



An Evolution of Hospice Palliative Care (HPC) Nursing Leadership in Canada 1993-2020

Written by two Canadian palliative care nursing pioneers:

Judy Simpson RN (Retired), BN, MEd, CHPCN(C), Nova Scotia

Laurie Anne O'Brien RN (Retired), BN, CHPCN(C) 2004-2019, Newfoundland and Labrador

Two of the founding and long-time members of CHPCNIG and CHPCNG and Honorary Lifetime Members of CHPCNG –and now CPCNA.

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Preamble

When asked to capture and share this Canadian hospice palliative care (HPC) nursing group story in a somewhat detailed narrative and chronological format, our HPC passion kicked in!

Our hope is that you endeavour to picture us just as a pair of HPC nursing elders reminiscing back over 28 years of the HPC nursing group formation period and doing our best to recall the evolutionary efforts of the many tireless resilient dedicated HPC nurses who volunteered their after work time to make it all come to fruition thus far. All was accomplished by these HPC nurses within the challenges of limited time, human, financial, supplies, and physical space resources to carry out their vision and mission. Many a time great productive collaborative working sessions continued on in someone's conference located hotel room, eatery, pub or airport lounge leading to the added perks of long-lasting collegial connections and many lifelong friendships.

It is our pleasure and privilege to take you on this journey of sustained comradery, activities, and achievements through the Canadian HPC nursing group formative years.

Since this document draws mostly upon our collective HPC nursing recollections and fact gathering, we do appreciate in advance that if you see sections you wish to clarify or expand upon, we kindly welcome any illuminations and additions for consideration.

We know that well into the future this steadfast work will continue to grow with a new generation of talented HPC nursing leaders from the newly formed CPCNA and we are proud to have been and still be connected to such devoted HPC nurses!

Laurie Anne and Judy

Hospice Palliative Care in Canada

Growth in the Movement

“You matter because You are You, and You matter to the end of Your life. We will do all we can to help you, not only to die peacefully but to live until you die.”

This memorable quote is from Dame Cicely Saunders—a nurse, social worker, and physician, who devoted her career to improve care of the dying in England starting in the 1960s. Her dedicated focus of care was on the “whole person’s” physical, psychosocial, and spiritual dimensions of suffering and meaning. Taking into account their comprehensive whole person nursing scope of practice, Saunders recognized early on that nurses were key hospice palliative care (HPC) team members and leaders.

Saunders’s work provided the foundation for modern hospice palliative care and was a source of inspiration, teaching and training for the HPC discipline and culture development in other countries which included Canada. The first two Canadian palliative care services were opened November 1974 at St. Boniface Hospital, Winnipeg, Manitoba closely followed by the Royal Victoria Hospital, Montreal, Quebec in January, 1975. Moving forward, more palliative care services and programs continued to be developed to meet the local needs, usually as divisions of larger organizations or agencies, with volunteer-based hospice societies and organizations beginning to form soon after. Of note in the 1970’s beginnings in Canada, palliative care was largely linked to cancer treatment programs whereby treatment was being often defined as either “curative” or “palliative”. In relation to this 1970’s-1980’s link, when HPC services and HPC nurses began to expand, grow and come together nationally in the 1990’s, there was a general misperception that HPC still applied only to oncology and this led to some similar belief that HPC nursing should fall only under the speciality of oncology nursing. With ongoing dedicated discussion and education by HPC nurses it would come to be better understood and recognized that HPC nursing was indeed its own distinct speciality and that certain standards, competencies, concepts and practices of HPC nursing were being acknowledged to be inclusive of, but not exclusive to, another particular nursing speciality as well.

In the mid 1980’s health care systems began using terms such as acute, chronic, geriatric, or palliative to define a category of patient, new terms that started to highlight the need for clarification, definition and development for the specialized discipline components of interprofessional palliative care.

Hospice palliative care became quickly and widely recognized as a societal movement enhancing health care delivery to balance a comprehensive continuum of care across the trajectory of an illness including on into bereavement.

The role of the nurse was always a primary component across the continuing modern hospice palliative care movement since its inception in the UK, Canada and around the world.

Initial Canadian Hospice Palliative Nursing Focus

Early on in the 1970's and 1980's, Canadian nurses working in their new forming local designated hospice palliative care services were learning, growing and recognizing the unique issues, challenges, and need to better develop and define their distinctive HPC nursing practice in providing care to individuals and their families through a collaborative team approach in end-of-life care situations.

Nurses have always possessed tremendous initiative to influence change in ongoing systems of care and with that in mind, in the HPC formative years there was a recognized need of more structured exploration for HPC nurses to develop collective national networking. These networks would work towards the recognition and advancement of hospice palliative care nursing across all health care settings through such avenues as HPC nursing standards development, advocating for HPC nursing certification in their speciality in Canada and education etc. Nursing was and continued to be an integral component of Canadian HPC in generalist settings as well as in integrated and specialized palliative care services.

