Local Palliative Tips: Resources for Health Care Providers caring for patients living with advanced illness (Calgary)

July 30, 2019
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Alberta Aids to Daily Living- (AADL)
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: please refer to social work for low income patients and families
  - If on AISH, Income Support, or the Alberta Adult Health Benefit contact AADL directly
  - SIN number for patient and spouse 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)
- Purchase of supplies MUST be made through an AADL vendor to qualify
  - Some providers will deliver, encourage patient/caregiver to inquire with vendor

AADL Program Manuals:
https://open.alberta.ca/dataset?tags=AADL+program

Medical equipment or supplies must be purchased from an approved Alberta Aids to Daily Living vendor. Approved vendors include some home health care stores, pharmacies, home oxygen suppliers and hearing aid vendors. See AADL website for vendor listings:
http://www.health.alberta.ca/services/AADL-approved-vendors.html

The patient must be assessed and authorized for AADL benefits first. AADL cannot refund clients who purchase their own medical equipment and supplies before being assessed and authorized for the equipment and supplies.

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

- Find a authorizer through PCN network
- If patient is a Palliative Home Care or Integrated Home Care client: contact their current case manager
- If request is related directly to the cancer or cancer treatment, consider accessing Rehabilitation Oncology. Requires referral (see “Rehabilitation Resources” section)
- Calgary Community Aids for Independent Living (CCAIL)
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
  - 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 patient must be assessed and authorized for AADL benefits first. AADL cannot refund clients who purchase their own medical equipment and supplies before being assessed and authorized for the equipment and supplies.


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

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

**Walking Aids**

The patient must be assessed and authorized for AADL benefits first. AADL cannot refund clients who purchase their own medical equipment and supplies before being assessed and authorized for the equipment and supplies.

Vendors [http://www.health.alberta.ca/services/AADL-approved-vendors.html](http://www.health.alberta.ca/services/AADL-approved-vendors.html)

**Wheelchair**

The patient must be assessed and authorized for AADL benefits first. AADL cannot refund clients who purchase their own medical equipment and supplies before being assessed and authorized for the equipment and supplies.
Vendors [http://www.health.alberta.ca/services/AADL-approved-vendors.html](http://www.health.alberta.ca/services/AADL-approved-vendors.html)


**Calgary Vendors**

To see list of 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](#))

**Canadian Red Cross**

The Canadian Red Cross has a [Short Term Equipment Loan Program](#).

Referral from a health care professional (RN/OT/PT/MD/Other) is required.


Health care professional or patient should call after referral faxed to check for item availability. See website for local phone numbers. *Remember to write “palliative” on the bottom of the form under “additional information”.

Red Cross does not fit patients for devices. Patients’ needs should be determined by care team (OT/PT).

The Canadian Red Cross Short Term Health Equipment Loan Program is **free**. 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. Patient must arrange pickup and delivery of item.

Equipment loans for palliative patients are for 6 months and can be extended for another 3 months (maximum).
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 signs of anemia (i.e. SOB, tachycardia, etc.).

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

Transfusion of Blood Products or Components

Do you have admitting privileges?

Choice of service

Day Medicine
- Family MD as MRHP

Community Paramedic Program
- Family MD as MRHP
- Patient must have had one previous transfusion

Community Paramedic Program
- Family MD as MRHP
- Patient must have had one previous transfusion
- No requirement of admitting privileges

MRHP- Most Responsible Health Care Provider (i.e. listed as Attending on orders)
Note: For Community Paramedic Program: if patient has not had prior transfusion and practitioner does not have privileges, options are:

1.) If not urgent, suggest getting 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
   - If first time application with no privileges anywhere else in Alberta, application may take up to 90 days
   - If current privileges in another Zone/City/Department and are working in an AHS facility this is a “change request” and will take 40 days.
   - If you are working in Calgary Family Medicine within Maternal Newborn Care, Palliative etc., then this is a “change request” and will take 2-3 weeks.
   - If you are working in Calgary in the “Community” category (attachment to Family Medicine but not working in an AHS facility) the change will take 40 days.
   - Please note times are estimates

2.) 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.

3.) If urgent: send patient to emergency room

Day Medicine Information:

Order requirements:
- Transfusion order
- Consent for transfusion. AHS policy requires signed documentation of consent for transfusion of blood products.
- Infusion rate
- Current Type and Screen within 96hrs. Note: As of 2019 (e.g. Type and Screen) needs to be ordered on a separate Pre-transfusion Testing Requisition.
  - See “Medical Professionals” section of http://www.calgarylabservices.com for forms and requisitions
- Goals of Care Designation on referral form
- 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), including route of administration. If furosemide is required, order dosage, route and indicate if pre transfusion, between units or post transfusion.

