

# Local Palliative Tips: Resources for Health Care Providers Caring for Patients Living with Advanced Illness Calgary Zone

\*Please note: The information provided is subject to change and may be different due to COVID-19\*



## Contents

<b>Alberta Aids to Daily Living (AADL) - Equipment and Supplies</b> .....	3
<b>Blood Transfusions</b> .....	6
<b>Calgary Allied Mobile Palliative Program (CAMPP)</b> .....	10
<b>Food/Meals</b> .....	11
<b>Hospice</b> .....	12
<b>Indigenous Health in Advanced Cancer</b> .....	14
<b>Legal and Financial Issues</b> .....	18
<b>Mobile Collection Service (MCS)</b> .....	21
<b>Oncology and Sexuality, Intimacy &amp; Survivorship (OASIS)</b> .....	24
<b>Palliative Coverage Program (“Palliative Blue Cross”)</b> .....	25
<b>Palliative Oxygen</b> .....	30
<b>Patient Transportation</b> .....	32
<b>Advanced Care Planning, Goals of Care and Personal Directives</b> .....	34
<b>Psychosocial and Grief Support</b> .....	36
<b>Rehabilitation Resources</b> .....	40
<b>Respite Care</b> .....	42
<b>Referral Based Service Descriptions for Advanced Cancer Patients</b> .....	45
<b>Thoracentesis or Paracentesis</b> .....	46

\*Please always consider a social work referral for any additional concerns, support, or resources in addition to what is provided in this document\*

## Alberta Aids to Daily Living (AADL) - Equipment and Supplies

The AADL program helps Albertans with long-term disability, chronic illness or terminal illness to maintain their independence in their residence and community by providing financial assistance to purchase medical equipment and supplies.

- All residents of Alberta with valid Alberta Health Care coverage are eligible.
  - Exception: If patient has Treaty Status the patient should go through Non-Insured Health Benefits (NIHB) call 1-800-232-7301
  - Exception: Those receiving Workers' Compensation for the same problem, or those receiving funding under Veterans' Affairs for a pre-existing condition
- AADL is a cost-sharing program: 75% coverage, 25% co-pay up to a maximum of \$500 per family per benefit year.
  - Benefit year is from July 1 to June 30
- Cost share [exemption forms](#) for low income:
  - If on AISH, Income Support, or the Alberta Adult Health Benefit contact AADL directly
  - SIN number for patient and spouse is required on form to assess income status.
  - 100% coverage if less than \$20,970 for single, \$33,240 for couple w/ no children, \$39,250 for parents with children
  - 75% coverage if over (standard coverage)

### For ALL AADL equipment and supplies:

- The patient must be assessed and authorized for AADL benefits first. AADL cannot refund patients who purchase their own medical equipment and supplies before being assessed and authorized for the equipment and supplies.
- Medical equipment or supplies must be purchased from an approved AADL vendor. Approved vendors include some home health care stores, pharmacies, home oxygen suppliers and hearing aid vendors. Some providers will deliver, encourage patient/caregiver to inquire with vendor.

### AADL Program Manuals:

<https://open.alberta.ca/dataset?tags=AADL+program>

### AADL Vendor lists:

<https://www.alberta.ca/aadl-approved-vendors-list.aspx>

To see a list of Calgary equipment vendors please go to Insite (AHS internal only) > Teams (then click more) > Allied Health - Calgary > Resources > General > Equipment Vendors List (or click these links for [Urban](#) Or [Rural](#))

## **AADL Authorizer:**

Not all providers are AADL authorizers. To find AADL authorizers use one of the following:

- Find an authorizer through the PCN network.
- If patient is a Palliative Home Care or Integrated Home Care patient: contact their current case manager.
- If request is related directly to cancer or cancer treatment, consider accessing Rehabilitation Oncology. Requires referral (see "[Rehabilitation Resources](#)" section)
- Calgary Community Aids for Independent Living (CCAIL)
  - Allied Health - Calgary | Insite ([albertahealthservices.ca](http://albertahealthservices.ca))
  - [Calgary Community Aids for Independent Living | Alberta Health Services](#) For information call: 403-955-6955. Fax referrals to: 403-776-3843
  - CCAIL is for those who do not qualify for other programs.
    - Cannot be on Home Care.
    - If patient has Treaty Status (should go on Non-Insured Health Benefits 1-800-232-7301)
    - Cannot reside in a long-term care facility (facility should arrange)
    - If patient lives outside the Calgary city limits, please contact Community Care Access to set up assessment (403-943-1920)
  - Patient can self-refer to CCAIL
  - CCAIL does not assess for all AADLs. Specific examples they can assess for:
    - Mobility/transfer aids (e.g., walkers, wheelchairs, bedrails, poles)
    - Bathroom equipment (e.g., raised toilet seats, commodes, shower seats, wall bars)
    - Compression stockings and back/hernia supports – Physician referral required
    - Incontinence supplies (e.g., briefs, pull-ups, liners, catheters)

Patient must confirm their insurance coverage options before arranging for an assessment. AADL will ask for this information.

## **Home Care Beds and Accessories:**

The recipient must be an Alberta resident with a valid Alberta Health Care Insurance Plan card and:

- Require equipment due to a long-term disability, chronic illness or terminal illness, and
- Spend 80% of their time in bed and/or are end-stage palliative.

Additional Information: [Alberta Aids to Daily Living lifters, homecare beds and accessories: policy & procedures manual \[Manual L\] - Open Government](#)

## **Wheelchair and Walking Aids:**

Vendors: <https://www.alberta.ca/aadl-approved-vendors-list.aspx>

Wheelchair Benefits manual: <https://open.alberta.ca/publications/aadl-program-manual-w>

**Canadian Red Cross:**

- The Canadian Red Cross has a short-term loan program that is FREE.
- Referral from a health care professional (RN/OT/PT/MD/Other) is required
- Individuals can receive aids such as wheelchairs, walkers, bath seats, benches, commodes and toilet seats, crutches and canes, bed handles and other durable medical equipment.
- Red Cross does not fit patients for devices, rather patients' needs should be determined by care team (OT/PT)
- Patient/family must call Red Cross to check for availability of item and to arrange pick up
- Remember to write "palliative" on the bottom of the form under "additional information".
- Equipment loans for patients are for 6 months and can be extended for another 3 months (maximum)

Referral Form: <https://insite.albertahealthservices.ca/Main/assets/tms/ahc/tms-ahc-redcross-loan-form.pdf#search=red%20cross%20equipment%20referral%20>

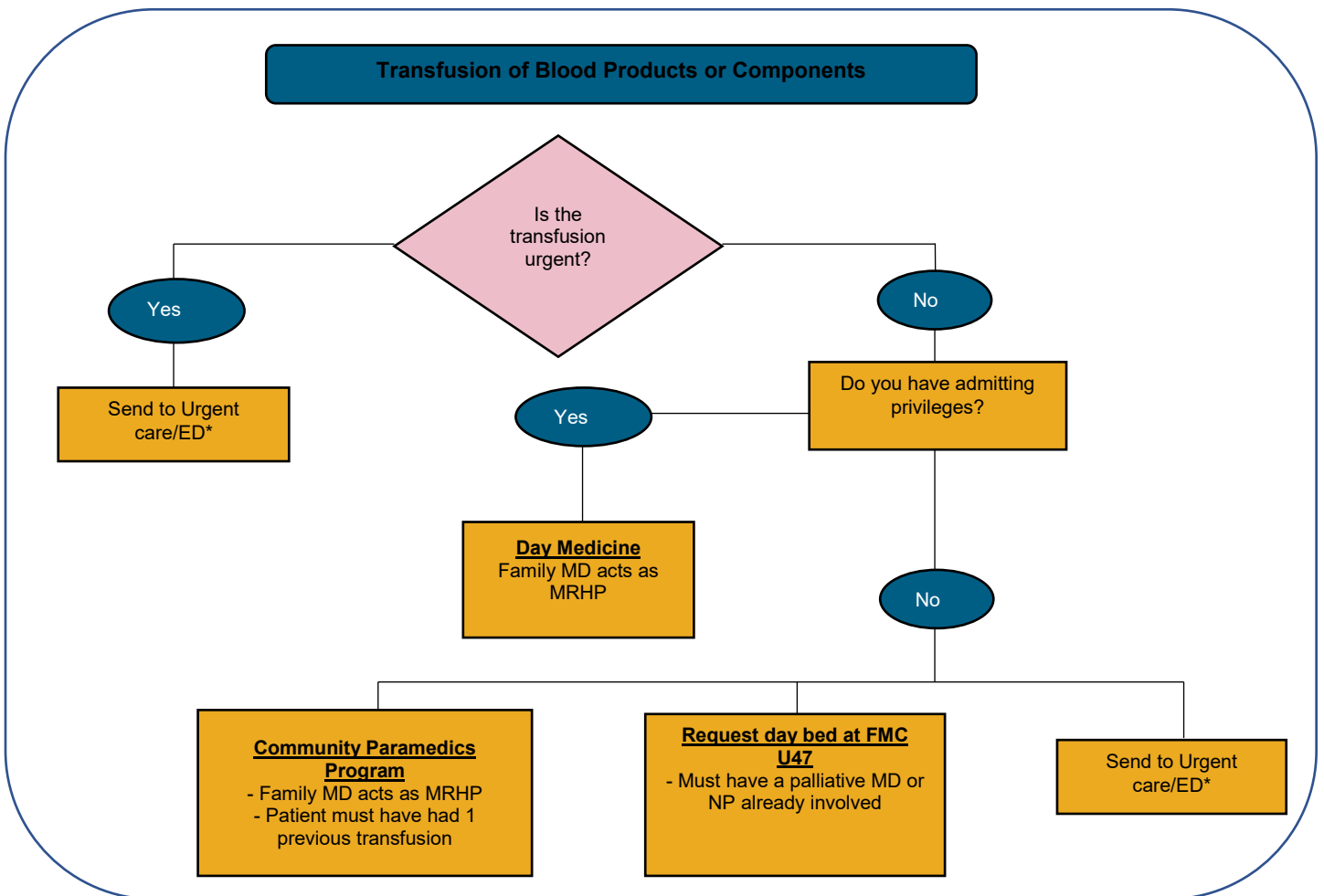
# Blood Transfusions

## Guiding Principles

Mild to moderate anemia may occur in the setting of advanced disease and is often asymptomatic. Low hemoglobin alone is not reason enough for transfusion. Symptoms, such as dyspnea, may have multifactorial causes and may not be due to low hemoglobin alone. Transfusions of blood products may offer symptom relief and improvement in a select group of palliative patients. A trial of blood transfusion should ideally demonstrate symptom relief (which would be documented), in order to continue transfusions. Transfusion is not usually recommended if the hemoglobin is greater than 79g/L, in stable patients who are not acutely bleeding or exhibiting distressing symptoms of anemia (i.e., SOB, tachycardia, etc.).

