Expectations and Benefits of Participation



MCRH and each participating organization pledge the following:

| MCRH will: | Participating community will: |
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| Provide qualified staff with expertise in palliative care and clinical quality improvement. | Form a multi-site, interdisciplinary team - representing more than one provider setting and interdisciplinary professionals -committed to palliative care services development. |
| Develop and facilitate opportunities for participating organizations to come together for a collaborative education and visioning session for learning, planning, and networking. | Participate in two in-person education and visioning sessions, technical assistance conference calls, and any additional recorded or live Web/teleconference sessions offered during the initiative. |
| Provide technical assistance to each community as it develops an action plan for palliative care services. | Develop an action plan for developing and/or enhancing palliative care services in your community. |
| Designate a primary liaison to serve as the lead contact person for each participating community to have ready access to program resources. | Designate one person to serve as the community team leader, who can drive and support the community's palliative care efforts, serve as the MCRH contact, and serve as an external spokesperson as appropriate. Teams also need a physician/provider champion to support the work and engage medical staff. |
| Maintain a strong commitment to leverage opportunities to advance the project through a variety of partners, and to promote the accomplishments and learnings of participant communities. | Share experiences and strategies for palliative care implementation with other community teams. |
| Conduct asset and gap analysis with each community team at the beginning of the project and an evaluation at the end of the project. | Complete an asset and gap analysis related to palliative care services implementation at the beginning of the effort and complete an evaluation of their participation at the end of the project. |
| Provide opportunities for networking with other community teams and access to educational resources to assist communities in planning and implementation. | Agree to be recognized publicly as a participant in the Project. |
| Provide ongoing updates to participating communities as new rural palliative care resources and tools become available | Collect and submit data as requested. |
| | Remain active in the project throughout the duration of the initiative. |