Canadian Hospice Palliative Care Nurses Interest Group (CHPCNIG) 1993-2007

In 1993 in Winnipeg MB, the then Canadian Palliative Care Association (CPCA) at their national conference, and at all national conferences following, offered the great opportunity of interest group venues for various disciplines, including nursing, to be able to meet and network. There the first group of dedicated hospice palliative care nurses from across the country met for a brain storming session around bringing Canadian hospice palliative care nurses together and moving forward. Out of this session, an informal national interest group, the Canadian Hospice Palliative Care Nursing Interest Group (CHPCNIG), was born. This group broadly engaged a national cross section of deeply committed and compassionate hospice palliative care nurses for the purpose of defining, influencing, and advancing specialty HPC nursing in Canada. In addition to being connected with each other these nurses felt that there was a need to:

- Define the unique characteristics of HPC nursing;
- Identify and develop nursing HPC standards competencies and clinical practice guidelines to describe their work;
- Advocate for and achieve national palliative care nursing certification through the Canadian Nurses Association (CNA);
- Provide guidance in managing professional concerns such as quality assurance, ethics, role definition, interdisciplinary team dynamics and professional advocacy.

From its inception in 1993 the CHPCNIG was strongly connected and supported by the then CPCA - later to be named the Canadian Hospice Palliative Care Association (CHPCA) - whose membership included a large majority of nurses. CHPCA provided HPC nurses with many opportunities; a major one being the interest group venue to meet face-to-face every two years at their CHPCA national conferences.

The CHPCNIG was initially managed by informal leadership from 1993-1998 and included nurses from coast to coast who were connected to palliative care. During those years these very dedicated hospice palliative nursing care leaders worked after hours from the corner of their desk with the

objective to continue to work towards the development of a much more structured HPC nurses group.

In 1998 the CHPCNIG was evolving into a more formalized group and continued to stay the course working on becoming more connected and structured. One of the first key goals prioritized by the group to accomplish was working towards achieving national hospice palliative care nursing certification through the Canadian Nurses Association (CNA). To meet this goal, certain members attended meetings with CNA to review the process for achieving certification and then to begin the task of identifying and mobilizing palliative care nurse leaders to assist with the substantial amount of work required to achieve hospice palliative care certification standing. From 1999 to 2004 (when the first certification exam was written) a group of nationally representative palliative care nurse leaders volunteered their time and diligently completed all of the prerequisite activities that allowed them to complete the goal for HPC nurses to pursue and achieve national palliative care nursing certification through CNA.

2002 saw the CHPCNIG appoint an interim working group board with a chair and vice-chair and members representing 8/10 provinces and the Yukon Territories. In 2003 they elected their inaugural volunteer president and board of directors who began meeting monthly via teleconference. The first terms of reference to guide the group with the vision and mission to enhance HPC nursing excellence through **practice, education, research, and leadership** for the benefit of all Canadians were written and accepted. The group provided a mechanism for HPC nurses to be connected, network, learn from each other, seek national certification through CNA, and to have input into a national voice on issues that affect HPC in general and HPC nursing specifically.

CHPCNIG Highlights, Key Activities and Milestones 1993-2007

| 1993-2007 Highlights | |
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| Year | Key Activities and Milestones |
| 1993 | <ul style="list-style-type: none"> Hospice palliative care (HPC) nurses met in Winnipeg to collaborate and start interest group formation discussion. |
| 1995 | <ul style="list-style-type: none"> HPC nurses attended a breakfast meeting in Halifax and originated an interest group with development of four working groups (clinical, education, administration and research). |
| 1997 | <ul style="list-style-type: none"> HPC nurses met at national palliative care conference and shared ideas derived from the 1995 working groups. Working groups were restructured. An informal palliative care nurses interest group (NIG) was created. |
| 1998 | <ul style="list-style-type: none"> A formal Canadian Hospice Palliative Care Nurses Interest Group (CHPCNIG) was established whereby: <ul style="list-style-type: none"> Connections began with CNA regarding national palliative care nursing certification. Members assisted in various activities such as: <ul style="list-style-type: none"> Drug company Glaxo SmithKline’s development of the Living Lessons Campaign, for health professionals and caregivers. Participation into the development of the first edition of 99 Common Questions (And More) About Hospice Palliative Care: A Nurses Handbook. |
| 1999 | <ul style="list-style-type: none"> Formal meetings were held with CNA to discuss HPC speciality status and HPC nursing certification in order to learn the process to achieve same. CNA accepted hospice palliative care nursing as a unique nursing specialty. CNA gave approval to CHPCNIG to apply for HPC nursing certification. |