## End of Life Considerations

As the patient nears the last months to weeks of life, transfusions should continue only if they are of symptomatic benefit and align with the patient’s wishes and goals of care.



MRHP- Most Responsible Health Care Provider (i.e., listed as Attending on orders)

**\*If urgent and aligns with patients’ goals and wishes, send patient to emergency room\***

Note: For community patients, if patient has not had prior transfusion (not eligible for Community Paramedic program) and practitioner does not have privileges, options are:

- If not urgent, get Day Medicine privileges. For Family Medicine department (if Internal Medicine, Oncology, Radiology, etc. contact your respective departments):
  - Information on Insite (AHS internal web):  
<https://insite.albertahealthservices.ca/ma/Page6912.aspx>
  - Call Family Medicine 403-955-9227 or email [fm-appt@ahs.ca](mailto:fm-appt@ahs.ca) (\*Please be aware that the acquisition of Day Medicine privileges may take some weeks)
- If patient has a Palliative Consultant Physician or Nurse Practitioner involved, they may be able to arrange Day Medicine in Acute Care, or use of “Day Bed” on Unit 47 of the Foothills Medical Centre, if available
- If urgent: send patient to emergency room.

### **Day Medicine transfusion:**

Order requirements:

- Consent for transfusion - AHS policy requires signed documentation of consent for transfusion of blood products
- Order for blood component \*see below for suggestion\*
- Goals of Care Designation on referral form
- Type and Screen within 96hrs
  - “Pretransfusion testing requisition” can be found on the [www.albertaprecisionlabs.ca](http://www.albertaprecisionlabs.ca) website under “requisitions”
  - Or click this link: [www.albertahealthservices.ca/assets/wf/lab/if-lab-hp-cal-req9004tm.pdf](http://www.albertahealthservices.ca/assets/wf/lab/if-lab-hp-cal-req9004tm.pdf)
- Blood typing: need 2 previous blood typing results in the patient’s history within Alberta (If not, 2 draws can be done back-to-back)

\*Suggested order for blood component:

Component to be ordered (red blood cells, platelets, plasma), indication, quantity (# units), infusion time per unit (1 unit generally over 2-3hrs, maximum 4hrs). Include special requirements as required (e.g., irradiated, infuse via blood warmer, specially matched product).

*Example:* Packed Red Blood Cells for anemia, 2 units, each over 3 hours.

Include order for premedication if previous history of reaction (e.g., acetaminophen, diphenhydramine, hydrocortisone Na succinate). If furosemide is required, indicate if pre transfusion, between units or post transfusion.

## Contacts for Day Medicine:

Hospital	Phone	Fax
Foothills Medical Centre (FMC)	403-944-1436	403-944-4434
Peter Lougheed Centre	403-943-5722	403-943-4044
Rockyview General Hospital	403-943-3797	403-252-6382
South Health Campus	403-956-1270	403-956-1298

## Community Paramedic Program for transfusions:

- Visit [www.albertahealthservices.ca/ems/Page16487.aspx](http://www.albertahealthservices.ca/ems/Page16487.aspx) (Search community paramedics on AHS.ca)
- Contact information:  
<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1077401&serviceAtFacilityID=1120701t>
- OR search “Mobile Integrated Healthcare” on [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca)

To be considered eligible for this service:

- Live within the city limits
- Received previous transfusion(s) without serious complications.
  - At least two (2) transfusions within the previous 120 days without serious complications;  
or
  - More than four (4) transfusions within the previous year without serious complications;  
or
  - At the discretion of the transfusion medicine physician lead
- Be able to tolerate infusion rates between 90 – 120 minutes per unit of RBC
- The order must not exceed 2 units of RBCs and 1 dose of platelets.
- Transfusion orders can take 24-48hrs to process and must be received at least 24 hours prior to the requested transfusion date. The program only accepts 1 transfusion per day.
- CBC and type & screen, if applicable must be completed and interpreted within 96 hours of the requested transfusion date.
- For re-occurring transfusions, the requesting physician must submit a new referral for each transfusion request after reviewing a CBC drawn within 2 weeks.

Ordering:

- Required documents:
  1. Community Paramedic Referral Form
  2. Consent Form
  3. Blood Component / Product Requisition Form

Documents for in-home transfusions: [www.albertahealthservices.ca/ems/Page16487.aspx](http://www.albertahealthservices.ca/ems/Page16487.aspx)

All required documentation has been completed and faxed. Please call (using the number below) to confirm your faxed referral has been received and all necessary information is included.



### Community Paramedics

Phone	1-855-491-5868
Fax	403-776-3835
Email	communityparamedic@albertahealthservices.ca

## Calgary Allied Mobile Palliative Program (CAMPP)

CAMPP is a palliative care program that seeks to bridge complex care, harm reduction and palliative care to address the suffering of homeless, and unstably housed, individuals with complex medical conditions, multiple co-morbidities, and significant barriers to care who are living in Calgary.

### Services Provided:

- Uses a case management approach to build relationships with patients, meeting patients wherever they are in the community
- Facilitates connections between patient and community supports to ensure they receive the care that best meets their needs and wishes (e.g., Home Care, primary care, housing, income support, mental health & addictions services)
- Focus on palliative care, assistance with end-of-life (EOL) planning, establishing goals of care, and advocating for adherence to each patient's documented wishes
- CAMPP physicians make recommendations to primary care providers regarding complex pain and symptom management issues

\*NOTE: CAMPP DOES NOT ASSUME PRIMARY CARE\*

### Eligibility:

Available to low-income people who are:

- Homeless or vulnerably housed, and
- Living with a terminal illness, and
- Dealing with deficits in the social determinants of health that result in personal, institutional, and societal barriers to accessing care.

### To refer:

All referrals to CAMPP are processed through Connect2Care (C2C) via CUPS Calgary. Please call C2C (listed below) for referral form.

About C2C: Intensive case management team who sees medically complex individuals who have 6 or more ED presentations in a year and are experiencing homelessness. The team addresses the social and medical complexities by connecting individuals to primary care and other necessary community resources to try to prevent unnecessary hospital presentations.

C2C and CAMPP	
Address	1001, 10 Avenue SW Calgary, AB T2R 0B7
CAMPP Phone	403-472-4479
C2C Phone	403-400-7454
Nurse Coordinator, Dan Grover	<a href="mailto:DanG@cupscalgary.com">DanG@cupscalgary.com</a>
Website	<a href="http://cupscalgary.com/">http://cupscalgary.com/</a>

## Food/Meals

### Inform Alberta

An online list of services is available through the Inform Alberta database. The list will be maintained through a partnership between Nutrition Services and 211®.

- Meal Delivery and Grocery Shopping -  
<https://informalberta.ca/public/common/viewSublist.do?cartId=1019709>
- Food Banks and Hampers -  
<https://informalberta.ca/public/common/viewSublist.do?cartId=1019704>
- Meals for Individuals in Need -  
<https://informalberta.ca/public/common/viewSublist.do?cartId=1019705>

### Kerby Center

Offers activities, programs and service specifically for seniors 55+. For a full list of directors refer to [Calgary Seniors Directory of Services \(kerbycentre.com\)](http://www.kerbycentre.com)

Kerby Center	
Phone	403-234-6571
Email	<a href="http://www.kerbycentre.com">www.kerbycentre.com</a>

### Preparing Meals with Others and In Home Meal Preparation

There are services in the community that assist with meal assembly and services that prepare meals in the home. For the most up to date listings, please refer to transition services, dietitian or social work.

#### Meal Delivery

There are many local private companies and programs that deliver ready-made meals. For the most up to date listing, families can search online, search InformAlberta.ca, or visit [www.kerbycentre.com](http://www.kerbycentre.com).

#### For Grocery Delivery

Most major grocery stores offer delivery. Inquire for cost and method. Some allow for online ordering and delivery, while some will deliver what was purchased in store.

For seniors aged 55+, the Kerby center has a list of services available.

#### Emergency Food

These services provide food at no cost:

- [www.InformAlberta.ca](http://www.InformAlberta.ca) - the directory is titled "[Food Banks and Hampers](#)"
- Calgary Food Bank - Various depots around the city

Calgary Food Bank	
Phone	403-253-2059 or 403-253-2055
Website	<a href="http://www.calgaryfoodbank.com">www.calgaryfoodbank.com</a>

1 hamper= 1 week of groceries

- Community Resource Centres may also help; to find search [InformAlberta.ca](http://InformAlberta.ca) or visit <https://www.frfp.ca/parents-resources/community-resources/community-resources-centres.htm>

## Hospice

Hospice care is a specialized service that provides 24/7 palliative care to those nearing the end of life. Services are provided through 7 contracted providers through the greater Calgary area. There are 114 hospice beds in total. Patients will be asked to identify at least 3 hospices for their preference of placement. All choices are given equal ranking in the bed matching system (i.e., no 1<sup>st</sup> choice). Certain conditions/requirements (i.e., ALS) may require the hospice to be matched to the patient to ensure their needs are best met. Once a patient is accepted to hospice, they are not transferred to another hospice.

Please note that the patient's family doctor will not be automatically informed about the hospice referral nor of the patient's death. If the patient/family wants their physician to participate in their care while in hospice, they need to tell their family doctor to contact the Medical Director at the hospice to which they are admitted. Collaborative visits to see their patients at hospice are welcomed after discussion with the hospice medical director.

### **Referral Criteria:**

- Patient must be assessed for hospice by a palliative consultant, palliative home care coordinator, rural home care coordinator (in consultation with a rural palliative consultant), or IPCU physician
- Goals of Care Designation "C1" or "C2"
- Patient has life-limiting illness with estimated prognosis of 3 months or less
- Patient has extensive evidence of disease and a demonstrated rate of deterioration of weeks to days
- The patient and/or designated decision maker is agreeable to no further aggressive or invasive treatment intended to cure disease
- Palliative Performance Scale (PPS) score of 40% or less
- Patient has care needs that are not able to be met in their current location of care
- Patient has a valid Alberta Health Care Number
- Any exceptions must be discussed with the Manager, Hospice Operations/Hospice Access-Calgary Zone (phone number listed below)

### **Hospice cannot accept patients with:**

- An anticipated risk for wandering or elopement
- Vacuum Assisted Closure (VAC) dressings
- Oxygen needs >14L OR oxygen via secondary devices such as Optiflow
- Continuous suction
- IV medication or IV hydration
- Airborne isolation precautions

### **Other Considerations:**

- Rosedale Hospice only accepts patients with a primary diagnosis of cancer
- Patients with an epidural/intrathecal catheter can only go to Agape Hospice
- Smoking: Hospices cannot help patients to smoke or take them to designated smoking areas and on-site smoking areas vary per hospice

- Patients with bariatric care needs can only be accommodated at some sites due to staffing and equipment resource limitations
- The patient will need 3 days' worth of supplies and medication as hospices only have limited ward stock but can arrange for delivery of supplies when given enough notice.

