

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

Red Deer/Central Zone
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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** (note this link opens as a pdf form that can be filled in) 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:

https://www.alberta.ca/aadl-approved-vendors-list.aspx?utm_source=redirector

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:

- If patient is a Palliative Home Care or Integrated Home Care client: contact their current case manager or call Continuing Care Access Number (CACC) 1-855-371-4122
- If request is related directly to the cancer or cancer treatment, consider accessing Rehabilitation Oncology. Requires referral (see "Rehabilitation Resources" section)

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.

- Can call Continuing Care Access Number (CACC) 1-855-371-4122 to request Home Care Occupational Therapist to assess and assist with arranging for hospital bed in the home.

Additional Information: <https://open.alberta.ca/dataset/8b0a5505-243c-409c-8159-13d1a368b90a/resource/37481d7a-87ca-4460-b310-273bca3200aa/download/health-aadl-manual-bl-products-2020-10.pdf>

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

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

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

Lending Cupboard

The Lending Cupboard in Red Deer offers short term equipment loans.

<http://lendingcupboard.ca/>

- No referral is needed, but Physiotherapy or Occupational Therapy can assist the client to know what equipment needs they may have.
- Contact:
Open Monday, Wednesday and Friday from 9:00am to 4:30pm.
Phone: 403.356.1678
Fax: 403.356.2093
Email: contact@lendingcupboard.ca
Address: [#1-7803 50 Ave, Red Deer, AB](#)

Canadian Red Cross

The Canadian Red Cross has a <https://www.redcross.ca/in-your-community/alberta/alberta-find-a-branch/red-deer-office>

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

Referral Form:

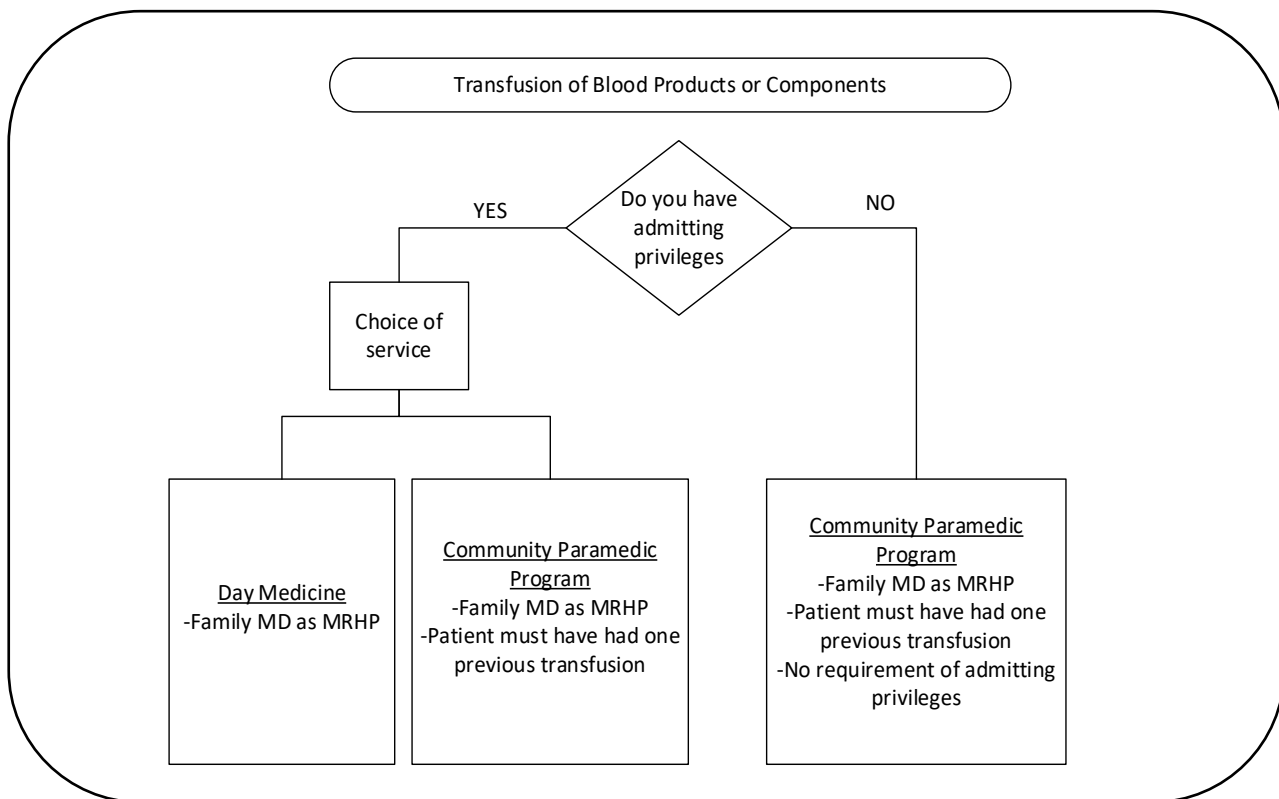
<http://www.redcross.ca/crc/documents/Where-We-Work/Canada/Alberta/HELP/AB-HELP-Referral-Form.pdf>