Contacts for Day Medicine:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foothills Medical Centre (FMC)</td>
<td>403-944-1436</td>
<td>403-944-4434</td>
</tr>
<tr>
<td>Peter Lougheed Centre</td>
<td>403-943-5722</td>
<td>403-943-4044</td>
</tr>
<tr>
<td>Rockyview General Hospital</td>
<td>403-943-3797</td>
<td>403-252-6382</td>
</tr>
<tr>
<td>South Health Campus</td>
<td>403-956-1270</td>
<td>403-956-1298</td>
</tr>
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</table>

Information on Community Paramedic Program:

Visit [http://albertahealthservices.ca/info/Page12557.aspx](http://albertahealthservices.ca/info/Page12557.aspx) or search “Mobile Integrated Healthcare” on [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca)

To be considered eligible for this service:
- The patient must have received previous transfusion(s) without serious complications;
  - Must have received 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 Transfusion Medicine physician lead.
- Your patient must 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 the program will only accept 1 transfusion per day
  - The referral must be received at least 24 hours prior to the requested transfusion date
- 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:
- All required documentation has been completed and faxed:
  - Patients in and North of Red Deer
    - Fax: 780.735.0421
    - Call: 1.833.367.2788
  - Patients South of Red Deer
    - Fax: 403.776.3835
    - Call: 1.855.491.5868
• Please call (using above numbers) to confirm your faxed referral has been received and all necessary information is included.

Required Documents (*can be obtained by contacting the program): 
1. Community Paramedic Referral Form
2. Consent Form
3. Blood Component / Product Requisition Form

• Community Paramedic Referral Form must include:
  o Rate of infusion
  o Sequence of infusion if more than one type of blood component and product is being transfused
  o Consent to Treatment / Procedure Form must include signatures:
  o Prescribing physician and patient signature OR the telephone consent signed by the physician and witness.

• Blood Component / Product Requisition Form must include:
  o Units of blood requested and Attributes if any.
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, Alberta.

Services Provided:

- Uses a case management approach to build relationships with clients
- Does not take over care; 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)
- Particular focus on palliative care, assistance with end-of-life (EOL) planning, establishing goals of care, and advocating for adherence to each client’s documented wishes
- CAMPP physicians make recommendations to primary care providers regarding complex pain and symptom management issues

Eligibility:

Available to low-income people who are:

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

Referrals:

Connect2Care (C2C) referral process. Contact 403-400-7454

C2C sees medically complex individuals who have 6 or more ED presentations in a year and tries to address the social and medical complexities that bring these people to hospital so often. The team connects individuals to primary care and other necessary community resources to try to prevent unnecessary hospital presentations.

CAMPP Tuesdays:
Team meetings on Tuesdays from 8:30 - 9:00 a.m. in the CUPS building:
1001, 10 Avenue SW Calgary, AB T2R 0B7
CAMPP Phone: 403-472-4479
C2C Phone: 403-400-7454
Nurse Coordinator: Dan Grover Email: DanG@cupscalgary.com

http://cupscalgary.com/
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®.

The directory is titled “Meal Delivery and Grocery Shopping” and you can view, share and print these listings for free through this online location:
https://informalberta.ca/public/common/viewSublist.do?cartId=1019709

Calgary Community Services Directory through Insite (AHS internal web)
The directory includes programs and services that prepare and deliver hot meals or groceries to older adults and people with disabilities who are unable to shop for or prepare food, or who cannot travel to an agency or site that serves meals.

On Insite (AHS internal web) under “Allied Health- Calgary” see Calgary Community Services- Directories:

Calgary Community Services – Directories
- Meal Delivery and Grocery Shopping
- Food Banks and Hampers
- Meals for Individuals in Need
- Kerby Centre
  - Calgary Seniors Directory of Services - Kerby Center and City of Calgary 2018
  - Calgary Seniors Housing Directory - Kerby Center and City of Calgary 2017

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 should search online and InformAlberta.ca

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. Other options, besides local grocery stores, include:

- Driving Miss Daisy
  www.drivingmissdaisy.net
  1-877-613-2479, 403-888-6391
  Cost associated

- SPUD
  www.spud.ca
  403-615-3663
  See web site for cost

- Kerby Centre
  www.kerbycentre.com
  403-234-6571
  Must be 55 years of age or older
  Minimal delivery fee
Emergency Food

These services provide food at no cost. Community Resource Centres may also help. To find Community Resource Centres search InformAlberta.ca or visit https://www.frfp.ca/parents-resources/community-resources/community-resources-centres.htm

- www.InformAlberta.ca - the directory is titled “Food Banks and Hampers”

- Calgary Food Bank
  www.calgaryfoodbank.com
  403-253-2059 or 403-253-2055
  Various depots around the city
  1 hamper = 1 week of groceries

- Contact TBCC social work for further assistance with local food resources. Social work may have additional, but limited, resources for those with low incomes.
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 1st choice). Certain conditions/requirements may mean there are specific hospice choices that may better meet their needs. 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 (efforts are underway to improve this). If the client/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 that they are admitted to. Collaborative visits to see their patients at hospice are welcomed after discussion with the hospice medical director.