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| 2000 | <ul style="list-style-type: none"> • CHPCNIG circulated a survey to palliative care nurses to identify the number of nurses interested in certification and willing to pay a fee. 462/607 nurses (76.1%) were interested in certification and 305/607 (50.2%) were willing to pay the fee. • A written proposal was sent to CNA to support the request for HPC nursing specialty designation. • Funds of \$25,000.00 were raised to support CHPCNIG face-to-face meeting to develop the HPC nursing standards of practice. • The CHPCNIG identified and invited a group of twelve nurses to assist with development of the first HPC nursing standards. <ul style="list-style-type: none"> ○ These twelve nurses went on to a two-day meeting in Halifax where, with the help of Assessment Strategies Inc. (ASI) as facilitator, they developed the first Canadian Hospice Palliative Care Nursing Standards of Practice. • These Canadian Hospice Palliative Care Nursing Standards of Practice were presented and approved by HPC nurses in attendance at a special meeting of the CHPCNIG at the CPCA national conference held in BC. |
| 2001 | <ul style="list-style-type: none"> • The CHPCNIG: <ul style="list-style-type: none"> ○ Established working groups. ○ Discussed terms of reference to guide the interest group. ○ Agreed to initiate the collection of membership dues of \$10.00. ○ Commenced monthly teleconference meetings. • Various CHPCNIG members chaired/served on Health Canada’s Secretariat on Palliative and End-of Life Care Working Groups. (Best Practices and Quality Care; Education for Formal Caregivers; and Surveillance). |
| 2002 | <ul style="list-style-type: none"> • The CHPCNIG: <ul style="list-style-type: none"> ○ Appointed an interim working board with an identified chair and vice-chair. ○ The interim working board developed a workplan that focused on: <ul style="list-style-type: none"> ▪ Organizational governance; ▪ Maintenance of standards of practice; ▪ Advocacy and awareness; ▪ Communication and networking. ○ Assisted CNA to recruit a national cross section of 12 HPC nurses to develop competencies and exam questions under the leadership of ASI. • CHPCNIG members: <ul style="list-style-type: none"> ○ Were appointed for a five year commitment by CNA to the first hospice palliative care nursing exam committee. ○ Participated in the development of CHPCA Model to Guide Hospice Palliative Care: Based on Principles and Norms of Practice. |
| 2003 | <ul style="list-style-type: none"> • Item writing and preparation of first CHPC Nursing certification exam by the CNA HPC Nursing Exam Committee took place under the direction of ASI. • The CHPCNIG: <ul style="list-style-type: none"> ○ Elected their first board of directors. ○ Focused on defining board member’s roles and future responsibilities of the group such as defining the role of the advanced practice nurse in palliative care. ○ Explored how the nurses group could build relationships with other stakeholders and specialty groups such as Canadian Association of Nurses in Oncology (CANO), Canadian Gerontological Nurses Association (CGNA) to name two. ○ Explored the ongoing membership recruitment and retention challenges and how this group can encourage membership at both the provincial and national levels. |
| 2004 | <ul style="list-style-type: none"> • The CHPCNIG achieved the following: <ul style="list-style-type: none"> ○ Developed an organizing structure including completion of Terms of Reference; ○ Supported the CNA Hospice Palliative Care Certification Exam; ○ Focused on a Listserv development and discussion of Website; ○ Submitted an article to Canadian Nurse re: Palliative Care Philosophy. • The first CHPCN(C) certification exam was written by 491 nurses, one of the largest groups who wrote the first exam. |

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| 2005-2006 | <ul style="list-style-type: none"> • The CHPCNIG developed a structured work plan that focused on the following: <ul style="list-style-type: none"> ○ Organizational governance; ○ Membership recruitment; ○ Revision of the <i>Canadian Hospice Palliative Care Nursing Standards of Practice</i>; ○ Advocacy and awareness; ○ Communication and networking. |
| 2007 | <ul style="list-style-type: none"> • The CHPCNIG : <ul style="list-style-type: none"> ○ Developed the first CHPCNIG membership brochure. ○ Had 341 members, the largest membership in history. ○ Initiated the YAHOO Listserv that connected nurses and provided a forum for asking questions, discussion of practice issues, sharing of best practices and a mechanism to offer advice and support to one another. ○ Held initial discussions re consideration of LPNs becoming members of CHPCNIG. ○ Members participated in an Ottawa meeting held by Health Canada Palliative End of Life Secretariat Division/Canadian Association of Schools of Nursing Task Force on Palliative/End of Life Care (PEOLC). ○ Members presented at 3rd Symposium on Educating Future Physicians in Palliative and End-of-Life Care. |

Canadian Hospice Palliative Care Nurses Group (CHPCNG) 2008-2020

2008 was a significant year for CHPCNIG growth. It evolved from being an interest group to becoming a national nursing group and was called the Canadian Hospice Palliative Care Nurses Group (CHPCNG). This group, led again by a dedicated volunteer board of directors made up of HPC nurse leaders representing all regions of Canada held monthly teleconferences and sought input from its membership in formulating their activities and initiatives. The group maintained their collaborative connection with CHPCA who kindly provided the CHPCNG with access to some administrative services and their ongoing venue to host their HPC nursing annual general meeting for paid members and stakeholders during the CHPCA conferences.

From 2008 onward the CHPCNG were governed by both an elected board of directors and executive committees made up of dedicated palliative care nurse leaders who again volunteered their time and energies to fulfill the group's mandate to meet the needs of members carrying out their executive and committee agendas.

They were committed to:

- Maintaining the mission and goals of the group;
- Providing professional development opportunities for members;
- Providing a mechanism for HPC nurses across the country to be connected and provide input into the group;
- Assisting CNA with the ongoing maintenance of CHPCN(C) certification;
- Welcoming change and opportunities to grow.



In 2012 the board recognized that the structure and work from the monthly teleconferences needed to expand to now plan more dedicated face-to-face strategic planning (SP) days. The first facilitated strategic planning day was held in 2013 and subsequent sessions were held every two years thereafter.