**Costs:**

- There is no daily accommodation fee
- Oxygen equipment and oxygen are provided by home oxygen companies
  - Individuals are responsible for the cost of their oxygen and supplies - [AADL](#) may cover all or most of these costs (see [Palliative Oxygen](#) for more information)
- Pharmacy services are provided by contracted community pharmacies
  - [Alberta Blue Cross Palliative Coverage Plan](#): As of March 2020, there is no co-pay
    - Some items are not covered by this program, such as injection and infusion equipment/supplies, tenckhoff supplies, some medications and pharmacy dispensing fees
    - Diabetic supplies can be covered by [AADL](#); Insulin can be covered by the Palliative Coverage Plan
    - Note that opioids cannot be taken from [Acute Care](#) to Hospice (Federal Pharmacy Regulations) - hospice needs to know opioid orders in advance to ensure an adequate supply of required medication is available.
- Hospice does not provide physiotherapy, occupational therapy or recreational therapy
  - Patients would be responsible for any costs of complementary therapies.

	Contact
Hospice Access Office	403-944-1614
Calgary Zone Hospice webpage	<a href="https://www.ahs.ca/info/Page13766.aspx">https://www.ahs.ca/info/Page13766.aspx</a>
Hospice Brochure	<a href="http://www.albertahealthservices.ca/assets/info/peolc/if-peolc-cal-hospice-care.pdf">www.albertahealthservices.ca/assets/info/peolc/if-peolc-cal-hospice-care.pdf</a>

## Indigenous Health in Advanced Cancer

### Preparing the Spirit

- When a cure is not possible, suggest patient speaks to a traditional healer or Elder for emotional and spiritual support
- While Indigenous cultures each have different beliefs and rituals, many traditional beliefs see death as a time of “transition,” a time to prepare where death is not an ‘end’ but a normal part of the ‘circle of life’
- Think creatively and be open. Consider that your patient may not feel safe disclosing that they want to, or are, using traditional medicine. Many have experienced being denied traditional medicine by western health care providers.

From [Guide to Cancer Care in Alberta for Newly Diagnosed Indigenous People](#)

### Resources for Indigenous Cancer Health

Patients can self-refer and explore resources at [www.albertahealthservices.ca/cancer](http://www.albertahealthservices.ca/cancer) -

Click on “Patients & Families” > “Just Diagnosed” > [Indigenous Cancer Health](#)

- [Guide to Cancer Care in Alberta for Newly Diagnosed Indigenous People](#)

### Cancer Care Alberta Indigenous Cancer Patient Navigator

Calgary – Tom Baker Cancer Centre	Edmonton – Cross Cancer Institute
Arrow BigSmoke	Kelsey Salpeter
Email: <a href="mailto:Arrow-Lena.BigSmoke@ahs.ca">Arrow-Lena.BigSmoke@ahs.ca</a>	Email: <a href="mailto:Kelsey.Salpeter@ahs.ca">Kelsey.Salpeter@ahs.ca</a>
Phone: 403-369-7336	Phone: 780-432-8747

### Living My Culture

- Indigenous Voices Stories of Serious Illness and Grief developed by Indigenous people for Indigenous people (video Series).
- [www.livingmyculture.ca](http://www.livingmyculture.ca)

### Indigenous Cancer Care Experiences

- Funded by the Canadian Partnership Against Cancer to support Indigenous cancer patients and families in culturally appropriate ways (video series).
- <https://myhealth.alberta.ca/alberta/indigenous-cancer-care>

### AHS Indigenous Health Program

Indigenous Health: <https://www.albertahealthservices.ca/info/Page11949.aspx>

Indigenous Health Related Links <https://www.albertahealthservices.ca/info/page7633.aspx>

### AHS Indigenous Hospital Liaison/Cultural Helper Services, Services by Zone

[www.ahs.ca](http://www.ahs.ca) Click on “Information For” > Indigenous Health > Services by zone:

<https://www.albertahealthservices.ca/info/page7628.aspx>

### Indigenous Health Program in each zone:

Calgary	Phone: 403-943-1211	Fax: 403-943-2877
Edmonton	Phone: 780-735-5326	Fax: 789-735-5012

Email	<a href="mailto:Indigenoushealthprogram@ahs.ca">Indigenoushealthprogram@ahs.ca</a>
Website	<a href="https://www.albertahealthservices.ca/info/Page11949.aspx">https://www.albertahealthservices.ca/info/Page11949.aspx</a>

### AHS Indigenous Health Senior Advisor

Zone	Name	Email	Phone #
North	Shannon Dunfield	shannon.dunfield@ahs.ca	780-402-8164
Edmonton	Mike Sutherland	mike.sutherland@ahs.ca	780-991-1533
Central	Tracy Lee	tracy.lee@ahs.ca	780-312-5676
Calgary	Shelley Goforth	shelley.goforth@ahs.ca	403-943-2925
South	Chelsea Crowshoe	chelsea.crowshoe@ahs.ca	403-943-0212

### Other Services:

Service	Phone
Health Canada First Nations and Inuit Hope for Wellness Help Line – (24-hour toll-free Mental Wellness Help Line. Provides counselling in English, French, and upon request, Cree, Ojibway and Inuktitut)	1-855-242-3310
Distress Centre	430-266-4357
Indigenous Mental Health	430-955-6645

### City of Calgary Aboriginal Services Guide

- Very comprehensive, includes contacts for community health services
- Call 211 in Calgary for help or access the booklet online: [https://www.sisn.ca/wp-content/uploads/2019/05/aboriginal\\_services\\_guide-2015-16-1.pdf](https://www.sisn.ca/wp-content/uploads/2019/05/aboriginal_services_guide-2015-16-1.pdf)

### City of Edmonton Indigenous Edmonton Directory

- Call 311 for questions about a City Service or Program
- Indigenous Edmonton Directory: [https://www.edmonton.ca/city\\_government/documents/PDF/IRO-Directory.pdf](https://www.edmonton.ca/city_government/documents/PDF/IRO-Directory.pdf)
- Welcome to Edmonton Aboriginal Guide: [https://www.edmonton.ca/city\\_government/documents/PDF/01\\_26\\_12\\_booklet\\_AboriginalWelcome-Guide.pdf](https://www.edmonton.ca/city_government/documents/PDF/01_26_12_booklet_AboriginalWelcome-Guide.pdf)

### Indigenous Virtual health clinic

- Indigenous people in Alberta can see a doctor and some specialists, including palliative care, through their phone or computer via the Virtual health clinic. <https://aivcc.ca>

### Community Based (On-Reserve & Metis Settlements)

Health Canada works with Indigenous communities to develop home and community-based services with community health nurses and home care workers in each of the 46 First Nations. For First Nations and Métis communities, home care services vary greatly in their availability due to funding and geographic location. Patients should contact the local Health Centre to learn about which services are available.

If you are unsure what services the patient can receive (through Reserve or AHS), please contact home care as a starting point and they can help direct. Home care contact numbers are available on the “[Referral Based Services](#)” document. Referrals to home care can be via provider or patient self-referral.

#### Métis Settlements:

- For persons living on a Métis Settlement, as with patients residing in other areas of the province, home care is authorized by AHS and services are provided by AHS staff or contracted providers recognizing that due to the rural and remote locations of the Settlements, home care availability may be limited
- Self-managed care is a service delivery option that provides personal support and informal caregiver respite for people who have unmet health needs (i.e., when an elder is living at home and being cared for by family members)
  - The patient needs to be assessed by an AHS home care case manager to determine their unmet needs and home care eligibility
  - If it is an appropriate option, the patient enters a contract with AHS who provides funding, and the patient is responsible for contracting or employing their own care provider
  - In certain exceptional circumstances, and only with AHS approval, the patient may be able to hire a family member as their care provider

#### First Nations On-Reserve:

Home Care services are provided through Indigenous Services Canada. Funding is provided to First Nations, who are then responsible for ensuring that the mandatory service elements are met, such as the hiring of a registered nurse.

- Visit: <https://www.sac-isc.gc.ca/eng/1581895601263/1581895825373>

#### First Nations Community Health Centres

Search [www.InformAlberta.ca](http://www.InformAlberta.ca) for “[First Nations Community Health Centres](#)” for a listing of all Alberta locations with hours and phone numbers

### **Non-Insured Health Benefits**

The Non-Insured Health Benefits (NIHB) Program of the Department of Indigenous Services Canada provides patients (registered First Nations and recognized Inuit) with coverage for a range of health benefits, including prescription drugs and over-the-counter medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access health services not available locally. These benefits complement provincial and territorial health care programs, such as physician and hospital care, as well as other First Nations and Inuit community-based programs and services. It can be complex and take time to navigate.

#### Who is eligible?

An eligible patient must be a resident of Canada and any of the following:

- a First Nations person who is registered under the *Indian Act* (commonly referred to as a [status Indian](#))
- an Inuk recognized by an Inuit land claim organization



- a child less than 18 months old whose parent is a registered First Nations person or a recognized Inuk

For some patients, a self-government, or First Nations or Inuit health authority may be responsible for providing health benefits.

NIHB General Inquiries	Phone
Dental	1-855-618-6291
Pharmacy	1-800-580-0950
Medical Transportation	1-780-495-2708 or 1-800-514-7106
General NIHB Inquiries	1 780-495-2694 or 1-800-232-7301

Website: <https://www.canada.ca/en/services/health/aboriginal-health.html>

## Legal and Financial Issues

### Kerby Centre

- Multiple services and resources for individuals 55 years of age and older, including:
  - Volunteer lawyers who provide legal advice
    - There is no charge for the initial meeting
    - Follow-up services may be billed
  - Commissioner for Oaths to witness documents
  - Workshops for wills and personal directives
  - An appointment is required

[www.Kerbycentre.com](http://www.Kerbycentre.com)

### Calgary Legal Guidance

- Provides free legal assistance, information, and advocacy to individuals experiencing financial hardship who need legal services and representation
- Calgary Legal Guidance is one of six legal clinics in Alberta that are available to provide legal help

<http://clg.ab.ca/>

### Financial Concerns

Always consider a referral to social work to assist patients and their family/caregiver navigate financial issues. There are limited funds that may be available for low-income cancer patients. When referring to social work, please include in the referral that the issue is for “financial concerns”. If the patient is already followed by a non-TBCC social worker, please have them contact a TBCC social worker.

- Costs associated with pharmacy preparation of injectable medications, or liquids drawn up in syringe are NOT covered
- Supplies for dressings (including certain procedural dressings, i.e., paracentesis) are not covered
- See Community Resource Center for “Financial Support”

<http://fcrs.ahs.ca/community-links/>

### Disability Tax Credit (DTC)

Helps reduce the amount of income tax a patient may have to pay. Being eligible for the Disability Tax Credit can open the door to other federal, provincial, or territorial programs such as the Registered Disability Savings Plan, the Working Income Tax Benefit, and the Child Disability Benefit. If someone is already low income prior to disability, it may have less effect.