Hospice Access Office 403-944-1614

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”
- Patient has life-limiting illness with estimated prognosis of 3 months of 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 403-944-8295

Hospice cannot accept:

- Patients who are an anticipated risk for wandering or elopement
- Vacuum Assisted Closure (VAC) Dressings
- Optiflow
- Continuous suction
- IV medication or IV hydration
- Patients on airborne isolation
Other Considerations:

- Rosedale Hospice only accepts patients with a primary diagnosis of cancer
- Patients with an epidural/intrathecal catheter can only go to Carewest Sarcee Hospice
- Hospices cannot help patients to smoke or take them to smoking areas. On-site smoking areas vary per hospice. There is no smoking on the property at many of the Calgary Zone hospices.
- Clients with bariatric care needs can only be accommodated at some sites due to staffing and equipment resource limitations
- The patient will need 2-3 days worth of supplies and medication. Hospices only have limited ward stock but can arrange for delivery of supplies when given enough notice. Hence, a prescription from the community physician might be needed just prior to admission to ensure the 2-3 days worth of medications.

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: Patients co-pay 30% of the cost of the drug to a maximum of $25. The lifetime maximum an individual pays is $1000, then there are no further costs.
    - There are items not covered by this program, such as injection and infusion equipment/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

For more referral information:

Alberta Referral Directory https://albertareferraldirectory.ca search “Hospice” and select “Calgary” as the city

Resources for patients including brochures:

https://www.ahs.ca/info/Page13766.aspx

https://informalberta.ca/public/service/serviceProfileStyled.do?serviceQueryId=1072211
Indigenous Health

Preparing the Spirit

- When a cure is not possible, suggest patient speak to a traditional healer or Elder for emotional and spiritual support.
- While each Indigenous cultures 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’.

*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.cancercontrolalberta.ca Click on “Patients & Families” > Just Diagnosed > Indigenous Cancer Health

- Guide to Cancer Care in Alberta for Newly Diagnosed Indigenous People

CancerControl Alberta Ingenious Cancer Patient Navigator

- Calgary: (Tom Baker Cancer Centre) Arrow BigSmoke
  - Email: Arrow-Lena.BigSmoke@albertahealthservices.ca
  - Phone: 403-476-2763
- Edmonton: (Cross Cancer Institute) Lori Kirkaldy
  - Email: LoriLee.Kirkaldy@albertahealthservices.ca
  - 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

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

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:

- Indigenous Health Program - Calgary Zone
- Indigenous Health Program - Central Zone
- Indigenous Health Program - Edmonton Zone
- Indigenous Health Program - North Zone
- Indigenous Health Program - South Zone

General inquires:

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

E-mail
Indigenoushealthprogram@ahs.ca

Website
http://www.ahs.ca/aboriginalhealth

AHS Indigenous Health Senior Advisors

<table>
<thead>
<tr>
<th>Zone</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Shelly Gladue</td>
<td><a href="mailto:shelly.gladue@ahs.ca">shelly.gladue@ahs.ca</a></td>
<td>780-735-5327</td>
</tr>
<tr>
<td>Edmonton</td>
<td>Mike Sutherland</td>
<td><a href="mailto:mike.sutherland@ahs.ca">mike.sutherland@ahs.ca</a></td>
<td>780-613-5152</td>
</tr>
<tr>
<td>Central</td>
<td>Tracy Lee</td>
<td><a href="mailto:tracy.lee@ahs.ca">tracy.lee@ahs.ca</a></td>
<td>780-585-2223</td>
</tr>
<tr>
<td>Calgary</td>
<td>Shelley Goforth</td>
<td><a href="mailto:shelley.goforth@ahs.ca">shelley.goforth@ahs.ca</a></td>
<td>403-943-2925</td>
</tr>
<tr>
<td>South</td>
<td>Cai-Lei Matsumoto</td>
<td><a href="mailto:cai-lei.matsumoto@ahs.ca">cai-lei.matsumoto@ahs.ca</a></td>
<td>403-701-084</td>
</tr>
</tbody>
</table>

Other Services:

First Nations and Inuit Hope for Wellness Help Line 1-855-242-3310

- Health Canada has a 24-hour toll-free Mental Wellness Help Line. Provides counselling in English, French, and upon request, Cree, Ojibway and Inuktitut

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 Calgart for help or access the booklet online
  http://www.calgary.ca/csps/cns/documents/aboriginal_services_guide.pdf?noredirect=1

City of Edmonton Indigenous Edmonton Directory

• Call 311 for questions about a City Service or Program
• Indigenous Edmonton Directory:
• Welcome to Edmonton Aboriginal Guide:

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

Health Canada works with Indigenous communities to develop home and community based services. 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. Clients should contact the local Health Centre to learn about which services are available.

If you are unsure what services the client 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 “Referral Based Services” document. Referrals to home care can be via provider or client self-referral.