Of particular note from the identified strategic planning it came to be in 2013-2014 that a masters of nursing student from Dalhousie University completed a project for the CHPCNG on the NG

executive structure and governance including **relationship development, integration, and financial stability.**

In the project the student:

- Explored governance models/structures within the Canadian Network of Nursing Specialities (CNNS) to inform the future development of a governance model that fully supported the CHPCNG’s work.
- Completed an assessment of fundraising structures for the CNNS and other groups.

As a result of this project several key recommendations were made including that the CHPCNG:

- Consider adding an advocacy component to their mission statement.
- Explore the makeup of the board of directors to ensure that it allowed for the achievement of current goals.
- Develop a strategy to enhance visibility of the group and address ongoing recruitment and retention of members.
- Examine the membership categories and benefits of membership.
- Develop a strategy to address ability to create and sustain ongoing financial stability.
- Discuss with CNNS specialty groups the idea of initiating PEOLC interest groups.

The work done by the student greatly assisted the CHPCNG and the recommendations in the report formed the basis of the CHPCNG work plan over the next several years. One key recommendation was enacted in 2016 resulting in the board composition being changed from one with an executive and regional representatives to one with an executive and directors at large responsible for the areas of **education, membership, research and external relations.**

In 2019 the CHPCNG engaged its members at the annual AGM to explore the needs and opportunities of its membership. This engagement of the membership brought clarity to the desired needs of the membership while at the same time supported a broader understanding of some of the challenges that its members were facing. There was a clear recognition from the CHPCNG membership that we had truly grown and were now ready to move forward and “spread our wings” to form a new stand-alone not-for-profit Canadian Palliative Care Nursing Association (CPCNA). This commenced with our expressed gratitude to and the future blessings of our long-time supporter CHPCA.

In 2020 the CHPCNG held their last AGM under the CHPCNG tile and was disbanded. In 2021 the new CPCNA was launched. The rich history and legacies formed by the CHPCNG were forwarded on to be archived by the new association. Palliative care nursing, firmly established and viewed as a subspecialty nursing practice, will continue to evolve and be enhanced through the CPCNA.

CHPCNIG Highlights, Key Activities and Milestones 2008-2020

| 2008-2020 Highlights | |
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| Year | Key Activities and Milestones |
| 2008 | <ul style="list-style-type: none"> • The CHPCNIG moved from an interest group becoming a national nursing group called the Canadian Hospice Palliative Care Nurses Group (CHPCNG). • The first CHPCNG Board of Directors was elected. • CHPCNG dues were increased from \$10.00 to \$20.00. • CHPCNG assisted CNA in the development of Position Statement: Providing Nursing Care at the End of Life. |

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| 2009 | <ul style="list-style-type: none"> • CHPCNG <ul style="list-style-type: none"> ○ Revised the Canadian Hospice Palliative Care Nursing Standards of Practice. ○ Became a member of CNA's Associate, Affiliate & Emerging (AAE) Network later called Canadian Network of Nursing Specialties (CNNS). • 4 seasoned HPC nurses developed a 53 page case study document based on the nine HPC nursing competencies. <i>Canadian Hospice Palliative Care Nursing Competencies Case Examples</i> would assist with HPC certification study. |
| 2010 | <ul style="list-style-type: none"> • CHPCNG focused on the following activities: <ul style="list-style-type: none"> ○ Developing partnerships with Canadian Associations of Schools of Nursing (CASN). ○ Identifying and designating a CHPCNG nurse to become a task group member and participate on CHPCA's Advance Care Planning (ACP) initiative. ○ Building relationships with other nursing groups with similar interests. |
| 2011 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Assisted the Advisory Committee of the Canadian Association of Schools of Nursing (CASN) on Palliative and End-of-life Care (PEOLC) to develop national, consensus based competencies and indicators to facilitate greater integration of this area of nursing in undergraduate curricula in Canada. ○ Co-authored a publication with others on the CASN PEOLC project in the International Journal of Nursing Education Scholarship. ○ Participated in a written submission and in-person consultation with the CNA National Commission; contribution to CNA's Primary Health Care position statement. ○ Updated CNA's Fact Sheet on Palliative Care. ○ Assisted CNA to identify and invite subject matter experts to participate in all phases of the revision of the CHPCN(C) exam which included: <ul style="list-style-type: none"> ▪ Competency Development ▪ Item Writing ▪ Exam Validation ▪ Translation development of the revised CHPCN(C) exam. ○ Assisted CNA to identify volunteers for the CNA certification exam committee (14 members offered; 4 were selected). ○ Advocated for a CNA staff person to become a member of the CHPCA Quality End-of-Life Coalition. ○ Participated in program development and delivery of CHPCA Learning Institute |
| 2012 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Developed and implemented processes for the president-elect position. ○ Participated in numerous invited surveys e.g. CNA Certification Eligibility Criteria and CNA Environmental Survey. ○ Initiated the role of official spokesperson for the group. ○ Identified a member from the nurses' group executive to be a representative on the Canadian Network of Nursing Specialties (CNNS). ○ Prepared a promotional display for the nurses group. ○ Promoted the nurses group at key events and conferences. ○ Began planning for structured strategic planning activities. |
| 2013 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Was assisted by CHPCA to raise \$5,000.00 to hold the very first facilitated face-to-face strategic planning day planned and held at CNA House in Ottawa. ○ Initiated core working groups Visibility, Governance and Capacity Building. ○ Assisted in writing <i>Rights of Passage: Integrating Palliative Care</i> published in Canadian Nurse in November. ○ Supported partnerships with groups such as CNA, Canadian Nursing Student's Association (CNSA) and other nursing specialty groups. ○ Secured a Master's of Nursing Student to complete a project with the group. ○ Met with provinces who had or were interested in having a HPCN interest group ○ Assisted in the revision of 99 Common Questions and More About Hospice Palliative Care: A Nurses Handbook. ○ Nominated CHPCA ED to be a Consumer Representative on the CNA Board of Directors. |