In all cases, the impairment must be prolonged. Also, the person must meet one of the following criteria:

- Is blind
- Is significantly restricted in two or more of the basic activities of daily living (can include a vision impairment)
- Needs life-sustaining therapy
- The therapy is needed to support a vital function, even if it eases the symptoms

- The therapy is needed at least 3 times per week, for an average of at least 14 hours a week
- Is markedly restricted in at least one of the basic activities of daily living. They are unable, or take an inordinate amount of time, to do one or more of the basic activities of daily living, even with therapy (other than life-sustaining therapy) and the use of appropriate devices and medication. This restriction must be present all or substantially all the time (at least 90% of the time)

"Inordinate amount of time" This is a clinical judgment made by a medical practitioner who observes a recognizable difference in the time it takes a patient to do an activity. Usually, this equals three times the average time needed to complete the activity by a person of the same age who does not have the impairment.

- Patients may qualify for partial benefits. People who are over the age of 18 and who care for someone with a physical or mental impairment also may qualify
- In order to qualify for the Disability Tax Credit, the disability or impairment must have been diagnosed and present for the past 12 months OR the disability or impairment must be expected to last for at least 12 months
- Part B which is multiple pages of detail which are required regarding the effects of impairment on activities of daily living, must be completed out by a medical practitioner (MD or NP)
- Using terms such as "palliative", "incurable" and "terminal prognosis" in the effects of impairment section generally will get the credit approved
- The ORIGINAL COPY must be sent in and please remind the patient of this

### **Canada Pension Plan Disability Benefit (CPP-D)**

- There is a condensed version of the form for individuals with a terminal illness. See the following website and select PDF link for most current form (select form B):

<https://catalogue.servicecanada.gc.ca/content/EForms/en/Detail.html?Form=ISP2530B>

- The applicant must be under the age of 65 and must have contributed to the CPP in:
  - four of the last six years; or
  - three of the last six years if they have contributed for at least 25 years
- An MD filling out the form can get \$85 from the government but an invoice must be filled out. If social work is assisting, the MD may give the social worker the invoice to submit with the claim
- Please remind the patient that the ORIGINAL COPY must be sent in as CCP-D will not be processed without the signature of the physician
- Benefit: The following are monthly maximums (as of 2018):
  - Disability benefit maximum of \$1,335.83
  - Children of disabled CPP contributor's maximum \$244.64

### **Protected Leaves**

- Critical Illness leaves
- Compassionate care leave

<https://www.alberta.ca/job-protected-leaves.aspx>

## Important Information:

- Employees are eligible for either critical illness leave or compassionate care leave if they have been employed at least 90 days with the same employer
- Eligible employees who provide a medical certificate can take time off work for leave without risk of losing their job.
- Employers must grant critical illness and compassionate care leave to eligible employees and give them their same, or equivalent, job back after they return to work.

Employees on critical illness and compassionate care leave are continuously employed, for the purposes of calculating years of service.

## Family Caregiver Benefits and Compassionate Care Employment Insurance Benefits

Benefits provide financial assistance to eligible caregivers providing care or support to a person who has a serious medical condition.

- May be beneficial to apply for Family caregiver benefits for adults for up to 16 weeks prior to applying for Compassionate care benefits for up to 27 weeks (total of 43 weeks).
- Once applied and approved for Compassionate care benefits you cannot apply for Family caregiver benefits.

<https://www.canada.ca/en/services/benefits/ei/caregiving.html>

As a medical doctor or nurse practitioner, you may be asked to complete a medical certificate to support a caregiver's application for benefits. On this certificate you must indicate whether the patient is critically ill or injured or has a serious medical condition with a significant risk of death within 26 weeks. A caregiver who intends to apply for benefits must submit this medical certificate and the Authorization to release a medical certificate to Service Canada.

Information for medical professionals about the benefit is found here:

<https://www.canada.ca/en/services/benefits/ei/caregiving/individuals-medical-professionals.html>

## Calgary Zone Rural Palliative Care In-Home Funding Program:

The Calgary Zone Rural Palliative Care In-Home Funding Program enables patients with palliative conditions who live in rural Calgary Zone to be supported to stay at home when desired and when they require additional care beyond existing services. In collaboration with patients and their families, the rural palliative and home care teams will identify, and authorize the amount and level of additional care that is needed. Patients/families will then arrange the additional care they need and will be supported in navigating the care and payment reimbursement processes.

All inquiries can be sent to:

Calgary Zone Rural Palliative Care In-Home Funding Program	
Email	<a href="mailto:CRPHF@ahs.ca">CRPHF@ahs.ca</a>
Phone	(403) 943-1142

## Mobile Collection Service (MCS)

Mobile Collection Service (MCS) is a non-emergent care service that is available to support needs of medically home bound patients (those who are unable to leave their homes or attend appointments). This is often a temporary solution, and the service will be discontinued once the patient's mobility has improved such that he or she is able to travel to a collection site.

This service is now managed by Alberta Precision Laboratories (APL).

Mobile Collection Services Information	
Alberta Precision Laboratories	<a href="http://albertaprecisionlabs.ca">albertaprecisionlabs.ca</a>
Alberta Health Services	<a href="https://www.albertahealthservices.ca/lab/Page15888.aspx">https://www.albertahealthservices.ca/lab/Page15888.aspx</a>

Home collections may be requested only by an attending physician, or nurse practitioner. Reassessment of eligibility may be initiated by the Mobile Collection Office when an improvement in the patient's condition is observed.

### Who is Eligible?

To be considered eligible for this service, a patient must meet at least one of the following criteria and indication **MUST BE INDICATED ON THE REQUISITION FORM.**

- Patient has had recent hospitalization and/or surgery that temporarily restricts their travel outside the home
- Patient has an ongoing medical restriction and is unable to attend appointments or other activities outside the home
- Patient resides in a secured or safe living environment e.g., Remand Centre, Dementia Unit

### Who is Not Eligible?

- Patient is a resident in a supportive or assisted living facility and participates in group activities such as shopping and social outings.
- Patient's mobility has improved. Patient participates in shopping or banking excursions, or in going for long walks
- Patient arranges transportation for activities such as shopping, banking, hair appointments
- Patient has indicated he/she will return to work or has returned to work
- Patient can drive a motor vehicle

Originating order requires a MCS Requisition form (link below) to be completed and faxed to the MCS Office. Once a mobile patient file is established, any changes to the original order must be made by faxing the MCS Office

Mobile Collection Service Office	
Hours	Monday to Friday, 7:00 am to 4:00 pm
Phone	403-770-3351
Fax	403-777-5222
Form	<a href="https://www.albertahealthservices.ca/frm-20884.pdf">https://www.albertahealthservices.ca/frm-20884.pdf</a>

## Ordering Guidelines

MCS collects from patients based on where they live (e.g., city quadrants, neighbourhoods). You must confirm the patient's current address as the Electronic Medical Record (Clinibase) information may be out of date. Early palliative care patients may move locations if different family members are providing care, so it is important to confirm the address where the patient will be when the specimen is collected

- First time order mobile collections (but not brand new provider):
  - Fill in "First" and "Last" name and location/address (NOT generic location as these results will be sent back to that location). No need to complete the sections: CC Provider ID, CC Submitter ID, or Legacy ID. This is for Connect Care only
  - To make changes to the way results are delivered to you connect with the Client Interface Team (CIT)
  - For general inquiries call the Lab Information Center (LIC)
  - MCS does not use Clinibase patient numbers, so results will not show up in SCM. Results will be available in NetCare

Client Interface Team & Lab Information Centre Contacts	
Client Interface Team (CIT) – to make changes to the way results are delivered to you	403-770-3959
Lab Information Centre (LIC) – general inquiries	403-770-3600 (24/7)

- New Providers (have never ordered labs before, including in hospital): Refer to ["https://www.albertaprecisionlabs.ca/hp/Page13842.aspx"](https://www.albertaprecisionlabs.ca/hp/Page13842.aspx) on the Alberta Precision Laboratories website to set up your client (provider) information; OR call Data Integrity Team 403-770-3235 for more information

## Priority collections (including ECGs)

Must be ordered by a physician and only be requested when it immediately affects patient care. Priority collections are based on availability that day and never guaranteed

To be eligible for a priority or same day collection, STAT requests must be called into the appropriate office by 1200. Requisitions must be faxed and called in:

ECG *Priority Interpretations* are available for patients requiring an urgent report during regular business hours and will be available within 2-3 hours from the time the ECG is sent electronically. Requests for preliminary copies of electronic ECGs can be made to APL Information Centre (403-770-3600)

- Orders for future recurring collections will NOT be treated as priority collection
- Routine orders will be scheduled on patient's next designated collection day
- To assure integrity of the specimens prior to analysis and to comply with the laboratory standards of the Alberta College of Physicians and Surgeons, some tests are not available for collection by Mobile Collection Service.
- Refer to the test directory at: [www.albertaprecisionlabs.ca/hp/Page13794.aspx](http://www.albertaprecisionlabs.ca/hp/Page13794.aspx) to determine if test can be collected by Mobile Collection Service.

## Frequency and Duration of Service

The duration of a recurring order depends on the frequency requested. When an order is about to expire, this will be indicated on the patient report.

Priority Collection Information	
Monday to Friday	403-770-3351 (0700 – 1200)
Saturday, Sunday and Holidays	403-770-3600 (0700 – 1200)

Frequency of service	Maximum duration of service
Once only	
Daily	5 weekdays (Monday - Friday)
2 times per week	2 weeks (Monday and Thursday or Tuesday and Friday)
3 times per week	2 weeks (Monday, Wednesday and Friday)
Weekly	3 months
Every 2 weeks	6 months
Every 4 weeks	1 year
Every 3 months	1 year

Subject to physician request, reviews for extended service will be considered.

### Lab Results:

Call APL information 403-770-3600 or check NetCare <http://www.albertanetcare.ca>

## Oncology and Sexuality, Intimacy & Survivorship (OASIS)

OASIS phone lines (for providers and patients)	
South	403-355-3246
North	780-432-8260

### OASIS Clinic:

The OASIS program offers clinical services and education for people who have cancer and helps support people with cancer to adjust to sexual changes. The OASIS information helps people with cancer learn how treatment may affect the body, mind, and relationships in relation to sexuality. It will help people learn about:

- changes they might have
- ways to manage challenges
- ways to stay sexually active

**Patient Workshops:**\_(Call OASIS to register, numbers listed above)

<b>The Lowdown on Down There</b>	A one-time class about vaginal health following cancer and treatment
<b>Androgen Deprivation Therapy</b>	A one-time class on Androgen Deprivation Therapy (hormone therapy) for men with prostate cancer
<b>Life after Prostate Cancer</b>	A series of talks on nutrition, exercise, pelvic floor physiotherapy, and psychology and sexuality

### Patient Consults/Counselling:

Patients can be referred to psychosocial (TBCC and CCI) or rehabilitation (CCI only) clinicians for education, assessment, and consults/counselling to address cancer-related sexual health concerns. Services available across the province may depend on staff availability and capacity. For information and to discuss referral, providers and patients can contact the North or South OASIS phone lines.