**Métis Settlements:**

• For persons living on a Métis Settlement, as with clients residing in other areas of the province, Home Care is authorized by AHS and services are provided by AHS staff or contracted providers. It is recognized that due to the rural and remote locations of the Settlements that the availability of Home Care services 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. For example, when an elder is living at home and being cared for by family members.
  o The client needs to be assessed by an AHS Home Care Case Manager to determine their unmet needs and Home Care eligibility. Home care contact numbers are available on “Referral Based Services” document.
  o If it is appropriate option, the client enters into a contract with AHS. AHS provides funding and the client is responsible for contracting or employing their own care provider. In certain exceptional circumstances, and only with AHS approval, the client 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.

**First Nations Community Health Centres**

Search [www.InformAlberta.ca](http://www.InformAlberta.ca) search 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 clients (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. Benefits include drugs, medical transportation, dental care, medical supplies and equipment, crisis intervention counselling and vision care. It can be complex/take time to navigate.

Further information about the NIHB Program can be obtained by contacting:


**Dental** 1-855-618-6291

**Pharmacy** 1-800-580-0950

**Medical Transportation**
Telephone: 780-495-2708
Toll free: 1-800-514-7106

**General NIHB Inquiries**
Telephone: 780-495-2694
Toll free: 1-800-232-7301

**Contact**
Alberta Office: Non-Insured Health Benefits
Canada Place
9700 Jasper Avenue, Suite 730
Edmonton, Alberta
T5J 4C3

**Who is eligible?**

An eligible client 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](http://www.canada.ca/en/services/health/aboriginal-health.html))
- an Inuk recognized by an [Inuit land claim organization](http://www.canada.ca/en/services/health/aboriginal-health.html)
• a child less than 18 months old whose parent is a registered First Nations person or a recognized Inuk

For some clients, a self-government, or First Nations or Inuit health authority may be responsible for providing health benefits.
Legal and Financial Issues

Kerby Centre (www.Kerbycentre.com)
Volunteer lawyers 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. For people 55 and older.

Calgary Legal Guidance (http://clg.ab.ca/)
Provides free legal assistance, information, and advocacy to individuals experiencing financial hardship who need legal services and representation.
Calgary Legal Guidance is one of the six legal clinics in Alberta that are available to provide legal help. The other clinics are located in: Red Deer, Lethbridge, Edmonton, Medicine Hat and Grande Prairie.

Financial Concerns

Always consider a referral to social work to assist patients and their family/caregiver navigate financial issues

- Patients need to pay for preparation of injectable medications, or liquids drawn up in syringe, if done through pharmacy. These costs are NOT covered.
  - For those with financial hardship please refer to Tom Baker Cancer Centre social work.
    - 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.

- Patients need to pay for dressing supplies and paracentesis supplies (thoracentesis supplies are covered). If the patient and family have financial hardship, there may be alternative options for coverage. Please refer to social work.

- See Community Resource Center for “Financial Support”

http://fcrc.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 or 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. Alternatively, the disability or impairment must be expected to last for at least 12 months.
- Part B is filled out by a medical practitioner (MD or NP). Multiple pages of detail are required to be filled out in regards of the effects of impairment on activities of daily living (ADLs). 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. 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):
- 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.
- The ORIGINAL COPY must be sent in. CCP-D will not be processed without the signature of the physician. Please remind the patient of this if giving form to patient.
- Benefit: The following are monthly maximums (as of 2018):
  - Disability benefit maximum of $1,335.83
  - Children of disabled CPP contributors maximum $244.64
**Compassionate Leave Program**


- Eligible employees can take up to 27 weeks of leave to care for gravely-ill family
- Employees are eligible for 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 compassionate care leave without risk of losing their job.
- Employers must grant compassionate care leave to eligible employees and give them their same, or equivalent, job back after they return to work.
- Employees on compassionate care leave are considered to be continuously employed, for the purposes of calculating years of service.

**Compassionate Care Employment Insurance Benefits**

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

Compassionate care benefits provide financial assistance to eligible caregivers providing care or support to a person who has a serious medical condition with a significant risk of death within 26 weeks (6 months). Caregivers can receive up to 26 weeks of this benefit.

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 clients 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 clients and their families, the rural palliative and home care teams will identify, and authorize the amount and level of additional care that is needed. Clients/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 CRPHF@ahs.ca or call (403) 943-1142.
Mobile Lab

Mobile Collection Service Information for Physicians/NP

Mobile Collection Service (MCS) is a non-emergent care service that is available to support needs of medically homebound patients 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.

Home collections may be requested only by an attending physician, or nurse practitioner, and the patient must meet a defined set of criteria to be eligible for the service. 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:

- 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 not eligible for this service if:

- 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 is able to drive a motor vehicle

Originating order requires a REQ9013MOB Mobile Collection Service Requisition (link below) to be completed and faxed to the Mobile Collection Service Office. Once a mobile patient file is established, any changes to the original order must be made by faxing the Mobile Collection Service Office.


