

# 2025 – 2029 Strategic Plan

**Guided by Values, Focused on Impact**



The **2025–2029 Strategic Plan** for the BC Centre for Palliative Care (BCCPC) was developed **in alignment with** provincial and national health priorities, including key themes from the Framework on Palliative Care in Canada, [British Columbia’s Aging with Dignity Action Plan 2023-24 to 2027-28](#)), and the [BC Atlas of Palliative Care](#).

The plan **responds to two urgent priorities**: addressing **inequities** in access to quality palliative care and improving the **integration** of a palliative approach across all care settings – with a particular **emphasis on home and community-based care**. These priorities are woven throughout the BCCPC’s strategic directions outlined in this plan.

The development of this plan was **grounded in a robust partner engagement** process. In collaboration with Vantage Point, who facilitated the strategic planning process, BCCPC’s leadership team conducted interviews, surveys and a roundtable with a wide range of partners across the health system and community sector to ensure the plan reflects shared priorities, insights, and experiences.

This strategic plan **reinforces BCCPC’s deep commitment** to working in partnership. We recognize that meaningful and sustainable change can only be achieved by aligning our efforts, responding to shared priorities, and leveraging the strengths of our collective work.

We hope this plan **serves as an open invitation to our partners** to continue collaborating on initiatives where we can make a greater collective impact in advancing equitable, high-quality palliative care across British Columbia.

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## Key Terms and What They Mean in This Plan

**Serious illness** refers to a progressive, life-limiting condition that significantly impacts a person’s health and quality of life. It may follow a somewhat predictable trajectory and includes conditions such as some types of cancers, dementia, frailty, organ failure, chronic respiratory diseases, and neurodegenerative disorders.

**Family** refers to the people who matter most to an individual, and who they trust and rely on for support – this can include relatives, close friends, or others they consider part of their inner circle.

**Partners** refer to BCCPC’s current and potential collaborators, interest-holders, and others who share our vision within the palliative care ecosystem and across sectors — including, but not limited to, the health system, social services, healthcare education programs, non-profit organizations, as well as the legal and business sectors.

**Healthcare providers** refer to members of the ‘healthcare team’, including both regulated and unregulated health professionals from all disciplines, as well as care providers based in community-based organizations such as hospices.

**Person- and family-centered care** is an approach that focuses not only on the illness, but on the whole person and their family – respecting their needs, values, and preferences, and supports shared decision-making.

**Inequity in accessing palliative care** refers to twelve populations that face significant inequities in accessing palliative care as identified in [our recent research in BC](#). Other populations may come to our attention within the life of this strategic plan.



## VISION

Everyone living with serious illness, and their families, experiences comfort, dignity, and the best possible quality of life, supported by high-quality care aligned with their needs, goals, and wishes.



## MISSION

We collaborate with partners to advance knowledge, promote best practices, and inform policy to make high-quality palliative care, including grief and bereavement support, accessible at every stage of serious illness, in every care setting.

## VALUES

### Inclusion

We value diverse perspectives, enabling opportunities for everyone to contribute.

### Equity

We recognize systemic barriers and strive for fair access to care and opportunities.

### Compassion

We are committed to supporting well-being through actions that reflect empathy and kindness.

### Integrity

We build trust by holding ourselves accountable to high standards of excellence and ethical responsibility.

### Transformation

We embrace continuous learning and innovation to drive improvement.

### Collaboration

We approach our relationships with humility and curiosity to achieve shared goals and lasting solutions.



## GUIDING PRINCIPLES

Our work at BCCPC...

- respects and embraces diverse cultural values and approaches.
- promotes person- and family-centred care.
- engages people who may be impacted by our work, including individuals and families with lived experience, care providers, and communities.
- is guided by knowledge, evidence, and wisdom from diverse sources.
- addresses current and emerging needs or opportunities.
- fosters collective impact through collaboration and partnerships.

## IMPACT AREAS: STRATEGIC GOALS & STRATEGIES

### Impact Area: Care Planning Conversations



**Care planning conversations** are essential for anyone capable of making their own healthcare decisions. Guided by personal values and preferences, these conversations help individuals and families prepare for future care decisions and ensure care aligns with their wishes.

#### **They may take the form of:**

Advance Care Planning – often initiated by individuals, independent of health status, in collaboration with their families and healthcare providers.

Serious Illness & Goals of Care Conversations – initiated by healthcare providers with patients facing serious or life-limiting illnesses, and their families.

#### **The impact we are striving for is...**

Individuals, families, and healthcare providers in British Columbia are prepared, confident, and supported to have meaningful care planning conversations—so care in every setting reflects each person's needs, goals, and what matters most to them.

#### **Our Goal**

Promote the early initiation of meaningful, ongoing, and culturally respectful care planning conversations and processes within communities and across all care settings.

#### **Strategies**

- **Provide online access to education resources** for both the public and healthcare providers across all care settings as appropriate, with a focus on people and settings experiencing gaps and inequity.
- **Equip current and future healthcare providers with the necessary training and resources** through collaboration with our partners in the health system, community sector, and educational institutions.
- **Enhance integration of conversations into healthcare providers' practices and care processes** across all care settings.
- **Co-develop culturally appropriate and needs-based approaches and resources** in partnership with people experiencing inequity.
- **Foster public awareness and education through community-led initiatives** that engage the broader public in these essential conversations.

## Impact Area: Palliative Approach Integration



A **palliative approach** is distinct from specialized palliative care, which is typically provided in the final stages of a terminal illness. Instead, a [palliative approach](#) weaves the principles and practices of palliative care into the everyday care provided throughout all stages of serious illness, across all care settings. This approach is not limited to specialists—any member of a patient’s care team can deliver it.