### Sexual Health Consultants:

Two sexual health consultant positions (North and South) are currently being created within Supportive Care portfolios, to address the need for oncology-specific sexual health education, consultation/counselling, and program development. These positions will work closely with medical and supportive care providers within CCA, and community services provincially.

### Patient Educational Resources:

Visit [www.myhealth.alberta.ca/cancer-and-sexuality](http://www.myhealth.alberta.ca/cancer-and-sexuality) for materials including:

- Fertility and You
- Sexual Health Information for Men with Cancer
- Loss of Sexual Desire: 10 tips to maintain sexual activity



## Palliative Coverage Program (“Palliative Blue Cross”)

The Palliative Coverage Program is intended for patients with a life limiting illness, and who are receiving a palliative approach to care. This program provides subsidized benefits to Albertans who are diagnosed as palliative\* and remain in their home or in a hospice where access to publicly funded drugs, diabetic supplies and ambulance services are not included.

- Provides access to supplementary health benefits that provide coverage for health-related services not covered by the Alberta Health Care Insurance Plan (AHCIP)
- Alberta Blue Cross administers the Palliative Coverage Program on behalf of Alberta Health. There are no premiums to pay
- Excludes patients who live in residences that provide publicly funded drugs, diabetic supplies and ambulance services. These residences include long-term care facilities, acute care hospitals and psychiatric hospitals

**\*Definition (As stated by Alberta Health)** – Palliative refers to patients who have been diagnosed by a physician or nurse practitioner as being in the end stage of a terminal illness or disease, are aware of their diagnosis, have made a voluntary informed decision related to resuscitation, and for whom the focus of care is palliation and not treatment aimed at a cure.

### Application:

- The application form must be completed and signed by the patient, or guardian, and a physician or nurse practitioner
- The patient or guardian will receive written notification from Alberta Health regarding acceptance into the program and once accepted coverage claims are administered by Alberta Blue Cross
- The physician or nurse practitioner determines the effective date of coverage, and this date must not be more than 30 days prior to the date Alberta Health receives the application
- The coverage will continue as long as the patient is diagnosed as being palliative

### Eligibility:

- Resident of Alberta
- Currently registered with the Alberta Health Care Insurance Plan (AHCIP) and have not opted out of AHCIP
- Are not receiving publicly funded drugs as part of the care they are receiving (i.e., acute care hospital)
- Are in the end-stage of a diagnosed terminal illness/disease
- Are aware of their diagnosis and prognosis
- Have made a voluntary informed decision related to resuscitation, and where the focus of care is palliation and not treatment aimed at cure

## Palliative versus Seniors Coverage:

Seniors Blue Cross	Palliative Blue Cross
Is for age 65 and older	Resident of Alberta, any age, with a terminal illness/disease
Patients have a co-pay, and this is not capped.	No co-pay (As of March 2020)
<u>Fentanyl</u> : must have tried at least two discrete courses of therapy with <u>two</u> of the following agents: morphine, hydromorphone or oxycodone, if not contraindicated. (Private coverage may be different)	<u>Fentanyl</u> : Covered

<b>For FENTANYL PATCH requests</b> Patients must have tried at least <u>two discrete courses</u> * of therapy with <u>two</u> of the required agents: morphine, hydromorphone and oxycodone.  * A <i>discrete course</i> is defined as a separate treatment course, which may involve more than one agent used at one time to manage the patient's condition.	<b>Treatment course 1</b> MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug) <input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____ <input type="checkbox"/> oxycodone _____ <input type="checkbox"/> other (specify) _____
	<b>Treatment course 2</b> MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug) <input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____ <input type="checkbox"/> oxycodone _____ <input type="checkbox"/> other (specify) _____
<b>For FENTANYL INJECTION requests</b>	<b>Previous</b> MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug) <input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____
<b>If patient is unable to swallow, please provide information regarding <u>specific reasons</u> patient is unable take oral medications</b>	

## Palliative Blue Cross Coverage Benefits:

Link to Palliative Care health benefits including application forms:

<https://www.alberta.ca/palliative-care-health-benefits.aspx>

If you are using a hard copy application for Palliative Blue Cross coverage, please ensure that it is the most recent version (2020) from this link.

### Medications:

- Effective March 1, 2020, there is NO co-payment for eligible prescriptions. \*SUBJECT TO CHANGE\*
- Payment is only for the Pharmacy dispensing fee
- Palliative Coverage Drug Benefit Program does not cover medications not listed in the Alberta Drug Benefit List (ADBL) or the Palliative Coverage Drug Benefit Supplement
- A prescription is required for coverage (including laxatives, if on the ADBL)
- Patients will be responsible for additional costs if:
  - your drug is not listed in the ADBL, or the Palliative Coverage Drug Benefit Supplement, or
  - you want a more expensive brand of drug than the least cost alternative, maximum allowable cost product or generic product, or
  - the brand of drug you want costs more than the maximum cost set by the Alberta government for that drug, and

- Palliative Drug coverage includes, but are not limited to:
  - fentanyl (patch and injectable)
  - specific laxatives (if prescribed) and
  - solutions for hydration therapy
- For a full list of medications covered visit the Alberta Drug Benefit List visit:
  - Palliative Coverage Drug Benefit Supplement document – April 1, 2020:

[www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf](http://www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf)

- Interactive Drug Benefit List:

[www.ab.bluecross.ca/dbl/publications.php](http://www.ab.bluecross.ca/dbl/publications.php)

## **Octreotide**

Requires special authorization. Given that coverage *does not extend* to malignant bowel obstruction, many patients will require additional insurance coverage (e.g., palliative and/or private) to afford this medication. The following is the current coverage:

"For control of symptoms in patients with metastatic carcinoid and vasoactive intestinal peptide-secreting tumors (VIPomas) when prescribed by or in consultation with a Specialist in Internal Medicine, Palliative Care or General Surgery."

"For the treatment of intractable diarrhea which has not responded to less costly therapy [e.g., associated with (secondary to) AIDS, intra-abdominal fistulas, short bowel syndrome]. Treatment for these indications must be prescribed by or in consultation with a specialist in Internal Medicine, Palliative Care, or General Surgery."

At present, while octreotide for MBO is not specifically covered you can attempt to submit for coverage. Try these tips:

- Under diagnosis state: "Malignant bowel obstruction due to metastatic cancer"
- Under previous medications: specify the patient did not have a beneficial response with previous medications (and list them)
- If appropriate include if the patient is not a surgical candidate
- If the patient has been stabilized on octreotide in hospital, include that information and any previous medications tried
- Include symptoms, if appropriate, such as intractable nausea and vomiting due to the obstruction
- Describe which specialist has been consulted in determining the need for octreotide
- For Palliative Care specialist: Under additional information state that the physician signing is a "Palliative Care specialist"

## **Drug alternatives for malignant bowel obstruction:**

Refer to "Bowel Obstruction in Advanced Cancer" tip sheet at [www.ahs.ca/GURU](http://www.ahs.ca/GURU) > Symptom Management > Symptom Management Summaries. Consider a palliative consult.

## Diabetic Supplies

- For insulin-treated diabetics, the program will cover supplies purchased from a licensed pharmacy. Diabetic supplies include needles, syringes, lancets and urine or blood-glucose testing strips
- Up to a maximum of \$600 per eligible person each benefit year (July 1 – June 30). There is no co-pay for eligible diabetic supplies

## Ambulance Services

- Ambulance services are covered to the maximum rate established by Alberta Health for treatment, and transportation to and from a public, general, or active treatment hospital in the event of illness or injury. Transportation must be provided in a ground vehicle licensed under the *Emergency Health Services Act* and regulations [www.alberta.ca/ambulance-and-emergency-health-services.aspx](http://www.alberta.ca/ambulance-and-emergency-health-services.aspx)
  - Palliative Coverage Program covers transport to hospice and if the patient was not on the Palliative Coverage Program at time of transport to hospice, please contact the social worker at the hospice to inquire about reimbursement

## What is not covered:

- Infusion and injection equipment and supplies (IV lines, subcutaneous sites, needles, syringes)
- Benefit expenses incurred prior to the effective date of coverage
- Benefit expenses submitted more than 12 months after the service date
- Charges for drugs supplied directly and charged for by a physician
- Drug products not listed in the Alberta Drug Benefit List
- Delivery fees (many pharmacies deliver free of charge for seniors)
- Dressing supplies and paracentesis supplies
- Preparation of injectable medications, or liquids drawn up in syringe by a pharmacy (often \$2-3/syringe)
- Consider teaching patients/caregivers to prepare medications themselves
- Self-injection guide is available through patient education or on Insite (AHS internal web)

## Additional Resources

### Subcutaneous and Compounded Medications

Maintaining patients at home sometimes includes prescribing subcutaneous medication (SC) e.g., if patient is no longer able to swallow. Be aware that not all pharmacies are set-up to provide SC medications, particularly at short notice or if the patient requires pre-filled syringes. If prescribing SC medications for use in the community:

- Consider routes that are simpler for patients/families (rectal, intranasal, buccal/sublingual)
- Consider nursing availability and injection frequency; patient costs associated with pre-filled syringes and shelf life of pre-filled syringes,
- Work with home care nurses who can help you identify the local pharmacies currently able to supply SC medications
- Determine whether patient/family, or pharmacy will be able to fill syringes.
- Consider teaching patient/family how to draw up and administer subcutaneous medications:
  - Chemo specific teaching:

<https://www.albertahealthservices.ca/assets/info/cca/if-cca-subcutaneous-chemotherapy-self-injection.pdf>

- Non chemo specific teaching:

[Self-Injection Guide: How to give yourself a subcutaneous injection - PROV \(albertahealthservices.ca\)](#)

- Try to anticipate need for SC medication ahead of symptom crises as it can take a few days to set up
- In an emergent situation (e.g. symptom crisis), consider EMS-ATR (accessed by dialing 9-1-1, see “[Referral Based Services for Advanced Cancer Care](#)” and search for “EMS-ATR”) who can help with urgent medication access and administration (allowing time to set up SC medication prescriptions with the community pharmacies)
- Similarly for compounded medications (e.g. for topical or rectal preparations), work with the pharmacy, homecare nurses or a palliative care consultant if you need advice and see “[Referral Based Services for Advanced Cancer Care](#)” for Palliative Consultation options

## Palliative Oxygen

Alberta Aids to Daily Living (AADL) Respiratory Benefits Program [FAQs](#) (now administered through Alberta Blue Cross) and respiratory benefits policy and procedure manual

<https://open.alberta.ca/publications/aadl-program-manual-r>

Home oxygen may be funded to eligible palliative patients:

- with a life limiting illness with a prognosis of 6 months or less, AND
- who have documented shortness of breath, mMRC 3 or 4, despite appropriate non-pharmacologic and pharmacologic interventions, AND
- who have resting room air oximetry showing SpO<sub>2</sub> < 92 percent while awake for at least three continuous minutes

Home oxygen starts for palliative patients are for a maximum term of 6 months, and one 6-month extension may be submitted for approval. No further extensions will be approved

If after 1 year of receiving Palliative oxygen funding a patient still requires oxygen, they must either qualify based on Resting Hypoxemia eligibility criteria or pay privately. Resting Hypoxemia criteria will require an arterial blood gas and cannot be done in home

The oxygen therapy prescribed by the physician or nurse practitioner must be written on a script without a specialty supplier logo. The prescription must include:

- oxygen flow rate and hours per day; or
- therapist driven prescription (TDP); and
- written diagnosis and “palliative” status

End stage chronic lung disease eligibility is under different criteria (e.g., requires arterial blood gas). Diagnosis of end stage chronic lung disease (e.g., COPD or pulmonary fibrosis) is not an acceptable diagnosis for palliative oxygen funding. Exceptional cases when chronic lung disease coexists with extensive pulmonary malignancy can be forwarded to AADL for review

All oxygen patients receive 100% coverage if qualified

### Ordering:

- Submissions are now through Alberta Blue Cross (Oct 2018)
- Authorizers: Obtain a hard copy of oximetry (with date and time), physician or nurse practitioner’s prescription (with diagnosis and “Palliative” designation) and submit them to Alberta Blue Cross portal with the following documents:
  - Respiratory assessment
  - Oximetry report
  - Prescription with written diagnosis and “palliative” status

### Important considerations:

- Respiratory Specialty Suppliers (vendor oxygen companies) assess patients who are palliative, have a long-term disability or chronic illness that requires home oxygen
- AADL will not pay for oxygen rental if the set-up is done prior to the testing date
- Testing for oxygen reauthorization must be done within three weeks prior to the authorization expiry date

- Follow-up assessments are done at a minimum of once every 6 months or as requested by the AADL Respiratory Benefit Program and all re-authorization documentation, including the prescription and testing data, needs to be collected prior to the authorization expiry date to ensure no gap in funding
- Disposable supplies such as oxygen tubing, nasal cannula, humidifier bottles, etc. are not covered by AADL; however, most vendors include basic plastic supplies and only charge for additional supplies (i.e., oxymask), excessive use, or delivery outside of normal delivery time.

## Patient Transportation

### Volunteer drivers through Canadian Cancer Society “Wheels of Hope”

- Offered in Calgary, Lethbridge, Edmonton and Red Deer
- Must be able to walk on their own, drivers are not equipped or trained to handle wheelchairs or transferring people
- Minimum 2 business days’ notice required for booking
- Cost: Yearly \$100 registration fee (unlimited rides)
- Low income: can do situational assessment for reduced fees

Wheels of Hope	
Phone	1-800-263-6750
Website	<a href="http://www.cancer.ca/en/support-and-services/support-services/transportation-on/?region=on">www.cancer.ca/en/support-and-services/support-services/transportation-on/?region=on</a>

### Calgary Transit Access:

- Eligibility is based solely on ability to use a Calgary transit bus or C-Train
- Eligibility is not based on age, income, language barriers, fear, inability to drive
- Transports patients within the City of Calgary limits only
- Driver will only escort to the door of main entrance, not to actual appointment
- Transport is by taxi, handi-bus or van and is primarily a shared ride service
- Cost: proof of fare via Calgary Transit adult or youth ticket, monthly pass, low-income pass, or a U-pass

#### How to apply:

- If residing in a care center, send application through that care center, approval is automatic if palliative or disabled and residing in a care center
- If residing at home, you must send in full application (obtain through Access Calgary Website); ask social work (SW) or home care case manager for assistance
- Part G of the application form must be filled out by MD, NP, palliative RN, SW, OT/PT
- If claimed under disability, then patient will need to go for an assessment; there are 3 locations in Calgary (Contact Access Calgary to discuss options)
- If claimed under palliative:
  - May not need to go for assessment (SW or PHC will help determine)
  - May be eligible for Access Calgary extra (ACE) card for on demand taxi trips through Checker cabs. This acts as a subsidy that pays for a portion of the ride cost. Coverage is for 365 days but is capped at \$56/month

Access Calgary	
Phone	403-537-7777, ext. 5
Website	<a href="http://www.calgarytransit.com/accessible-transit/apply-for-service">www.calgarytransit.com/accessible-transit/apply-for-service</a>

### Private Ambulance:

For private transfers via bed or wheelchair. For example: transportation to events, moving to new residence, private appointments. Cost associated, call to confirm.



Service	Phone	Website
Aaron paramedical	403-237-7626	<a href="http://www.paramedical.ca">www.paramedical.ca</a>
Dreams Transportation (wheelchair only)	403-590-7433	<a href="http://www.dreamstransportation.ca">www.dreamstransportation.ca</a>
Genesis Medi Shuttle	403-201-2053	<a href="http://www.genesismedishuttle.ca">www.genesismedishuttle.ca</a>
Non-emergent EMS patient transport	403-944-6700	TO BE BOOKED BY AHS EMPLOYEE
Driving Miss. Daisy	877-613-2479	<a href="http://www.drivingmissdaisy.ca">www.drivingmissdaisy.ca</a>

\*This list is not exhaustive

### Give a Mile Program:

Give a Mile is a not-for-profit online platform that enables people to visit someone with a life-threatening illness through crowdfunding of flights via donations of travel loyalty miles.

**\*\*Travel insurance is the responsibility of the patient and/or family member\*\***

Give a Mile	
Phone	1-877-545-3050
Website	<a href="http://www.giveamile.org">www.giveamile.org</a>

### Disability Placards:

A parking placard allows people who cannot walk 50 metres (164 feet) to use disabled parking stalls. The placards are issued to individuals who provide proper proof that they meet the requirements.

There are 3 types of parking placards:

- a temporary placard, issued for between 3 and 12 months
- a long-term placard, issued for 5 years
- a permanent placard that can be renewed every 5 years by the patient without additional medical certification

You can only have 1 placard for each vehicle registered in your name. There is also the option for a license plate that contains the official disabled driver logo. An applicant requesting plates must have the vehicle(s) registered with the name of the person with the disability on the vehicle registration.

Disability Placards	
Phone	780-427-7013 Toll free: 310-0000-780-427-7013
Website	<a href="http://www.alberta.ca/get-parking-placard-people-disabilities.aspx">www.alberta.ca/get-parking-placard-people-disabilities.aspx</a>

*Applications are approved by an authorized health care provider and then processed through a registry agent.*

### Other Information:

[www.informAlberta.ca](http://www.informAlberta.ca) search for “transportation assistance”

[www.cancer.ca](http://www.cancer.ca) > Community Services Locator > Transportation

## Advanced Care Planning, Goals of Care and Personal Directives

### Advanced Care Planning (ACP)

Is a way to help you think about, talk about and document wishes for health care in the event that you become incapable of consenting to or refusing treatment or other care.

You may never need your advance care plan - but if you do, you'll be glad that it's there and that you have had these conversations, to make sure that your voice is heard when you cannot speak for yourself.

### Goals of Care Designation (GCD)

A medical order used to describe and communicate the general aim or focus of care including the preferred location of care. Similar to ACP, a documented GCD makes sure your voice is heard when you cannot speak for yourself.

### Personal Directive (PD)

A legal document you make in case you are unable make your own personal, and health care, decisions in the future. A personal directive:

- is optional and voluntary
- names the person or people you have picked to make personal decisions for you – a person you name on the personal directive is called an agent
- makes sure your written instructions are known in case something happens to you
- only comes into effect if you are found to lack capacity – that means you are not able to make your own decisions.

Resources	Website
GDC Order Form/Tracking Record	<a href="http://www.albertahealthservices.ca/info/page9099.aspx">www.albertahealthservices.ca/info/page9099.aspx</a>
Health care provider and patient information on Personal Directives and Advance Care Planning	<a href="http://www.conversationsmatter.ca">www.conversationsmatter.ca</a>
Instructions on how to prepare a Personal Directive; download forms and how to register a Personal Directive	<a href="http://www.alberta.ca/personal-directive.aspx">www.alberta.ca/personal-directive.aspx</a>
Information from the Office of the Public Guardian and Trustee	<a href="http://www.alberta.ca/decision-making-advance-planning.aspx">www.alberta.ca/decision-making-advance-planning.aspx</a>
Specific information about Goals of Care	<a href="http://goals.conversationsmatter.ca.s3-website-us-east-1.amazonaws.com/">http://goals.conversationsmatter.ca.s3-website-us-east-1.amazonaws.com/</a>
Serious Illness Conversation guide	<a href="http://insite.albertahealthservices.ca/Main/assets/tms/sh/tms-sh-serious-illness-conversation-guide.pdf#search=serious%20illness%20conversation%20guide">insite.albertahealthservices.ca/Main/assets/tms/sh/tms-sh-serious-illness-conversation-guide.pdf#search=serious%20illness%20conversation%20guide</a>

**ACP and GCD Supplies:****AHS employee's supplies:**

Goals of care designation order forms	<a href="http://albertahealthservices.ca">Goals of Care Designation (GCD) Order (albertahealthservices.ca)</a>
ACP/GCD Tracking record form	<a href="http://albertahealthservices.ca">Advance Care Planning/Goals of Care Designation Tracking Record form (albertahealthservices.ca)</a>
To bulk order GCD order forms and tracking records	Visit <a href="http://www.conversationsmatter.ca">www.conversationsmatter.ca</a> > Health Professional > Supplies tab > AHS Users > <a href="#">Supplies List</a> > <a href="#">Ordering User Guide</a>

**Non-AHS supplies:**

To bulk order GCD order forms and tracking records	Visit <a href="http://www.conversationsmatter.ca">www.conversationsmatter.ca</a> > Health Professional > Supplies tab > Non AHS Users > " <a href="#">Supplies List</a> " > " <a href="#">Ordering User Guide</a> " to learn how to order
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**General Public:**

Conversations Matter patient guide books	Visit <a href="http://www.conversationsmatter.ca">www.conversationsmatter.ca</a> > Patient & Families > Resources > select <a href="#">guide book</a> in language of choice
Blank Personal Directives	<a href="https://www.alberta.ca/personal-directive.aspx">https://www.alberta.ca/personal-directive.aspx</a>

\*All of the above supplies are available at no charge\*

## Psychosocial and Grief Support

There are multiple resources available both for patients and families, as well as caregivers to help them through their cancer journey.

### For Patients and Families:

#### Canadian Cancer Society — Cancer Connection

Cancer Connection is a support network that offers peer-to-peer support to cancer patients and their caregivers. They can talk with caregivers or current and former patients with the same type of cancer.