- 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), 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.



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 the 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 patient has a Specialist Physician or Nurse Practitioner at the Central Alberta Cancer Centre, transfusion can potentially be arranged by this provider to occur in the Systemic Therapy Department.
- 4.) 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:

1. 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.

2. 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:

Information on Community Paramedic Program:

<https://www.albertahealthservices.ca/about/Page13486.aspx>

_or search “Mobile Integrated Healthcare” on www.albertareferraldirectory.ca

To be considered eligible for this service:

Hospital	Phone No:	Fax No:
Foothills Medical Centre	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
Red Deer Regional Hospital	403-358-4356	403-343-4458

- 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.
- The 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:**
 - Rate of infusion
 - Sequence of infusion if more than one type of blood component and product is being transfused
 - Consent to Treatment / Procedure Form must include signatures:
 - Prescribing physician and patient signature OR the telephone consent signed by the physician and witness.
 - Blood Component / Product Requisition Form must include:
Units of blood requested and Attributes if any.

Palliative Care for the Structurally Vulnerable Persons

A program plan is being developed by which the Central Zone Palliative Care Team is able to provide better support individuals experiencing barriers to care. Barriers such as homelessness, mental health and addictions. The program being developed for Red Deer will be provided through the Central Zone Palliative Care Team and in partnership with many of the social agencies in the downtown area. Further details to come. Until a formal process is developed, family physicians can access the team through the Continuing Care Access Number (CACC) 1-855-371-4122.

Food/Meals

Nutrition Counselling

A Registered Dietitian provides cancer patients with nutrition information to help maximize the benefits of treatment.

Nutrition plays a key role in providing the best care to cancer patients for prevention, symptom control, treatment, and quality of life. Registered Dietitians provide patients and their families with expertise in the field of nutrition care including:

- Nutrition assessment
- Counselling and education available in individual and group formats
- Nutrition classes

Nutrition Counselling-Cancer

- Inform Alberta listing
<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1027551>
- [Alberta Referral Directory - Service At Facility Data Entry](#)

Nutrition Outpatient and Home Care

- Outpatient Nutrition Services
 - [Nutrition Counselling - Adult | Alberta Health Services](#)
 - [Alberta Referral Directory - Service At Facility Data Entry](#)
- Home care
 - Inform Alberta <https://www.albertahealthservices.ca/cc/Page15488.aspx>

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” Individuals can view, share and print these listings for free through this online location:

Inform Alberta Listings for Central Zone

- [Meal Delivery and Grocery Shopping](#)
- [Food Banks and Hampers](#)
- [Meals for Individuals in Need](#)
- [Seniors Programs](#)

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, Home Care, dietitian or social work.