**Integrating the palliative approach within the health system** can be achieved by: **Adopting** palliative care principles EARLY in the course of a person’s serious illness; **Adapting** care strategies to meet the unique needs for the patient and their family; and **Embedding** these practices into routine care, even in settings that are not specialized in palliative care.

### The impact we are striving for is...

Everyone in British Columbia living with a serious illness – no matter their location, diagnosis or stage of disease – receives high-quality care that reflects their goals, needs, and wishes, and their families are supported throughout, including bereavement.

#### Our Goal

Strengthen the capacity of the health system and both current and future healthcare providers from all disciplines in all care settings to integrate a palliative approach.

#### Strategies

- **Develop and offer education** and practice support resources for healthcare providers at all stages of practice and all disciplines, including palliative and bereavement specialists.
- **Facilitate opportunities for inter-professional learning, networking, and mentorship** for healthcare providers, with a focus on primary care and rural and remote communities.
- **Co-lead initiatives with partners** that integrate the palliative approach to care, including bereavement, throughout the patient and family journey.

## Impact Area: Compassionate Communities



**Compassionate Communities** is a globally recognized public health approach to palliative care that actively engages community members in supporting individuals and families facing serious illness, caregiving, and grief by providing the social support they need, when and where they need it.

### The impact we are striving for is...

Everyone in British Columbia facing serious illness, caregiving, or grief is surrounded by strong social networks and supportive communities that help them navigate these experiences and maintain the best possible quality of life.

### Our Goal

Inspire and promote community-led efforts that serve as vital hubs for information, care navigation, and needed support for individuals and families, including emotional, social, practical, spiritual, grief, and bereavement support.

### Strategies:

- **Foster province-wide adoption of the Compassionate Communities approach**, with a focus on rural, remote, and Indigenous communities, by supporting grassroots initiatives with seed grants, practical toolkits, training, and coaching.
- **Coordinate implementation of the [2023 Collaborative Grief Improvement Action Plan](#)** to enable equitable access to timely and appropriate grief supports for all British Columbians.
- **Explore and promote innovative and evidence-based models** that leverage and integrate grassroots movements – such as Compassionate Communities, Age-Friendly, Dementia-Friendly, and Nav-CARE – to expand community capacity in supporting underserved populations with palliative care needs.



## Enabler: Foster Collective Impact

BCCPC is committed to harnessing the power of the [collective impact approach](#) to drive meaningful, long-lasting change. This approach allows us to work alongside partners from all sectors to tackle complex challenges that no single organization can solve alone. By bringing together community members, care providers, policy makers, organizations, and institutions, we aim to advance equity in access to palliative care through shared learning, aligned efforts, and coordinated action. These collaborative networks foster a synergy that enables population- and system-level change, something that would not be possible if we worked in isolation.

### Our Goal

Foster collective impact through cross-sector and cross-system collaboratives to inform policy, align efforts, streamline processes, and maximize outcomes.

### Strategies

- **Provide coordination and core support to provincial networks** to address system-level gaps and priorities.
- **Create inclusive opportunities for connection and partnership** through convening collaboratives, communities of practice, roundtables, and learning and networking events.
- **Partner to influence societal and systems change** through awareness campaigns on palliative care, advance care planning, and grief literacy.
- **Partner to inform policy and funding decisions** that promote equitable access and standardized assessment of outcomes and quality of palliative care.

## Enabler: Generate and Spread Knowledge

At BCCPC, we are committed to embedding research and evaluation activities into all aspects of our work to ensure that all that we do is founded on the strongest information, evidence, and best practices available. Our research strategies and activities are guided by the [Knowledge to Action Framework](#), ensuring that evidence is not only generated, but meaningfully applied to advance palliative care in BC.

### Our Goal

Generate and disseminate evidence- and consensus-based knowledge using research approaches to drive system and societal change.

### Strategies

- **Conduct knowledge inquiry** to identify gaps, barriers, and opportunities for improvement.
- **Synthesize knowledge on evidence and best practices**, to inform action and shape initiatives.
- **Use implementation science** to adapt and evaluate the implementation of evidence-based interventions tailored to local contexts and community needs.
- **Use evidence- based and consensus-building methodologies** to develop actionable recommendations for improvement.
- **Assess the impact of promising innovations**, to expand the palliative care evidence base.
- **Share research findings and knowledge products** in accessible, actionable ways to promote adoption and sustained use



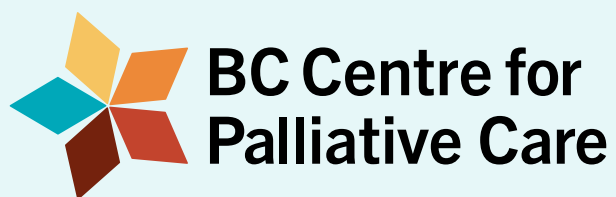
## Enabler: Build Organizational Excellence and Sustainability

### Our Goal

BCCPC will continue to be a resilient, values-driven, trusted organization, supported by a skilled team, sustainable funding, and strong infrastructure.

### Strategies

- **Diversify funding sources** while advocating for stable funding.
- **Invest in team growth**, professional development, and well-being to foster a motivated and exceptionally skilled team that embodies BCCPC's values.
- **Strengthen organizational infrastructure** by enhancing policies, adopting innovative technology, and streamlining processes.
- **Develop and implement a communications strategy** that clearly shares BCCPC's impact and work, strengthens internal and external engagement, and reinforces the organization's trusted identity.



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Advancing palliative care through best practices, innovation and collaboration.

[www.bc-cpc.ca](http://www.bc-cpc.ca)