Cancer Connection	
Phone	1-888-939-3333
Website	<a href="http://www.cancerconnection.ca">www.cancerconnection.ca</a>

### Cancer Chat Canada

Offers professionally-led online support groups where patients can connect with others who are having similar experiences.

<https://cancerchat.desouzainstitute.com/>

### “Friendly Visitor” or the Palliative Volunteer Program

Volunteers provide non-medical support, companionship, visiting and conversations with palliative patients and their families. Patient must be a Home Care patient. To get this service inquire with the patient’s Home Care case manager. The case manager must attend the initial visit.

### Gastrointestinal Support Group

Separate groups for both women and men offered through Tom Baker Department of Psychosocial Oncology.

Gastrointestinal Support Group	
Phone	403-355-3224
Email	<a href="mailto:ACB.Calgarypsychosocial@ahs.ca">ACB.Calgarypsychosocial@ahs.ca</a>

### Hospice Calgary Sage Centre

Hospice Calgary Sage Centre offers counselling and education for patients and families facing life limiting illness.

#### Services Offered:

- Child and family grief services
- Living with Illness- Counselling and support groups
- The Living with Cancer Program
- Weekly support group for adults living with advanced cancer diagnoses and their family caregivers that includes a hot lunch, practical information, and complementary therapies
- Physical, emotional and spiritual support is provided by medical staff, registered nurses, counsellors, spiritual care coordinator and hospice volunteers

- Workshops for health care professionals and continuing education (Approved Continuing Education Programs)

Sage Centre	
Phone	403-263-4525
Website	<a href="http://www.hospicecalgary.ca/">www.hospicecalgary.ca/</a>

### Tom Baker Cancer Centre Psychosocial Oncology

The Department of Psychosocial Resources, through a team of trained professionals in psychiatry, psychology and social work, help patients and their families cope with the emotional, psychological and social stresses that often surface as a result of cancer and its treatment. The team is available to patients from the moment of diagnosis onward for cancer related concerns.

#### Services include:

##### Individual, couple and family counselling

Coping with reactions to cancer

- Addressing family issues
- Confronting practical issues
- Exploring personal issues

##### Resource counselling for cancer survivors

- Specially trained social workers called Resource Counsellors help patients with their resource needs and deliver classes for patients which includes information on how to get help for financial issues and practical needs. Classes run on every 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of the month.

Tom Baker Cancer Centre Psychosocial Oncology	
Calgary Phone	403-355-3207

### Wellspring

Wellspring is a charitable organization with a vision to ensure no one has to face cancer alone. All programs and services are designed to meet the emotional, social and restorative needs of people living with cancer, their caregivers and their families. All of Wellspring's programs are evidence-informed and offered free of charge and without referral. Wellspring Calgary and Wellspring Edmonton operate in-person centres and provide a full range of programs online and by phone to support all of Alberta.

Location	Phone	Website
Calgary	403-521-5292	<a href="https://wellspringcalgary.ca/">https://wellspringcalgary.ca/</a>
Edmonton	780-758-4433	<a href="https://wellspring.ca/edmonton/">https://wellspring.ca/edmonton/</a>

### Virtual Hospice

Information and support on palliative and end-of-life care, loss and grief for providers, patients and caregivers.

[www.Virtualhospice.ca](http://www.Virtualhospice.ca)

## Alberta Hospice Palliative Care Association

Particularly useful for Rural locations. The Alberta Hospice Palliative Care Association (AHPCA) has developed resources to provide clinicians, palliative patients, and their caregivers with information about services and resources specific to palliative care across Alberta.

<https://ahpca.ca/>

### For Caregivers

Below you will find multiple resources for caregiver support. In addition to these, you can refer to Alberta hospice Palliative Care Association, Hospice Calgary Sage Center, Wellspring, and Virtual Hospice who are mentioned above which you can also refer to.

### Alberta Caregiver College

A virtual college with online courses, lectures and other tools to help family caregivers learn how to care for their loved ones. The courses were developed by the Glenrose Rehabilitation Hospital and AHS.

<http://caregivercollege.ca/>

### Caregivers Alberta

This organization provides support for people who provide unpaid care for a loved one living with a disability, illness or aging. Offers information, education, support, and advocacy.

Caregivers Alberta	
Phone	1-877-453-5088
Website	<a href="http://www.caregiversalberta.ca/">http://www.caregiversalberta.ca/</a>

### COMPASS for the Caregiver

COMPASS for the Caregiver is a free, weekly workshop for 8 weeks that teaches caregivers to care for themselves. Open to anyone aged 18 or older. The workshop encourages caregivers to recognize that in order to care for a loved one, they must first care for themselves. Participants find their strength and accept their limitations as together they tackle some of the most challenging aspects of caregiving:

- Difficult emotions like guilt and resentment
- Dealing with family, friends and health professionals who just don't seem to understand
- Managing stress and depression
- Finding time for yourself

<https://cfpcn.ca/workshops/compass-for-the-caregiver/>

### Caregiver Connect

Local online educational resource. The website is separated into two sections. The Employers section is designed to help employers find the information they need to support their employees, who are caregivers as well. The Employees section will direct caregivers to the information they require to give their loved ones the best possible care.

Employee (Caregiver) section has information on

- Self-care
- Relationship-care
- Legal/Planning

- Financial
- Moving Forward
- Resources

[www.workandcare.ca/](http://www.workandcare.ca/)

**Family Caregiver Centre (Located at Bridgeland Seniors Health Centre)**

Offers support for caregivers who are not paid including:

- Connections to healthcare and community services
- A supportive person to talk to
- Education programs
- Library of books, videos, and articles
- Social workers may be available
- Fees may be associated with some education programs

Family Caregiver Centre	
Calgary Phone	403-955-1674

<https://www.ahs.ca/services/Page13155.aspx> OR  
 search for “Family Caregiver Centre” under “Program and Services”  
[https://www.ahs.ca/findhealth/search.aspx?type=service#icon\\_banner](https://www.ahs.ca/findhealth/search.aspx?type=service#icon_banner)

**Family Caregivers of British Columbia (Formerly Family Caregivers’ Network Society)**

Providing resources and educational workshops online for anyone providing care for a loved one.

<https://www.familycaregiversbc.ca/>

**St. John Ambulance Home Caregiver Support Program**

The Home Caregiver Support Program provides information that addresses the needs caregivers face as they provide care for family members or friends suffering from chronic or terminal illness within the confines of their own home. This is an online course. The introductory module explains the course and what palliative care is. This is followed by optional modules that speak to specific needs commonly present in palliative or hospice care.

<http://stlazarus.ca/HCSP/>

**Volunteer Services**

The City of Calgary has community volunteer support services, such as community based snow removal programs. For more information check [www.InformAlberta.ca](http://www.InformAlberta.ca) or call:

- 2-1-1 service for Calgarians in need of community, health and social service information - service is free, confidential, and multilingual.
- 3-1-1 connects citizens with non-emergency City services.

**Additional Resources:**

Cancer Care Alberta “Sources of Help” select by region:

<https://www.albertahealthservices.ca/cancer/Page9613.aspx>

## Rehabilitation Resources

Patients in palliative care may have various rehabilitation needs. Rehabilitation can help with further control of symptoms such as pain, fatigue, lymphedema, weakness and range of motion in arms and legs. Patients may require management of spasticity, and equipment recommendations including home equipment, and orthoses/braces. Rehabilitation can involve longitudinal exercise or observation to help determine what goals or functional level patients will have.

A rehabilitation physician, or physiatrist, can help with many of these issues. Physiatrists see patients to diagnose, investigate and treat many of the above problems. Physiatrists then outline goals and plans for patients to do at home, or with physical therapists and occupational therapists.

The following are specialist out-patient resources that patients may access for further rehabilitation consultation and discussions. Note that the issue being referred for **must be related to the patient's cancer and/or cancer treatment**:

Dr. George Francis, Cancer Physiatrist

Rehabilitation Oncology PM&R Clinic

Holy Cross Hospital, 2<sup>nd</sup> Floor (Rehabilitation Oncology Department)

Requires referral from Physician (Oncologist, Palliative Care Physician, or Family Physician)

Office Phone: 403-521-3708

Office Fax: 403-476-2457

To be referred directly to the physical and occupational therapists:

Lori Radke, Physical Therapist & Rehabilitation Oncology Lead

Rehabilitation Oncology Clinic

Holy Cross Hospital, 2<sup>nd</sup> Floor (Rehabilitation Oncology Department)

Requires referral from Physician (Oncologist, Palliative Care Physician, or Family Physician)

Office Phone: 403-476-2910

Office Fax: 403-476-2457

### Referral Forms:

Search <https://albertareferraldirectory.ca/> for: "Rehabilitation Oncology Physical Medicine & Rehabilitation Clinic". Forms also available through Transition Services at Tom Baker Cancer Centre or Holy Cross.

For more information visit: <https://www.albertahealthservices.ca/cancer/Page17173.aspx>

Online brochure: <https://www.albertahealthservices.ca/assets/info/cca/if-cca-rehab-oncology-prov.pdf>

### For non-specialist services:

If patient is on Palliative Home Care or Integrated Home Care, contact their case manager to help arrange the home care PT/OT. Patients can also self-refer to rehabilitation services in their community.

### Alberta Cancer Exercise (ACE)

Alberta-based 5-year study evaluating the benefits of exercise for individuals after a cancer diagnosis with the aim to improve symptoms related to cancer at every stage of treatment and recovery.

### What does it involve?

Free 12 week community based exercise program designed specifically for individuals undergoing or recovering from cancer treatment. Four scheduled fitness assessments and questionnaires over the first year, and follow-up questionnaire annually for up to 5 years



**Eligibility:**

- Pre-cancer treatments, receiving treatments, or be within 3 years of treatment completion; OR have significant, persisting issues related to your cancer and treatment
- Be able to participate in low to moderate physical activity

Thrive Center, University of Calgary	
Phone	403-210-8482
Email	ace@ucalgary.ca

**Excel: Exercise for Cancer to Enhance Living Well**

Provides an exercise program to Canadian cancer survivors in rural and remote areas.

**What does it involve?**

- 2 fitness assessments, before and after the exercise program
- 6-minutes walk test or 2-minute step test to assess aerobic fitness
- Muscular endurance tests
- Core and shoulder flexibility test
- Standing balance test
- Questionnaires at baseline, after the exercise program, 24 weeks, 1 year and annually for up to 5 years

**Eligibility:**

- Pre-cancer treatments, receiving treatments, or be within 3 years of treatment completion
- Able to participate in low to moderate physical activity
- Have reliable internet
- Able to participate in online classes

Health and Wellness lab	
Email	wellnesslab@ucalgaryca
Website	<a href="https://kinesiology.ucalgary.ca/labs/health-and-wellness/home">https://kinesiology.ucalgary.ca/labs/health-and-wellness/home</a>

## Respite Care

Consider accessing local support groups [for caregivers](#).