Meal Delivery

There are local private companies and programs that deliver ready-made meals, with hot or frozen meal options. For the most up to date listing, families should search online at InformAlberta.ca

Red Deer Meals on Wheels

Address: 188 Northey Avenue
Red Deer, Alberta T4P 3J6
Telephone: 403-340-2511
E-Mail: rdmealsonwheels@shaw.ca
Website: <http://www.reddeermealsonwheels.com>

Heart to Home Meals

<https://www.hearttohomemeals.ca/>
1-800-704-4779

Golden Circle – Home Style Meals Frozen

Phone: 403.343.6074
Fax: 403.343.7977
Email: info@goldencircle.ca
Address
4620 – 47A Avenue
Red Deer, AB, T4N 3R4

For Grocery Delivery

Most major grocery stores offer home 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:

- **Golden Circle** – (minimal fee)
Phone: 403.343.6074
Fax: 403.343.7977
Email: info@goldencircle.ca
Address
4620 – 47A Avenue
Red Deer, AB, T4N 3R4.
- **Family Services of Alberta**
Phone: 403-343-6400
Website: <https://fcss.ca/>
Email: fcss@fcss.ca
- **Driving Miss Daisy**
www.drivingmissdaisy.net

Lacombe, Ponoka, Red Deer, Sylvan

Email: sally@drivingmissdaisy.net

Phone: [403-391-7927](tel:403-391-7927)

Fax: [403-782-7657](tel:403-782-7657)

- **Bayshore (fee)**

Phone: [403-348-1007](tel:403-348-1007)

Website: <https://www.bayshore.ca/>

Email: Craig Burak – cburak@bayshore.ca

Emergency Food

These services provide food at no cost. Community Resource Centers may also help. To find

Community Resource Centers search InformAlberta.ca

www.InformAlberta.ca - the directory is titled "[Food Banks and Hampers](#)"

Red Deer Food Bank Society

Address Unit 12 - 7429 49 Avenue

Red Deer, Alberta T4P 1N2

Telephone: 403-342-5355 (Administration)

Telephone: 403-346-1505 (Hamper Request)

Fax: 403-346-1551

E-Mail: rdfoodbank@hotmail.com

Please contact your local Regional or Community Cancer Centre or Home Care for further Information regarding food resources.

Hospice

Hospice care is a specialized service that provides 24/7 palliative care in a specialized facility to those nearing the end of life. The Red Deer Hospice is a cottage-style building that has 16 beds as well as spaces for other support services and where families can gather.

There are also designated Hospice Suites that include a patient care room and space for family members to stay with them within three extended care facilities in Central Alberta:

Two suites within the Sunrise Encore Assisted Living facility in Olds; one suite within the Good Samaritan Society Clearwater Centre in Rocky Mountain House; and one suite at Points West Living, Stettler.

All patients admitted to the Red Deer Hospice and the Olds, Rocky Mountain House and Stettler Hospice Suites are cared for by their own family doctor, or an identified local family doctor with a special interest in Hospice/Palliative Care.

Red Deer Hospice Referral Criteria:

- Patient/resident must be assessed for hospice by a family physician, palliative consultant, palliative home care coordinator or rural home care coordinator (in consultation with a rural palliative consultant).
- Patient is aware of the terminal nature of their disease and understands the purpose and philosophy of the residential hospice.
- Goals of Care Designation “C1” or “C2”. Goals of Care Designation “M1” may be considered
- Patient has life-limiting illness with estimated prognosis of 4 months or less
- The patient and/or designated decision maker is agreeable to no further aggressive or invasive treatment intended to cure disease and no resuscitative measures in the event of a cardiac or respiratory arrest.
- Palliative Performance Scale (PPS) score of 50% or less
- Patient has a valid Alberta Health Care Number
- Medical care must be provided by a primary/attending physician who will provide coverage on a 24-hour basis and arrange for medical back-up if the primary physician is unavailable.