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| 2014 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Transitioned from using the Yahoo Listserv to a new Message Board on the CHPCA website as the vehicle to communicate with members. ○ Revised the Canadian Hospice Palliative Care Nursing Standards of Practice. ○ Participated in the CNA Environmental Survey. ○ Interacted with provincial hospice palliative care nurses interest groups; ○ Partnered with CNA to complete the 2015 End-of-Life Care Position Statement. ○ Supported the past-president to become CNNS representative member on the CNA Board of Directors for the 2015-2017. |
| 2015 | <ul style="list-style-type: none"> • The CHPCNG membership year changed to a set date April 1-March 31. • CHPCA took over the registration of new and returning members. • The CHPCNG Terms of Reference were revised and became Bylaws. • CHPCNG: <ul style="list-style-type: none"> ○ Held the second facilitated face-to-face Board strategic planning day at CNA House in Ottawa. ○ Established an awards committee to recognize members. ○ Partnered with CNA and DeSouza, a provider of continuing education in oncology and palliative care for health professionals, to develop special package of savings for CNA members seeking certification in oncology or HPC. ○ Hosted a half-day nursing satellite session “<i>The Changing Landscape of Nursing Practice</i>” for nurses attending the CHPCA conference in Ottawa. ○ Led the development of the CNA Position Statement: The Palliative Approach to Care and the Role of the Nurse. |
| 2016 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Presented the inaugural CHPCNG Lifetime Achievement Award and the CHPCNG Leadership Award. ○ On a vote from members, increased dues to \$40.00 from \$20.00. ○ Joined the CNA Certification Program Advisory Committee. ○ Participated on Palliative Care Matters Steering Committee. ○ Attended the Palliative Care Matters Consensus Conference. ○ Invited student nurses to serve as a student representative on the CHPCNG Board of Directors. ○ Participated in Medical Assistance in Dying (MAID) discussions. ○ Initiated a change in the composition of the board of directors replacing regional representative designations with directors responsible for membership, education, research and external relations. ○ Developed position descriptions for all board of director positions. ○ Developed a Board of Directors Orientation Manual. |
| 2017 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Held the third facilitated face-to-face board strategic planning day at CNA House in Ottawa. ○ Developed a “Become a Member Today” Brochure. ○ Hosted a half-day nursing satellite session “<i>Palliative Care Matters: A Call for Nursing Action</i>” for nurses attending the CHPCA conference in Ottawa. ○ Presented the second CHPCNG Leadership Award. |
| 2018 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Presented the second CHPCNG Lifetime Achievement Award and the third CHPCNG Leadership Award. ○ Assisted CNA to identify and invite subject matter experts to participate in all phases of the revision of the CHPCN(C) exam including: <ul style="list-style-type: none"> ▪ Competency Development ▪ Item Writing ▪ Exam Validation ▪ Translation development of the revised CHPCN(C) exam. ○ Facilitated a review of the 2014 version of Canadian Hospice Palliative Care Nursing Standards of Practice. ○ Assisted CNA with the development and review of Medical Assistance in Dying (MAID) core competencies and exam questions. |

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| 2019 | <ul style="list-style-type: none"> • CHPCNG: <ul style="list-style-type: none"> ○ Hosted a half-day nursing satellite session “<i>Inspiring Nursing Leadership</i>” for nurses attending the CHPCA conference in Ottawa. ○ Presented the fourth CHPCNG Leadership Award. ○ Engaged its members in strategic planning in Ottawa. ○ Circulated a survey to determine the current state of palliative nursing education. ○ Board, with the help of a consultant, began discussion of forming a stand-alone not-for profit Canadian National Palliative Care Nursing Association. |
| 2020 | <ul style="list-style-type: none"> • CHPCNG : <ul style="list-style-type: none"> ○ Board continued their work to develop a stand-alone not-for profit Canadian national palliative care nursing association. ○ Held ongoing “Town Hall” sessions for membership as related to HPC nursing stresses and challenges during the COVID-19 Pandemic. ○ Supported the Canadian Nurses Association (CNA) Specialty Nursing Program and continuing professional development for certified online study groups. ○ Held their final titled CHPCNG Annual General Meeting via Zoom. ○ Notified members that the CHPCNG was being dissolved and that the new Canadian Palliative Care Nursing Association (CPCNA) was being launched. |

Canadian Hospice Palliative Care Nurses Group (CHPCNG): Collaboration over the Years

The CHPCNG and their members were recognized as HPC nursing leaders and experts who were frequently sought out as the “go to group” for hospice palliative care general and nursing advice, advocacy, knowledge, mentoring and education. Over the years they, along with many hospice palliative care nurses across the country, influenced numerous relevant initiatives. They actively collaborated with plus served on various boards and committees with many partners where their efforts enhanced both the growth of hospice palliative care in Canada and the enhancement of hospice palliative services for all Canadians.

