

# SPRINT Implementation Collaborative™ for Palliative Care Competencies

## CALL FOR INTEREST

### Developing emotionally intuitive competency-based palliative care skills

The Canadian Home Care Association (CHCA) is launching a new SPRINT Implementation Collaborative™ to support organizations build their capacity and skills to provide high quality home-based palliative care. To equip staff with emotionally intuitive competency-based palliative care skills (eiCOMPASS), the SPRINT Implementation Collaborative™ will introduce three exciting concepts:

#### 1. The Canadian Interdisciplinary Palliative Care Competency Framework (“Competency Framework”)

Created by the Canadian Partnership Against Cancer, in collaboration with palliative care experts and stakeholders, the Competency Framework establishes a minimum national standard for palliative care in Canada. Including competencies for physicians, nurses, personal support workers, social workers, and volunteers, it provides guidance for jurisdictions that lack an explicit set of palliative care competencies, and high-level guidance for provinces that have built their own competency frameworks. Teams involved in the SPRINT Implementation Collaborative™ will have the opportunity to test and adopt the Competency Framework in a variety of ways:

- Improve recruitment and help identify the necessary qualifications and experience required for palliative care providers;
- Evaluate staff performance and identify areas in need of improvement, leading to better patient care;
- Develop educational and training content and plans that ensure staff have the necessary skills and knowledge to provide high-quality care;
- Support accreditation efforts by demonstrating the organization’s commitment to delivering quality care;
- Create effective multi-disciplinary teams by ensuring staff understand the expected standard of care.

#### 2. Emotional Intelligence Training Modules and Tools for Frontline Providers

Developed by the CHCA, teams will have access to a series of self-directed, online microlearning modules on the topic of essential emotional intelligence (EI) skills. When delivering home-based palliative care, health care providers often encounter high stress situations and must deal with strong emotional situations. Emotional intelligence is vital in dealing with and responding to the emotions that arise throughout the caring journey. This innovative training program maps each domain in the Competency Framework to emotional intelligence skills and behaviours so health care providers can effectively incorporate these vital skills into their daily practice.

#### 3. Conversation Guides to Empower Caregivers and Families

A set of 6 conversation guides for health care providers and practical tools for caregivers will help empower them to deal with palliative care emergencies in the home setting and ensure that patients receive prompt and appropriate care.

## **SPRINT –eiCOMPASS Collaborative**

Using an implementation science approach, the CHCA's SPRINT Implementation Collaborative™ provides the knowledge, tools and coaching to rapidly and effectively introduce new ideas to your organization. Over a nine-month timeframe, participants engage and participate in an in-person on-boarding and educational forum; online learning modules; designated action periods; and customized coaching sessions. This unique approach enables teams to adapt and test the Competency Framework, the EI training modules and conversation guides that meet their unique needs.

### **Important milestones for the SPRINT- eiCOMPASS Collaborative**

Call for Interest opens.....	May 23, 2023
Information webinar on the SPRINT Collaborative .....	May 30, 2023
Deadline for submission of expression of commitment: .....	June 30, 2023
Selection and notification of participating teams:.....	August 4, 2023
In-person on-boarding / learning forum:.....	September 27 & 28, 2023 (Toronto - TBC)
Virtual learning sessions:.....	October, November 2023; January, March, May 2024
Capstone Summit:.....	June 2024
Sustainability Forum: .....	March 2025

### **For more information on the SPRINT- eiCOMPASS Collaborative, please contact:**

**Liz Angelevski**, Director, Projects and Knowledge Translation and eiCOMPASS Project Lead  
[eangelevski@cdnhomecare.ca](mailto:eangelevski@cdnhomecare.ca)

The Canadian Home Care Association (CHCA) is a national non-profit focused on strengthening integrated community-based care. Representing public and private organizations in the home and community care sector, the CHCA partners with members to tackle pan-Canadian priorities through advocacy, awareness, innovation, and knowledge exchange, striving for a seamless, accessible, accountable, evidence-informed, and sustainable patient- and family-centered care system.

[www.cdnhomecare.ca](http://www.cdnhomecare.ca)   [@CdnHomeCare](https://twitter.com/CdnHomeCare)   [in@canadian-home-care-association](https://www.linkedin.com/company/canadian-home-care-association)

# EXPRESSION OF INTEREST APPLICATION

## SPRINT – eiCOMPASS Collaborative

### INSTRUCTIONS:

This SPRINT Implementation Collaborative™ will support teams to equip staff with *emotionally intuitive competency-based palliative care skills*. To achieve this goal, teams will adapt and test the Competency Framework, the EI training modules and the conversation guides that meet their unique needs. For more information, visit the eiCOMPASS website at: [cdnhomecare.ca/eicompass](http://cdnhomecare.ca/eicompass).

This expression of interest is a formal application to participate in the Canadian Home Care Association's SPRINT- eiCOMPASS Collaborative.

**The deadline for submission is June 30, 2023, 5 p.m. EST.**

Notification of results will be communicated to applicants by August 4, 2023.

Complete the on-line application form or submit a copy by email to Liz Angelevski at [eangelevski@cdnhomecare.ca](mailto:eangelevski@cdnhomecare.ca).

Note: this SPRINT- eiCOMPASS Collaborative will be offered in English only.

### ASSESSMENT CRITERIA

All eligible submissions will be assessed for the following:

#### 1. Organizational Readiness

- Experience as a contracted provider or direct-funded provider (part of the government home care program) for home-based palliative care.
- Evidence of inter-professional collaboration to enhance home-based palliative care.
- Regulated staff (i.e., nurses and social workers) and / or non-regulated staff (i.e., personal support workers) are employed by your organization.
- Training, education and skills development is a priority.