Mobile Collection Service Office

Hours: Monday to Friday, 7:00 am to 4:00 pm
Phone: 403-770-3351
Fax: 403-777-5222

Ordering Guidelines

- CLS 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 lab is collected.**

- **Providers ordering mobile collections for the first time (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). You do not need CLS alpha provider number if you have filled in the location correctly and your name. If you wish to use the “client and provider number” (alpha provider number) for future orders, call LIC to confirm the location attached to your name. You can have different numbers for different locations.

  Confirm your location in the Calgary Lab Services Database by calling:
  - Client Interface Team (CIT) 403-770-3959 or,
  - Lab Information Centre (LIC) 403-770-3600 (24/7)

  - Mobile Lab **does not use** Clinibase patient numbers, so results will not show up in SCM. Results will be available in NetCare.

- **Providers who are brand new** (never ordered labs before, including in hospital): Refer to “[Client Services Information](http://www.calgarylabservices.com/medical-professionals/client-services-information.aspx)” on the Calgary Lab Services website to set up your client (provider) information:
  Or call Data Integrity Team 403-770-3416 for more information

- **Priority collections** must be ordered by a physician and only be requested when it immediately affects patient care

  To be eligible for a priority or same day collection, STAT requests must be called into the appropriate office by 13:30. Requisitions must be faxed and called in:
  - **Monday to Friday:** MCS Office (403-770-3351) 07:00-13:30
  - **Saturday, Sunday and Holidays:** LIC (403-770-3600) 07:00-13:30

- Orders for future recurring collections will **NOT** be treated as priority collection
- Routine orders will be scheduled on patient’s next designated collection day
- Stat ECGs are **NOT** available. A **Priority Interpretation** is 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 CLS Lab Information Centre (403-770-3600).
- 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 [Guide to Services Directory of Tests](http://www.calgarylabservices.com/lab-services-guide/lab-tests/) 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.
Lab Results:

Call CLS information 403-770-3600 or check NetCare [http://www.albertanetcare.ca](http://www.albertanetcare.ca)

Tips for filling in Mobile Lab Requisition:

[Image of Mobile Lab Requisition form]

- **Requisition Requirements – Mobile Services Collection**
  - **Ordering Physician**
    - Full last and first name plus address/ location is required for accurate report delivery OR use CLS physician stamp.
  - **Patient Information**
    - Complete all fields to ensure accurate patient identification and registration.
  - **Patient Eligibility Requirements**
    - One of the defined criteria must be selected for a patient to be eligible for Mobile services.
  - **Scheduling Requirements**
    - Indicate frequency/duration and if the patient has an existing mobile order.

For changes and updates, please contact GURU@albertahealthservices.ca
Oncology and Sexuality, Intimacy & Survivorship (OASIS)

OASIS Clinic:

The TBCC OASIS clinic will continue to operate monthly in 2019. A monthly OASIS clinic at CCI will also begin operation in 2019.

Patient Workshops:

The ‘Low-down on Down There’ vaginal health workshops continue to be offered regularly at TBCC (monthly) and CCI (bimonthly). Workshops may be available to regional/community sites via telehealth. Interested patients/providers can contact the OASIS phone lines for North and South (listed below) to discuss eligibility and registration.

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:

4 pamphlets -- *Sexual Health Information for Men with Cancer*, *Sexual Health Information for Men with Cancer, Loss of Sexual Desire: 10 tips for maintain sexual activity*, and *Fertility and You*-- are available in cancer clinic areas and outpatient waiting rooms. These materials and more are also available online at [https://myhealth.alberta.ca/cancer-and-sexuality/about-oasis](https://myhealth.alberta.ca/cancer-and-sexuality/about-oasis). Patients requiring additional information, education and/or referrals can contact the OASIS phone lines directly.

For more information about any of the services/resources listed above, please contact:

OASIS phone lines (for providers and patients)
North: 780-432-8260
South: 403-355-3246
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 and 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. The application goes through Alberta Health and coverage claims are administered by Alberta Blue Cross.
- The physician or nurse practitioner determines the effective date of coverage. 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

Benefits:

Medications
See “Drug Benefits and Access” section for more detailed information

http://www.health.alberta.ca/services/drugs-palliative-care.html
• Prescription medications, fentanyl (patch and injectable), specific laxatives (if prescribed) and solutions for hydration therapy are covered if listed in the Alberta Drug Benefit List and Palliative Care Drug Benefit Supplement. [https://www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf](https://www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf)
• The co-payment (the portion of the prescription cost the patient pays to the pharmacy when a prescription is filled) is 30% to a maximum of $25, and a lifetime maximum of $1,000. **A patient will be responsible for additional costs if:**
  o The drug is not listed on the Alberta Drug Benefit List or the Palliative Coverage Drug Benefit Supplement; or
  o The patient chooses a more expensive brand of drug than the lowest-cost or generic brand.
• The co-payment is per fill of each medication (if patient is stable on medication, consider longer Rx to reduce number of fills)
• Co-payment includes dispensing fees, however does not cover delivery fees (if applicable)