Some Collaborative partner organizations included:

- Canadian Hospice Palliative Care Association (CHPCA)
- Provincial/Territorial Hospice Palliative Care Associations
- Accreditation Canada
- The Secretariat on Palliative and End-of Life Care
- Canadian Virtual Hospice (CVH)
- Canadian Nurses Association (CNA)
- Certification Program Advisory Committee (CPAC)
- Canadian Network of Nursing Specialties (CNNS)
- Canadian Association Schools of Nursing (CASN)
- American Hospice Palliative Care Nurses Association (HPNA)
- Advance Care Planning (ACP) Speak up Campaign
- DeSouza Institute
- Pallium Canada

Some Key initiatives influenced/led by CHPCNG and their members included:

- Development of Hospice Palliative Care Standards of Practice, Competencies, Exam Questions and Blue Print to support the CNA certification exam.
- Development of the Model to Guide Hospice Palliative Care: Based on Principles and Norms of Practice.
- Development of the CNA Position Statement: Providing Nursing Care at the End of Life

- Development of the CNA Position Statement: The Palliative Approach to Care and the Role of the Nurse.
- Development of Palliative and End of Life Care Entry-to-Practice Competencies and Indicators for Registered Nurses.
- Development and review of CNA MAID core competencies and exam questions
- Glaxo Smith Kline Living Lessons Initiative
- Advance Care Planning (ACP) Initiative
- Medical Assistance in Dying (MAID) Initiative
- Palliative Care Matters Consensus Building Conference
- Quality End-of-Care Coalition
- Mentoring, Education, Research and Teaching locally, provincially, nationally and internationally
- 99 Questions and More about Palliative Care: A Nurses Handbook, now in its fourth edition.
- Learning Essential Approaches to Palliative Care (LEAP) Curriculum

Canadian Hospice Palliative Care Nursing Certification

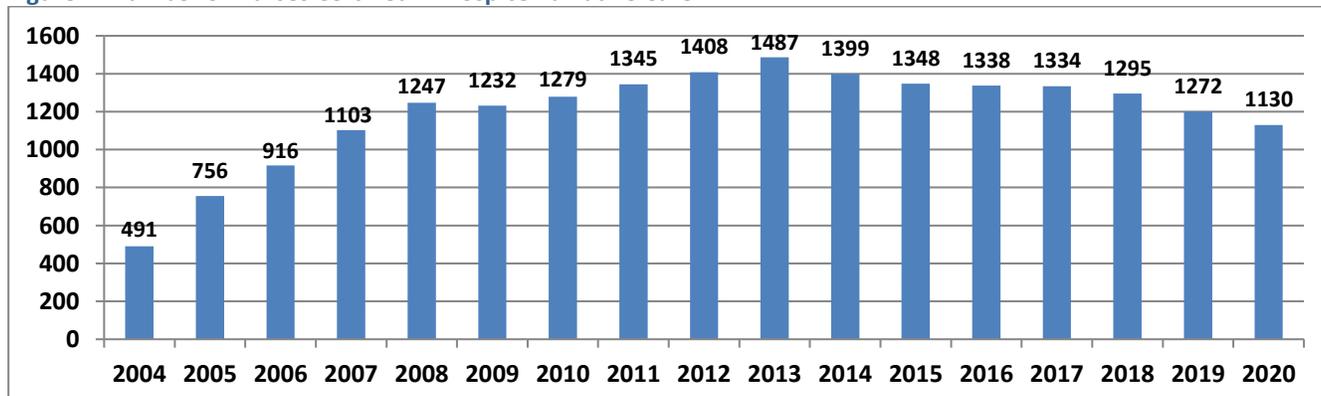
One of the most noteworthy accomplishments from partnership collaboration over the years was the achievement and maintenance of CNA hospice palliative care nursing certification CHPCN(C). In 2001 CHPCNIG mobilized 61 HPC nurses representing 10/10 provinces and the Yukon Territories to assist in the completion of each of the examination development activities for HPC certification. From 2001 to the present day the CHPCNG has continued to partner with CNA in all phases of certification development, revision and maintenance. CNA has often cited the practices of CHPCNG as an encouraging example to other specialties seeking to develop and maintain certification.

Certification represented a commitment to the leading edge in health-care standards, and it gave national scope to continuing competence initiatives mandated by provincial/territorial quality assurance programs. Hospice palliative care nurses who achieved certification showed a commitment to a national standard of professional expertise and in-depth understanding in area of hospice palliative care nursing practice.

The CHPCNG has consistently been one of the highest achieving specialties with the number of nurses certified keeping them in the top four to five groups annually. In addition they have consistently exceeded the targets set by CNA of having over 100 nurses a year write the initial exam and also having a large percentage of nurses recertifying. As a result they have been able to keep their exam and certification status viable.

The chart below shows the number of nurses initially certifying in 2004 and the subsequent growth and maintenance of certified hospice palliative care nurses until the present day.