Any exceptions must be discussed with the Palliative Home Care Case Manager or the Hospice Charge Nurse

Hospice cannot accept patients that:

- are an anticipated risk for wandering or elopement
- require Optiflow for respiratory support
- require IV medication or IV hydration
- require continuous suction (but can manage intermittent suction)
- require isolation for airborne pathogens
- require continuous epidural/intrathecal catheter for medications for pain control
- or families that have a history of violent behaviors

Other Considerations:

- Hospices cannot help patients to smoke or take them to smoking areas. On-site smoking areas vary per Hospice.
- Clients with bariatric care needs can only be accommodated at some sites due to staffing and equipment resource limitations.
- The patient will be asked to bring all currently used medications with them to the Red Deer Hospice. The Hospice Nurse will then review these medications with the patient/family to determine the last dose taken and other pertinent information. A Medication Reconciliation Record will then be completed, and the Nurse will then contact the Physician to obtain current medication orders. The medications that the patient/family have brought with them to the Hospice will then be returned to them and they will have the option to deliver these medications to Shopper's Drug Mart, Bower Mall if they wish these medications to be used in the blister cards made up by the community pharmacy for use by the Hospice.

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](#): No co-pay and no premiums.
 - There may be some items not covered by this program, such as ostomy and dressing 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.

For more referral information:

- Red Deer Hospice Society www.reddeerhospice.com
- Olds Hospice Society www.oldshospice.com
- Rocky Mountain House Compassionate Care Hospice Society. www.cchs2016.com
- Stettler Hospice Society: www.stettlerhospice.org

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 <https://www.albertahealthservices.ca/cancer/cancer.aspx> [Patients & Families](#) > Just Diagnosed > [Indigenous Cancer HealthGuide to Cancer Care in Alberta for Newly Diagnosed Indigenous People](#).

Cancer Care Alberta Indigenous Cancer Patient Navigator

- Calgary- South: (Tom Baker Cancer Centre) Arrow BigSmoke
 - Email: Arrow-Lena.BigSmoke@albertahealthservices.ca
 - Phone: 403-476-2763
- Edmonton-North: (Cross Cancer Institute) [Kelsey Salpeter](#)
 - Phone: 780-432-8747
 - Email: ICPN_North@ahs.ca

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>

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

<http://www.ahs.ca/aboriginalhealth>

[Indigenous Health](#)

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

AHS Indigenous Health Senior Advisors

Zone	Name Name	Email	Phone
North	Shelly Gladue	shelly.gladue@ahs.ca	780-735-5327
Edmonton	Mike Sutherland	mike.sutherland@ahs.ca	780-613-5152
Central	Tracy Lee	tracy.lee@ahs.ca	780-585-2223
Calgary	Shelley Goforth	shelley.goforth@ahs.ca	403-943-2925
South	Cai-Lei Matsumoto	cai-lei.matsumoto@ahs.ca	403-701-084

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 Calgary for help or access the booklet online
- <https://www.calgary.ca/csps/cns/first-nations-metis-and-inuit-peoples/additional-aboriginal-support-resources.html>

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

- Welcome to Edmonton Aboriginal Guide:
https://www.edmonton.ca/city_government/documents/PDF/01_26_12_booklet_AboriginalWelcome-Guide.pdf

Red Deer Native Friendship Society

- 4808 51 Ave Red Deer, T4N 4H3
- 403-340-0020
- friendship@rdnfs.com

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 unsure of 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, 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.
- 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.
- 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.
- Visit. <https://www.sac-isc.gc.ca/eng/1100100010752/1535115367287> for more information

First Nations Community Health Centers

Search 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:

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

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](#))
- An Inuk recognized by an Inuit <https://www.sac-isc.gc.ca/eng/1585310583552/1585310609830>
- 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

Central Alberta Community Legal Clinic

- 1-877-314-9129 Toll Free
- 403-314-9129 Local
- #106, 4916 50th Street Red Deer, AB T4N 1X7
- <https://www.communitylegalclinic.net>

The Community Legal Clinic offers free legal services to people who financially qualify and who do not qualify for Legal Aid. Service is provided through appointments booked in advance. The head office is located in Red Deer; however, the agency provides legal services in and around Central Alberta including an extended through partner agencies in Ponoka, Medicine Hat, Fort McMurray and Lloydminster. The Community Legal Clinic – Central Alberta is one of the legal offices in Alberta that are available to provide legal help. The other legal clinic offices are located in: Calgary, Lethbridge, Edmonton and Grande Prairie. Volunteer lawyers provide legal information and advice on a variety of legal issues such as:

- Family Law
- Civil Law
- Criminal Law
- Guardianship/Trusteeship
- Wills
- Immigration Law (Limited)

Legal Aid Alberta

1-866-845-3425 Website: <https://www.legalaid.ab.ca/>

Legal Aid Alberta assists Albertans facing legal issues by helping them navigate their journey through the justice system and find lasting resolutions to their legal challenges. Legal Aid Alberta provide eligible Albertans support and services in areas including: Family Law & Child Welfare, Emergency Protection Orders & Domestic Violence, Adult Criminal Law, Youth Criminal Law, Immigration and Refugee Law, Civil Law, Service to the Siksika Nation, Duty Counsel/Legal Assistance at Court.

Law Society of Alberta – Find a Lawyer

780-661-1095

<https://www.lawsociety.ab.ca/public/lawyer-referral/>

Lawyer referral is a free service to help individuals find a lawyer. Clients will be asked to describe their legal issue and then provide contact information for up to three lawyers. The first half-hour of conversation is free and should be used to discuss legal issues, explore options, evaluate potential costs and help determine if the lawyer is a good fit for the legal issue. The lawyers do not provide free legal advice. **PLEASE CONSIDER A REFERRAL TO SOCIAL WORK FOR ADDITIONAL INFORMATION ON LOCAL LEGAL RESOURCES.**

Financial Concerns

Always consider a referral to social work to assist patients and their family/caregiver navigate financial issues, below are some common resources that may be considered.

1. Disability Tax Credit (DTC) – Canada Revenue Agency

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.

Eligibility:

In all cases, the impairment must be prolonged. Equally, 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 which can include vision, speaking, hearing, walking, eliminating, feeding, dressing and mental functions necessary for everyday life
- 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.

- Find more information on Canada.ca, along with the Medical Report (Form T2201):
<https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit.html>

2. Canada Pension Plan Disability Benefit (CPP-D)- Service Canada

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:

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

- This application will receive expedited processing, within 5 business days of receipt. For the purposes of CPP, a terminal medical condition is a disease state that cannot be cured or adequately treated and is reasonably expected to result in death within 6 months.
- If the patient does not meet the terminal illness criteria, there is also expedited processing for those with a grave medical condition. If the patient meets these criteria, it is Service Canada's goal to make a decision within 30 days of receipt. See the page 11 of the CPP Disability Medical Report for a list of grave medical conditions:
<https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit/apply.html>
- 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 or NP filling out the form can get \$85 from the government but an invoice must be filled out. If social work is assisting, you may give the social worker the invoice along with the medical to submit with the claim.
- The ORIGINAL COPY must be sent in (encourage patient to keep a copy).
- Benefit: The following are monthly maximums (as of 2021):
 - Disability benefit basic amount is \$510.85 to a maximum of (1413.66) based on contributions
 - Children of disabled CPP contributor's maximum (257.58)
 - Post Retirement Disability Benefit is \$510.85 (after 65)

Please refer to Social Work for assistance with determining eligibility and completing the application.

3. Compassionate Leave Program Information – Government of Alberta (please check websites for Covid19 updates)

<https://www.alberta.ca/compassionate-care-leave.aspx>

- Eligible employees can take up to 27 weeks of leave to care for gravely-ill family, however the Employment Insurance benefit is 26 weeks. The number of weeks of leave exceeds the Employment Insurance benefit length by one week in recognition of the waiting period. Employees should be aware of this before taking their leave.

- 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.
- This program describes access that Albertans have to the benefits available through Service Canada, it is not a separate benefit.