**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 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. It does not include inter-facility transfer by ambulance.
  o Palliative Coverage Program covers transport to hospice. 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. The patient should be eligible for 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 and injectable supplies
• Delivery fees
• Charge to prepare syringe medications (liquid or injectable) in pharmacy (often $2/syringe)
  o Chemo specific teaching
  o Non chemo specific teaching
• Dressing supplies and paracentesis supplies
• If financial hardship, refer to social work as there may be alternative options for coverage
Palliative versus Seniors Coverage:

**Seniors Coverage:**
- Is for age 65 and older
- Similar coverage as Palliative but **NO $1000 maximum for co-pays** (i.e. co-pays are not capped)

**Drug Benefits and Access**
- Patients need to pay for preparation of injectable medications, or liquids drawn up in syringe, if done through pharmacy. These costs are NOT covered. Consider teaching patients/caregivers to prepare medications themselves.
  - Self-injection guide is available through patient education or on Insite (AHS internal web)- see links above
- For those with financial hardship please refer to TBCC social work. 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 local social worker, please have them contact a TBCC social worker.

**Palliative Blue Cross Drug Benefits**
Visit [https://www.ab.bluecross.ca/dbl/publications.html](https://www.ab.bluecross.ca/dbl/publications.html) for Interactive DBL (Drug Benefit list), Special Authorization Forms and Special Authorization Guidelines. Palliative Coverage Drug Benefit Program **does not cover medications not listed in the Alberta Drug Benefit List or the Palliative Coverage Drug Benefit Supplement. A prescription is required for coverage.** For the most up to date Palliative Coverage Drug Benefit go to [https://www.ab.bluecross.ca/dbl/publications.html#palliative](https://www.ab.bluecross.ca/dbl/publications.html#palliative)

Examples of medications covered (current as of July 2018, please see Interactive DBL for most current information):

<table>
<thead>
<tr>
<th>Medication</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENTANYL</td>
<td>Transdermal Patch (12, 25, 50, 75, 100 mcg/hr) and Injectable solution (50mcg/ml)</td>
</tr>
<tr>
<td>BISACODYL</td>
<td>Oral tab 5mg, Rectal suppository 10mg</td>
</tr>
<tr>
<td>MEGESTROL ACETATE</td>
<td>Oral tablet 40mg, 140mg</td>
</tr>
<tr>
<td>POLYETHYLENE GLYCOL 3350</td>
<td>Oral powder</td>
</tr>
<tr>
<td>SENNOSIDES</td>
<td>Oral tablet (8.6, 12mg), Oral liquid and syrup 1.7mg/ml</td>
</tr>
<tr>
<td>SODIUM PHOSPHATE/ SODIUM ACID PHOSPHATE</td>
<td>Rectal enema</td>
</tr>
<tr>
<td>Parenteral Solutions</td>
<td>See link for full list <a href="https://www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf">https://www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf</a></td>
</tr>
</tbody>
</table>

**Fentanyl**

If on Palliative Coverage Program: The following fentanyl products are benefits and **do not require** special authorization (or a trial of two courses of narcotic therapy) for individuals approved by Alberta Health for Palliative Coverage. Refer to the Palliative Coverage Drug Benefit Supplement. [https://www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf](https://www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf)

- Fentanyl Transdermal Patch: 12, 25, 50, 75, 100mcg/hr
Fentanyl Citrate Injection 0.05mg/ml (50mcg/ml)

If on Seniors Drug coverage: In order to qualify for fentanyl coverage patients must have tried at least two discrete courses of therapy with two of the following agents: morphine, hydromorphone and oxycodone, if not contraindicated. For private or personal plans, please check plan benefits and requirements as they may be different.

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
Drug alternatives for malignant bowel obstruction:

Refer to “Malignant Bowel Obstruction” tip sheet. Available at www.ahs.ca/GURU under “Palliative & Supportive Care” then under “Symptom Management Summaries”. Suggest palliative care consult for further advice.

Additional Resources

For additional assistance with drug coverage consider contacting:

- TBCC social work (financial hardship, low income)

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:

- Work with home care nurses who can help you identify the local pharmacies currently able to supply SC medications.

- Determine whether patient/family, nursing or pharmacy will be able to fill syringes. Considerations include: pt/family factors; nursing scope, availability and injection frequency; patient costs associated with pre-filled syringes from pharmacies and shelf life of pre-filled syringes.

- Try to anticipate need for SC medication ahead of symptom crises as it can take a few days to set up. Note that in an emergent situation (e.g. symptom crisis), consider EMS-ATR (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. See “Referral Based Services for Advanced Cancer Care” for Palliative Consultation options.

Self-injection guide is available through patient education on AHS external web:

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 provided to eligible palliative clients with a diagnosis of any terminal systemic disorder not covered by any other policies outlined in the AADL manual.