Figure 1: Number of Nurses Certified in Hospice Palliative Care



Canadian Network of Nursing Specialties (CNNS)

In 2009 the CHPCNG joined the CNA’s Canadian Network of Nursing Specialties (CNNS) which was made up of 46 national associations in other specialized areas of nursing. As a result of joining CNNS, CHPCNG was able to enhance the breadth and depth of specialized nursing knowledge, as well as the connections and organizational linkages available to CNA and to the network. As a member of CNNS and experts in the field of palliative and end-of-life care, the CHPCNG was called upon to assist CNA with numerous relevant projects and to assist with the further integration of palliative and end-of-life concepts and competencies pertinent to other specialty nursing practices.

CHPCNIG/CHPCNG Leadership and Boards of Directors: 1993-2020

Over the years from 1993-2020 the CHPCNIG/CHPCNG has been fortunate to be able to attract many motivated hospice palliative care nurse leaders from across the country who volunteered their time to lead initial and ongoing groups. As already noted, from 1993-2002, although many hospice palliative care nurses from across the country were involved and met informally, there was a need as the HPC nursing communities grew, for a more formal leadership structure and board of directors for the CHPCNIG. It was with pride and perseverance that in 2002 the CHPCNIG appointed the first interim working board and in 2003 elected their inaugural board of directors.

The CHPCNIG/CHPCNG Board of Directors was responsible for the governance of the group. Within that mandate there was the expectation that the board would develop, implement and monitor bylaws, policies and practices that would allow the organization to succeed in carrying out its work and strive to meet the needs of its members. Each board was elected by, and accountable to, the membership and was ultimately responsible for adhering to the bylaws, mission and values while leading the organization toward achievement of their identified goals. The efforts of the CHPCNIG/CHPCNG appointed interim working board and elected boards of directors over the years have been significant and their names are worthy of acknowledgement for their valued contributions of voluntary service.

The table below provides the names of nurses who served on the appointed interim working board and elected boards of directors from 2002-2020.

| CHPCNIG/CHPCNG Interim Working Board/Boards of Directors 2002-2020 | |
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| 2002-2003 Interim Working Board | 2003-2005 Board of Directors |
| Chair: Dennie Hycha, AB Vice-Chair: Sharon Specht, YK Members: Adaire Leander, BC Barbara Warren, BC Margaret Askew, BC Priscilla Koop, AB Edna Parrott, SK Darlene Grantham, MB Anita Stern, ON Ian Lancaster, ON Kathy Coulson, ON Cathy Closs, ON | Pierre LaPlante, ON Frances Legault, ON Nathalie Aubin, QC Rose Deangelis, QC Maryse Bouvette, QC Mary Ann Murray, QC Valerie Fiset, QC Kim Widger, NS Laurie Anne O’Brien, NL Chris Power, NL |
| | President: Darlene Grantham, MB Past-President: Dennie Hycha, AB President-Elect: Rose DeAngelis, QC Secretary/Treasurer: Barb Hale, SK Communications: Annie Perrault, QC CHPCA Representative: Judy Simpson, NS Eastern Representative: Laurie Anne O’Brien, NL Central Representative: Frances Legault, ON Western Representative: Florence Lang, AB Territories Representative: Nathalie Aubin, QC |