#### 2. Quality Improvement Capacity

- Experience in quality improvement initiatives.
- Measurement resources including collection, analysis and reporting of metrics.

#### 3. Organizational Commitment – Senior Leadership Sponsor

- Commitment to competency development and dedicated time for staff to participate fully in the Collaborative.
- Access to resources to support testing, implementation and sustainability of the Competency Framework and EI Training Resources (as necessary).

#### 4. Strength of the Collaborative Team

- A designated team (all core members have been identified; experience and time commitments have been considered).

## GENERAL APPLICANT INFORMATION

Organization

Address

City

Province

Postal Code

Key Contact: (First name / Last name)

Key Contact: (Email)

## DETAILED SUBMISSION

### 1. ORGANIZATIONAL READINESS

Answer the following questions (1 paragraph, ~200 words, maximum for each question):

a. Provide a brief overview of your organization, including its mandate and strategic priorities.

b. Describe the types of home- and community-based palliative care services provided by your organization (e.g., volume, geographic area, services, etc.).

c. Identify any initiatives that your organization has undertaken to implement the Competency Framework and skills training for health care providers (regulated and non-regulated).

d. Provide any additional information that should be considered when reviewing your application.

## 2. QUALITY IMPROVEMENT CAPACITY

Answer the following questions (1 paragraph, ~200 words, maximum for each question):

a. **DATA** – Describe your current process(s) for data collection to support improvement initiatives.

b. **INDICATORS** – Do you currently track educational, quality, and/or key performance indicators?

Yes          No          Not sure

If yes, how often are they tracked? Monthly          Quarterly          Semi-Annually          Annually          Not sure

c. Briefly describe one quality improvement initiative your organization has worked on in the last year.

### 3. ORGANIZATIONAL COMMITMENT – SENIOR LEADERSHIP SPONSOR

(To be completed by the Senior Leadership Sponsor)

How will you, as the Senior Leadership Sponsor, be involved throughout the SPRINT- eiCOMPASS Collaborative?

Review and consider the following estimated time and resources that team members will be required to make throughout the SPRINT – eiCOMPASS Collaborative.

**TIME:**

- Attendance at the two-day on-boarding / learning forum (Sept 2023) \*Note: Costs for two team members will be covered by the CHCA
- Participation in the five 1.5-hour virtual learning webinars (Oct 2023 – May 2024)
- Planning, implementing and testing of the Competency Framework and EI Training
- Participation in 30-minute coaching sessions (as required)
- Attendance at the two-day Capstone Event in June 2024 \*Note: Costs for two team members will be covered by the CHCA
- Attendance at the Sustainability Forum (March 2025) \*Note: Costs for two team members will be covered by the CHCA

**RESOURCES:**

Resources and technology to participate in virtual sessions (via ZOOM) and in-person meetings (travel and accommodation for two team members will be covered by the CHCA)

Capacity to develop and produce materials and other resources (where needed) to support work

Back-filling staff to free up team members to participate in the SPRINT- eiCOMPASS Collaborative

Do you foresee any challenges with meeting these resource/time commitments?

No      Yes (please explain)

**4) COLLABORATIVE TEAM**

Review the roles and accountabilities for the team members outlined below and indicate who from your organization will take each role.

**LEADERSHIP SPONSOR**

Time commitment (approx.): 1 hour/month

A member of the senior leadership team with responsibility for frontline practice.

**ROLE & ACCOUNTABILITIES**

- Reinforces alignment of competence development with organizational priorities.
- Approves change management and organizational policy or practice changes that may occur because of the new initiative.
- Removes barriers to advance the Collaborative to a successful completion.
- Commits time and resources to team, including engagement with team lead when appropriate.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Executive Assistant (if appropriate): Name and Email \_\_\_\_\_

Original Signature \_\_\_\_\_

\_\_\_\_\_

## TEAM LEAD

Time commitment (approx.): 10–15 hours/month.

A director/manager within the organization with experience leading improvement projects.

### ROLE & ACCOUNTABILITIES

- Acts as primary contact for the team.
- Participates actively in scheduled learning sessions and coaching calls.
- Facilitates team engagement and completion of “homework” and implementation activities.
- Ensures meaningful involvement of team members and potential learners.

First Name

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Last Name

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Title

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Telephone

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Email

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Original Signature

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## MEASUREMENT LEAD

Time commitment (approx.): 6–8 hours/month.

May be the Team Lead or a different individual with knowledge of data collection and analysis.

### ROLE & ACCOUNTABILITIES

- Collects and analyzes data and prepares reports.
- Provides guidance on determining goals (AIM Statement) and indicators.
- Participates actively on implementation team to identify and refine change ideas suitable for testing.

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Last Name

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Title

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Original Signature

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## IMPLEMENTATION TEAM MEMBERS

Time commitment (approx.): 8 hours/month

Members with frontline care experience (i.e., palliative care professionals) and clinical educators.

### ROLE & ACCOUNTABILITIES

Up to four additional team members involved in the planning, implementation, and evaluation of the strategy.

Individuals may include (but not limited to):

- Educators and Clinical Trainers
- Regulated and Non-Regulated Staff
- Clinical Supervisors/Managers

#### MEMBER 1

First Name

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Last Name

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Title

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Telephone

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Email

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Original Signature

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#### MEMBER 2

First Name

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Last Name

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#### MEMBER 3

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Original Signature

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**MEMBER 4**

First Name

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