Home oxygen starts for palliative clients (for a maximum term of 6 months, one 6 month extension may be submitted for approval) shall be approved if a hard copy of oximetry is submitted showing room air SpO2 <= 89% at rest during the daytime for at least 3 continuous minutes.

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) with 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.

Requests for palliative extensions are to be submitted for prior approval. Palliative authorization will only be extended for one six-month (maximum) period subject to the same criteria for palliative start. No further extensions are approved. At this point, if clients still are requiring oxygen, they must qualify for funding based on other AADL non-palliative oxygen eligibility criteria. Palliative 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. Authorizers upload the following documents in the Alberta Blue Cross portal:
  - Respiratory assessment
  - Oximetry report
  - Prescription with written “Palliative” and diagnosis

Ensure the appropriate generic prescription is dated and signed by a physician or nurse practitioner. Home oxygen prescriptions must include:

a) O2 flow and hours per day; or
b) Therapist Driven Prescription

c) For palliative oxygen funding request, the prescription must include (a) or (b) with written diagnosis and “palliative” status.
Important considerations:

- Respiratory Specialty Suppliers (vendor oxygen companies) assess clients 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. All re-authorization documentation, including the prescription and testing data, is collected prior to the authorization expiry date. Failure to provide this information before the authorization expiry date will result in a gap in funding. This applies to all oxygen authorizations including long-term oxygen clients.
- Clients pay the Specialty Supplier for disposable supplies such as oxygen tubing, nasal cannula, humidifier bottles, etc. These items are not covered by AADL.
- If patient has difficulty paying for supplies and is low income, consider referral to Tom Baker Cancer Centre social work.
Patient Transportation

- Search [www.InformAlberta.ca](http://www.InformAlberta.ca) for “transportation assistance”

- Search the Canadian Cancer Society ([www.cancer.ca](http://www.cancer.ca)) for different services available by area. (**Ensure you specify postal code to restrict to local area**)
  - “Community Services Locator” > Advanced Search > Type of Service > Transportation

Volunteer drivers through Canadian Cancer Society “Wheels of Hope”

- Calgary and Lethbridge: 1-800-263-6750 (toll-free)
- 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

Calgary Transit Access:

- Run through City of Calgary
- Must be booked in advance. There is a 20min pick up window. When booking, plan 10-15min earlier than actual appointment time to give ample time for transfers
- Driver will only escort to the door of main entrance, not to actual appointment
- Transport: by taxi, handibus or van. Shared ride service is the primary service
- Cost: proof of fare via a Calgary Transit adult or youth ticket, monthly pass, low-income pass, or a U-pass
- Application:
  - 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) for assistance or palliative home care (PHC) case coordinator.
    - If palliative there is a shorter application (available through PHC or SW)
    - Part G of the application form must be filled out by MD, NP, palliative RN, SW, OT/PT
    - If claimed under disability then client 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. 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
- Booking: You can book a trip up to four days in advance. Same-day bookings are subject to availability and are not guaranteed.
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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coach</td>
<td>403-873-2224</td>
</tr>
<tr>
<td>Dreams Transportation</td>
<td>403-590-7433</td>
</tr>
<tr>
<td>Genesis Medi Shuttle</td>
<td>403-201-2053</td>
</tr>
<tr>
<td>Non-emergent EMS patient transport</td>
<td>403-944-6700</td>
</tr>
</tbody>
</table>

Give a Mile Program:
Give A Mile is a ‘not for profit’ online platform that enables people to visit a palliative ill person or people 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.

1-877-545-3050
https://giveamile.org/

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 client 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.

Go to https://www.alberta.ca/get-parking-placard-people-disabilities.aspx for more information and how to apply. The application is approved by an authorized health care provider. The application is then processed through a registry agent.
Personal Directives (PD) and Advance Care Planning
Consider referral to social work. See “Legal” section for legal help.

For more information:

- Visit [www.Conversationsmatter.ca](http://www.Conversationsmatter.ca) for health care provider and patient information on Personal Directives and Advance Care Planning
- Visit [https://www.alberta.ca/personal-directive.aspx](https://www.alberta.ca/personal-directive.aspx) for instructions on how to prepare a Personal Directive, download forms and how to register a Personal Directive
- Office of the Public Guardian and Trustee: [https://www.alberta.ca/decision-making-healthcare-planning.aspx](https://www.alberta.ca/decision-making-healthcare-planning.aspx)

To order supplies:

Non AHS users can order Advance Care Planning and Goals of Care Designation supplies online at no charge through DATAOnline. They will be required to set up a user profile and input a credit card number; however as long as they order ACP GCD supplies only, they will NOT be charged.