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| <p align="center">2005-2006 Board of Directors</p> <p>President: Rose DeAngelis, QC Past-President: Darlene Grantham, MB President-Elect: Regina Bracher, BC Secretary/Treasurer: Barb Hale, SK Communications: Deanna Hutchings, BC CHPCA Representative: Mary Hughes, PI Eastern Representative: Ann McKim, NS Central Representative: Sandy White, ON Western Representative: Regina Bracher, BC Territories Representative: Nathalie Aubin, QC</p> | <p align="center">2006-2007 Board of Directors</p> <p>President: Rose DeAngelis, QC Past-President: Darlene Grantham, MB President-Elect: Regina Bracher, BC Secretary/Treasurer: Barb Hale, SK Communications: Deanna Hutchings, BC CHPCA Representative: Mary Hughes, PI Eastern Representative: Ann McKim, NS Central Representative: Sandy White, ON Western Representative: Regina Bracher, BC Territories Representative: Sharon Specht, YK</p> |
| <p align="center">2007-2008 Board of Directors</p> <p>President: Regina Bracher, BC Past-President: Rose DeAngelis, QC President-Elect: Sharon Specht, YK Secretary/Treasurer: Vacant Communications: Frances Legault, ON CHPCA Representative: Mary Hughes, PI Eastern Representative: Laurie Anne O'Brien, NL Central Representative: Sandy White, ON Western Representative: Linda Cliff, BC Northern Representative: Sharon Specht, YK</p> | <p align="center">2008-2009 Board of Directors</p> <p>President: Sharon Specht, YK Past-President: Regina Bracher, BC President-Elect: Darcee Bidgood, BC Secretary/Treasurer: Coby Tschanz, BC Communications: Laurie Anne O'Brien, NL Eastern Representative: Carmel Collins, NL Central Representative: Julia Johnston, ON Western Representative: Cheri Purpur, AB Northern Representative: Isabelle Cabot, YK</p> |
| <p align="center">2009-2010 Board of Directors</p> <p>President: Darcee Bidgood, BC Past-President: Sharon Specht, YK President-Elect: Vacant Secretary/Treasurer: Coby Tschanz, BC Communications: Laurie Anne O'Brien, NL Eastern Representative: Carmel Collins, NL Central Representative: Julia Johnston, ON Western Representative: Cheri Purpur, AB Northern Representative: Margriet Blok, YK</p> | <p align="center">2010-2011 Board of Directors</p> <p>President: Darcee Bidgood, BC Past-President: Sharon Specht, YK President-Elect: Judy Simpson, NS (March-June) Secretary/Treasurer: Coby Tschanz, BC Communications: Brenda Hearson, MB Eastern Representative: Carmel Collins, NL Central Representative: Julia Johnston, ON Western Representative: Cheri Purpur, AB Northern Representative: Margriet Blok, YK</p> |
| <p align="center">2011-2013 Board of Directors</p> <p>President: Judy Simpson, NS Past-President: Darcee Bidgood, BC President-Elect: Vacant Secretary/Treasurer: Coby Tschanz, BC Communications Coordinator: Brenda Hearson, MB Eastern Representative: Carmel Collins, NL Central Representative: Julia Johnston, ON Western Representative: Cheri Purpur, AB Northern Representative: Vacant</p> | <p align="center">2013-2014 Board of Directors</p> <p>President: Judy Simpson, NS Past-President: Darcee Bidgood, BC President-Elect: Gregg Truman, AB Secretary/Treasurer: Coby Tschanz, BC Communications Coordinator: Brenda Hearson, MB Eastern Representative: Carmel Collins, NL Central Representative: Julia Johnston, ON Western Representative: Terri Woytkiw, AB Northern Representative: Sharon Specht, YK</p> |
| <p align="center">2014-2015 Board of Directors</p> <p>President: Gregg Truman, AB Past-President: Judy Simpson, NS President-Elect: Patricia McQuinn, NB Secretary/Treasurer: Julia Johnston, ON Communications Coordinator: Brenda Hearson, MB Eastern Representative: Melody Mayberry, NB Eastern Representative: Nicole Hamming, NB Central Representative: Lori Rietz, ON Western Representative: Terri Woytkiw, AB Northern Representative: Sharon Specht, YK</p> | <p align="center">2015-2016 Board of Directors</p> <p>President: Patricia McQuinn, NB Past-President: Judy Simpson, NS President-Elect: Jacquie Peden, AB Secretary/Treasurer: Julia Johnston, ON Communications Coordinator: Brenda Hearson, MB Eastern Representative: Melody Mayberry, NB Eastern Representative: Nicole Hamming, NB Central Representative: Lori Rietz, ON Western Representative: Carleen Brenneis, AB Western Representative: Shari Young, AB Northern Representative: Katharina MacArthur, YK</p> |

| 2018-2019 Board of Directors | 2019-2020 Board of Directors |
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| President: Julia Johnston ON Past-President: Patricia McQuinn NB President-Elect: Jeanne Weiss, AB Secretary/Treasurer: Mahoganie Hines, ON Communications Coordinator: Janice Nesbitt, MB Education: Kathleen Yue, BC Education: Janice Chobanuk, AB Membership: Cheri Purpur, AB External Relations: Kath Murray, BC Research: David Wright, ON | President: Jeanne Weiss, AB Past-President: Julia Johnston, ON President-Elect: Janice Nesbitt, MB Secretary/Treasurer: Mahoganie Hines, ON Communications Coordinator: Janice Nesbitt, MB Education: Kathleen Yue, BC Membership: Janice Nesbitt, MB External Relations: Kath Murray, BC Research: David Wright, ON |

NOTE: The final CHPCNG AGM took place in November 2020 after which the group disbanded. The 2019-2020 CHPCNG Board of Directors agreed to become the inaugural board for the newly incorporated CPCNA.

*While the dedicated vision and leadership of the CHPCNIG/CHPCNG Boards is evident throughout this history it is also most important that sincere acknowledgement is extended to each and every HPC nurse whose work and contributions on various CHPCNIG/CHPCNG initiatives and committees over 28 years enabled the group to grow, produce and thrive. These dedicated HPC nurses on the board and in our membership were and continue to be the heart, soul and backbone of it all and without them nothing would have been or will be possible. They came together in the beginning, worked collaboratively as a team over the years and celebrated the many successes along the way. We owe them all a tremendous debt of gratitude.

Over the years, hospice palliative care nurses became duly recognized as developing and bringing specialized knowledge, skills and attitudes to the delivery of comprehensive, coordinated and compassionate care to persons and families living with advanced illness. The holistic HPC nursing and team approach is focused on quality of living throughout the illness continuum, dying, and bereavement and delivered in the setting of the person and family choice. Hospice palliative care nursing was also shown to be a committed to public and professional education, leadership, research and advocacy to improve care.

In closing, it seems only fitting to echo some meaningful words from the very first developed Canadian HPC Nursing Standards in 2001 that we sincerely believe and need never forget. All the extra efforts the HPC nurses group and its members have accomplished and will continue to strive for over the years “is forever dedicated to those persons and families who, through their suffering and loss, have motivated us to improve our knowledge, skills and understanding in order to bring greater peace and comfort to those who have entrusted and who will entrust their care to us in the future”.

