledge, skills and responsibility.

PSWs & support staff

- Recognize change
- Comfort
- Communication
- Reporting concerns promptly

Nurses

- Assessment
- Symptom management
- Care planning
- Coordination

Physicians & NPs

- Complex assessment
- Treatment decisions
- Goals-of-care leadership

Other healthcare professionals & leaders

- Whole-person support
- Workflow
- Culture
- Quality improvement

The standard would define the common expectation.
Provinces, territories and LTC homes would decide how to implement it within their systems.

Source: Pallium Canada, 2026 Federal Pre-Budget Submission.

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National infrastructure without federalizing long-term care

The proposal respects provincial and territorial responsibility for service delivery.

FEDERAL ROLE

- Convene a pan-Canadian standard
- Support common training and implementation infrastructure
- Enable shared measures and evaluation
- Help scale what no single jurisdiction can build alone

PROVINCES & TERRITORIES

- Adapt the standard to local systems
- Align with workforce and regulatory structures
- Determine service-delivery models
- Integrate with jurisdictional priorities

LTC HOMES

- Put role-based learning into practice
- Integrate workflows and care planning
- Support staff and leadership
- Measure resident, workforce and system outcomes

A common national foundation. Local delivery. Shared learning.

Source: Pallium Canada, 2026 Federal Pre-Budget Submission.

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A standard sitting on a shelf will not change care

Training creates value only when staff have the time, tools and organizational support to use what they learn.

1

PROTECTED TIME

Training time + staff backfill

2

COACHING

Practical support after the course

3

TOOLS

Decision aids + workflow supports

4

LEADERSHIP

Culture + accountability + reinforcement

5

MEASUREMENT

Data + feedback + continuous improvement

The investment is not “buying courses.” It is building capability into everyday care.

Sources: Cloutier et al. (2021); Gill et al. (2024); Pallium Canada evidence brief.

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What success should look like

Build measurement into the investment from day one.

RESIDENTS & FAMILIES

Better symptom support • care aligned with goals • clearer plans

WORKFORCE

Knowledge • confidence • preparedness • ability to respond earlier

LONG-TERM CARE

More care in place • stronger planning • specialist support used appropriately

HEALTH SYSTEM

Avoidable ED transfers • admissions • hospital days • capacity released

Measure outcomes, not just inputs: did care improve, and did avoidable hospital use change?

Pallium Canada proposed measurement approach; aligns with Deloitte's outcomes-focused productivity framing.

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National infrastructure already exists to build from

Pallium brings 25+ years of palliative-care education, implementation and partnership experience.

25+

years of experience

Founded in 2000.

100,000

learners reached

National reach across health professions.

200+

health-system partners

Partnerships across sectors and jurisdictions.

20+

LEAP courses

Role- and setting-specific education.

Pallium would lead with partners – LTC, residents and families, workforce, Indigenous organizations, standards and accreditation bodies, and provinces and territories.

Source: Pallium Canada, 2026 Federal Pre-Budget Submission.

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Three things federal leadership can do

1 BUILD THE STANDARD

Create a common national foundation of role-based palliative-care competencies for long-term care.

2 FUND IMPLEMENTATION

Support protected time, backfill, coaching, tools, leadership and workflow integration.

3 MEASURE RESULTS

Track resident, workforce and health-system outcomes – including avoidable hospital use.

$300 million over five years

This is not simply a palliative care opportunity.
It is a health-system capacity opportunity hiding in plain sight.

Source: Pallium Canada, 2026 Federal Pre-Budget Submission.

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Thank you | Merci

Pallium Foundation of Canada | La Fondation Pallium du Canada

342B ch. Richmond Rd

PO Box 67093 Westboro

Ottawa, Ontario, K2A 4E4

1-833-888-LEAP (5327)

info@pallium.ca

www.pallium.ca