- Visit [www.conversationsmatter.ca](http://www.conversationsmatter.ca) > Health Professional > Supplies tab > select either:
  - **AHS Users** > “Supplies List” > “Ordering User Guide” to learn how to order
  - **Non AHS Users** > “Supplies List” > “Ordering User Guide” to learn how to order

- For patient guide books, visit [www.conversationsmatter.ca](http://www.conversationsmatter.ca) > Patient & Families > Resources > select guide book in language of choice (Arabic, Chinese, English, French, Punjabi, Spanish and Vietnamese)
- Blank Personal Directive forms may be obtained online at [https://www.alberta.ca/personal-directive.aspx](https://www.alberta.ca/personal-directive.aspx)
Psychosocial and Grief Support

The following links have been endorsed by TBCC educational department 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.

1-888-939-3333 [www.cancerconnection.ca](http://www.cancerconnection.ca)

**Cancer Chat Canada**

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

[https://cancerchat.desouzainstitute.com/](https://cancerchat.desouzainstitute.com/)

**Cancer in My Family**

This website is designed to help children explore their feelings, worries and questions about having cancer in their family.

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

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

Volunteers provide non-medical support, companionship, visiting and conversations with palliative clients and their families. Patient must be a Home Care client. 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.

403-355-3224 Email: [Calgarypsychosocial@ahs.ca](mailto:Calgarypsychosocial@ahs.ca)

**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. 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: 403-263-4525 http://www.hospicecalgary.ca/

**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 2nd and 4th Wednesday of the month.

Calgary: 403-355-3207 (Appointments / Booking)

**Wellspring**

Wellspring is a community organization that offers one-on-one sessions for those diagnosed with cancer, their caregivers, or both, to meet with trained volunteers who have experience with cancer. Wellspring also hosts meetings for several support groups. People who live out of town are welcome to attend.

Calgary: 403-521-5292 www.wellspringcalgary.ca
Edmonton: 780-758-4433 www.wellspring.ca/edmonton

**Virtual Hospice**

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

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.
1-877-453-5088 http://www.caregiversalberta.ca/

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

Calgary COMPASS program: 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

http://caregiverconnectyyc.com/employees
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 program

Calgary: 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

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 or call:

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

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**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)

**Additional Resources:**

CancerControl Alberta “Sources of Help” select by region:
[https://www.albertahealthservices.ca/cancer/Page9613.aspx](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, 2nd 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, 2nd Floor (Rehabilitation Oncology Department)
  Requires referral from Physician (Oncologist, Palliative Care Physician, or Family Physician)
  Office Phone: 403-698-8169
  Office Fax: 403-476-2457

Referral Forms:

Search [https://albertareferraldirectory.ca/](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 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.
Prehabilitation for Colorectal Surgery

Prehabilitation is a program that prepares patients physically and emotionally for surgery. All patients scheduled for colorectal surgery at the Peter Lougheed Center are welcome to join. The prehabilitation program is delivered as a group class that provides nutrition, exercise, and anxiety-reduction strategies before and after surgery.

Who is eligible?

- Patients scheduled for colorectal surgery at the Peter Lougheed Center
- Patients need at least two weeks to participate in the prehabilitation program before their scheduled surgery

Contact:

Please contact Chelsia Gillis at chelsia.gillis@ucalgary.ca for more information or call 403-943-4417.
Respite Care

Consider accessing local support groups for caregivers. Contact social work as well for caregiver support.

Through AHS:

Calgary respite program for Integrated Home Care clients:

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

Eligibility

- Must be a Home Care client
- 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. Clients 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 at 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
- Semi private 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**

If patient is a **Palliative Home Care** client, they 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 Client or General/Rural Home Care Client 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 client/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 client/family.

**Medications:**

All medications must be clearly labeled in original prescription bottles or blister packs. If changes in medication are required during the patient’s stay, medications will be ordered from the hospice pharmacy. Clients/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

If inaccuracies are noted or updates required, please contact GURU@albertahealthservices.ca

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 > 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

Referral based services covered:

1. Oncology services:
   - Radiation Oncology / Medical Oncology
   - CancerControl 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”.

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.

![Diagram of flowchart]

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

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.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foothills Medical Centre (FMC)</td>
<td>403-944-1132</td>
<td>403-944-1836</td>
</tr>
<tr>
<td>Peter Lougheed Centre</td>
<td>403-943-4053</td>
<td>403-291-9418</td>
</tr>
<tr>
<td>South Health Campus</td>
<td>403-956-2733</td>
<td>403-956-2795</td>
</tr>
<tr>
<td>Rockyview General Hospital</td>
<td>403-943-3702</td>
<td>403-943-8507</td>
</tr>
</tbody>
</table>
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

- 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 tunneled Pleurx catheter (Pleurx™ system) insertion

Referral:

- For the management of cancer related malignant pleural effusions
- Referral information and referral forms are available on 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 can be faxed (403-270-8407) or called in (403-521-3511)
- Referrals by physician only
- It is preferred that the patient have one thoracentesis prior to being seen in the clinic. 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

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

Created December 2018 by Camille Bond RN and the Palliative Care Early and Systematic Project Team (www.pacesproject.ca).