### Through AHS:

Calgary respite program for Integrated Home Care patients:

- 16 supports beds
- 18 Day programs in Calgary (1 in Cochrane)
- 11 beds in rural communities

### Eligibility

- Must be a Home Care patient
- Medications must be blister packed and current within 4 weeks
- Requirements for day or overnight programs run out of a Long Term Care (LTC) facility:
  - Medical assessment form (within 1 year of respite date) and
  - TB test within 4 weeks of respite
  - RAI (Home Care assessment)
  - Goals of care
  - Immunization record

There are 3 types of respite services that may be provided. Patients must be medically stable for all programs:

1. Companion care in the home (organized through integrated home care): up to 4 hours a week
2. Adult day program: up to 2 days a week for 6 hours a day
  - Program may run out of LTC facility or stand-alone facility. Requirements are:
    - For LTC facility run programs: see requirements as above
    - For non LTC facility run programs: only a RAI is required
3. Overnight stay in a LTC facility:
  - Requirements: as above
  - Length of stay to be decided after a Home Care assessment. Maximum length of stay is 28 days in a calendar year (does not have to be consecutive)
  - The service is provided in a respite bed in the Continuing Care area of the facility

### Service Access

- Contact the patient's Home Care case manager or the Coordinator for Respite Services, Integrated Home Care, Calgary Zone

Respite Service Access	
Calgary Zone	403-943-1722

### Fees:

Day program:

- Is free, but there is a nutritional fee of \$10/day (can't opt out) which is province wide. Can't bring own food, programs not responsible for prepping and storage of outside food

Overnight stay as of July 1, 2018:

- Private beds (4 available) for cognitively intact \$66.95/day

- Semiprivate for cognitively intact \$57.90/day
- 8 semi private for dementia (locked unit) \$57.90/day
- May apply for hardship funding, contact social work

### **Hospice Respite Care**

Patients may be eligible for hospice respite care to provide short term and time limited breaks for caregivers. Respite beds are available in hospices where there is a vacancy on the pre-determined date of admission. There is no daily fee charged to the patient/family for this service.

### **Criteria for Admission:**

- Palliative Acute Care Patient, Palliative Home Care Patient or Integrated/Rural Home Care Patient assessed by the Palliative Consult Team (Palliative Clinical Nurse Specialist (CNS) or Palliative Physician)
- Must have Goals of Care Level C1, C2 or M2 designation
- Must agree to pre-determined length of stay
- Must be “medically stable” i.e., no significant rate of deterioration, unresolved pain and/or symptom issues, etc.
- Hospice physician will assume care while in respite care
- If the patient has complex needs (e.g., ALS) a pre-admission conference may be requested
- The length of stay will be a minimum of 14 days.
- Admissions will be on weekdays and discharges from Monday to Thursday only. (Exceptions will be at the discretion of the Hospice or Home Care Coordinator)

### **Hospice Location:**

Respite will occur at any hospice that has a vacancy at the time required. In a respite situation it is not possible to choose the hospice location. If a space becomes available before the specified dates you may be asked to transfer 1-2 days earlier. Please note the discharge date will remain as per the original request.

### **Transportation:**

It is the responsibility of each patient/family to arrange transportation to and from the hospice (see “[Patient Transportation](#)” tips for further information). The Home Care Case Manager can assist with the details if unable to travel by private vehicle. Please note that costs associated with transportation to and from hospice are the responsibility of the patient/family.

### **Medications:**

All medications must be clearly labeled in original prescription bottles or blister packs. Not all hospices are able to use medications from home. If unable to use home medications, or changes in medication are required during the patient’s stay, medications will be ordered from the hospice pharmacy. Patients/families are responsible for payment of medications.

### **Equipment:**

Bring any supplies/equipment routinely used such as a walker or wheelchair, oxygen, dressing/ostomy supplies etc. Ensure items are clearly labeled.

### **Oxygen:**

Oxygen will be brought in from home. Oxygen for the purposes of a pass is the responsibility of the patient/family.

**Discharge:**

Patient must be prepared to return home on the pre-determined discharge date. The Home Care Case Manager will be contacted prior to discharge to ensure that Home Care Support Services are in place, as well as notification of any changes in medication or health status.

All inquiries, referrals and applications for admission to respite beds are to be discussed with the Manager, Hospice Operations/Central Access (403-944-8295). Once discussed, book with Hospice Central Access at 403-944-1614 with as much notice as possible.

**Non AHS respite services:**

- Search [www.InformAlberta.ca](http://www.InformAlberta.ca) for other respite programs. Note that some may have fees associated

## Referral Based Service Descriptions for Advanced Cancer Patients

Referral Based Services for Advanced Cancer Care. The table provides information about referral to supportive services and specialist providers who may assist in fulfilling an early palliative approach to care.

To view the table, please go to [www.ahs.ca/GURU](http://www.ahs.ca/GURU) > Guidelines > Gastrointestinal > Metastatic Colorectal Cancer: Early Palliative Approach > “[Referral Based Services for Advanced Cancer Care](#)”  
For most accurate program referral criteria and availability, please visit Alberta Referral Directory (ARD): [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca)

### **Referral based services covered:**

1. Oncology services:
  - Radiation Oncology / Medical Oncology
  - Cancer Care Alberta Cancer Line
  - Psychosocial Oncology
  - Rehabilitation Oncology
2. Palliative services:
  - Palliative Home Care
  - Palliative Care Consultants
  - Cancer Centre Palliative Clinics
  - Tertiary Palliative Care Inpatient Units
  - Hospice
3. Community services:
  - Integrated Home care
  - Community Paramedic Program
  - EMS –ATR (Assess Treat and Refer)
  - Bereavement

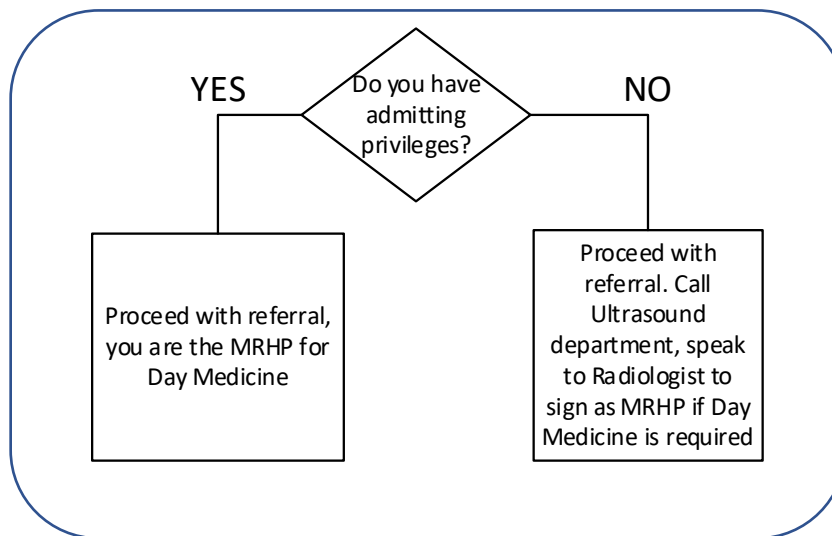
## Thoracentesis or Paracentesis

### Guiding Principles:

Patients with advanced colorectal cancer are at risk of ascites which can contribute to breathlessness and abdominal pain. A palliative approach means that paracentesis to drain ascites should be based on patient preference and/or symptoms. It should be explained to patients and caregivers **early** on that there may come a time when the interventions no longer benefit the patient, at which time they would be stopped.

### End of Life Considerations:

As the patient nears the last months to weeks of life, interventions should continue only for so long as they are of symptomatic benefit. Near end of life, it might no longer be appropriate to manage ascites via paracentesis. Using medications to provide symptomatic benefit is usually sufficient. For symptom summary management tips, go to [www.ahs.ca/GURU](http://www.ahs.ca/GURU) and view under “Symptom Management Summaries”.



Urgent/Emergent requests must be discussed by direct consultation by physician/NP with the radiologist.

### Paracentesis:

Should drainage be greater than 4L, the patient will need to be monitored in Day Medicine and may require administration of Albumin. The referring physician (even if radiologist accepts MRHP) needs to complete History and Physical form and Day Procedure forms.

If the patient had a previously scheduled appointment but requires drainage sooner, please call the ultrasound department. Ask for the attending radiologist to discuss options to see the patient earlier on an urgent basis. Must be physician/NP with radiologist consultation.

### Ultrasound department contacts:

Hospital	Phone	Fax
Foothills Medical Centre (FMC)	403-944-1132	403-944-1836
Peter Lougheed Centre	403-943-4053	403-291-9418

South Health Campus	403-956-2733	403-956-2795
Rockyview General Hospital	403-943-3702	403-943-8507

### **Peritoneal Drainage at home via Tenckhoff:**

Patients must pay for and supply the equipment for home drainage. In-hospital supplies may be more expensive than alternative.

### **Dyspnea clinic at Tom Baker Cancer Centre (TBCC) and South Health Campus (SHC)**

- Specialized clinic aiming to offer comprehensive outpatient management of patients suffering from malignant pleural effusions (MPE)
- Locations at TBCC and a secondary clinic is at the South Health Campus. Initial referral is sent to the Dyspnea Clinic at the TBCC and will be triaged by the coordinator
- Patients are usually assessed within 1-2 weeks of receiving a referral
- Procedures include: thoracentesis, pleural biopsy or tunnelled Pleurx catheter (PleurxTMsystem) insertion

### **Referral:**

- For the management of cancer related malignant pleural effusions
- Referral information and referral forms are available on [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca)
  - For referrals made in TBCC, referral forms are located outside of Transition Services **OR** in SharePoint under Clinical Documentation -> Internal Referral Forms -> Dyspnea Clinic.
- Referrals by physician only
- It is preferred that the patient have one thoracentesis prior to being seen in the clinic and it is the referring physician's responsibility to arrange for thoracentesis prior to initial dyspnea clinic appointment.
  - Please order chemistry (LD, total protein, albumin, glucose and C&S) as well as cytology on the fluid
- Indicate if patient is anticoagulated and by which agent
- Referrals can be faxed (403-270-8407) or called in (403-521-3511)

Once patients are followed by the clinic, the patient or the family member must be able to come to the clinic to pick up supply boxes. One box typically lasts 2-3 weeks. Supplies are at no cost to patient when the patient is treated and followed by clinic.

The clinic will only provide supplies and follow up care for those patients that have had their Pleurx catheters inserted by the Dyspnea clinic group of physicians.

For more information, view this [report](#) of local data from the clinic.

### **Acknowledgment**

*Originally created December 2018 by Camille Bond RN and the Palliative Care Early and Systematic Project Team ([www.pacesproject.ca](http://www.pacesproject.ca)). Updated July 2021.*

*Vision: Improving quality of life for Albertans with advanced cancer.*