4. Caregiving Benefits and Leave

- Website: <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>

EI Caregiving Benefits Information

- Website: <https://www.canada.ca/en/services/benefits/ei/caregiving.html>
- Through Employment Insurance, people could receive financial assistance of up to 55% of their earnings, to a maximum of \$595 a week. These benefits will help people to take time away from work to provide care or support to a critically ill or injured person or someone needing end-of-life care.
- A caregiver does not have to be related to or live with the person they care for or support, but they must be considered to be like family by the client.
- Caregiving benefits are available to eligible caregivers who provide care or support to a patient who is critically ill or injured or in need of end-of-life care. Caregivers must be family members or someone who is considered to be like family.
- There are 3 types of caregiving benefits
- 1) **The Family caregiver benefit for children** provides financial assistance to caregivers providing care or support to a critically ill or injured child under the age of 18. Caregivers can receive up to 35 weeks of this benefit.

- 2) **The Family caregiver benefit for adults** provides financial assistance to caregivers providing care or support to a critically ill or injured adult 18 years of age or older. Caregivers can receive up to 15 weeks of this benefit.
- 3) **Compassionate care benefits** provide financial assistance to 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. (above)
- The weeks of benefits can be shared by eligible caregivers, either at the same time or one after another.
- The medical doctor or Nurse practitioner can be asked to complete a medical certificate to support a caregiver's application for benefits.

Please refer to Social Work for assistance with determining eligibility and completing the application.

5. AISH (Assured Income for the Severely Handicapped) – Government of Alberta

- Website: <https://www.alberta.ca/aish.aspx>
- Phone No: 1-877-759-6810

Submit AISH Application and supporting documents by:

- Mailing them to PO Box 17000 Station Main, Edmonton, Alberta T5J 4B3
- Faxing them 1-877-969-3006 (toll free) or 587-469-3006 (Edmonton area), or
- Bringing them to the nearest [AISH office](#) or Alberta Supports Centre
- Submitting them [online](#)

This program provides income to those who are unable to earn a living as a result of their medical condition. AISH will expedite applications for those with a terminal cancer diagnosis.

Eligibility

- Medical condition that substantially limits a patient's ability to earn a living.
- The medical condition is likely to remain permanent.
- There is no medical treatment, therapy, rehabilitation or training available that will help improve the patient's ability to earn a living.
- The patient is at least 18 years old and not eligible to receive an Old Age Security pension.
- Patient lives in Alberta and are a Canadian citizen or permanent resident.
- Patient is not in a correctional facility or some mental health facilities such as Alberta Hospital Edmonton.
 - Meet financial eligibility criteria.

***As of November 2019, AISH clients receive \$1685 monthly and are provided with full health, dental and medication coverage.**

Please refer to Social Work to assist in determining eligibility and to assist with the application process.

6. Alberta Works Income Support – Government of Alberta

<https://www.alberta.ca/income-support.aspx>

1-877-644-9992 (Toll free) Hours: 7:30 am to 8 pm (open Monday to Friday, closed statutory holidays)

- There are multiple offices in Central Zone including Red Deer, Camrose, Drayton Valley, Drumheller, Olds, Stettler and Wetaskiwin.
- This program provides supports for individuals and families to pay for basic expenses like food, clothing and shelter. Depending on the patient's situation, it may be advantageous to first apply for Income Support while waiting on AISH benefits. If approved, this program can provide full health, dental and medication coverage.
- If patient is in the community, they must go to the office and apply in person. If the patient is admitted to hospital, there is an expedited process (during the Pandemic all Government offices are closed to the public, people may apply by phone or online).
- This program may also provide emergency support if a patient is in a crisis:
 - 24-hour Emergency Income Support Contact Centre
 - Get [emergency financial assistance](#) to help with basic needs like shelter, food, clothing and transportation.
 - Hours: 24/7
Toll free: [1-866-644-5135](tel:1-866-644-5135)
Fax: 780-422-9681
Email: css.iscc@gov.ab.ca

Please refer to Social Work to assist patients in navigating the Income Support program.

7. Alberta Seniors Benefit

- Seniors with low-income can get financial assistance to help with monthly living expenses, see link below for details.
- [Alberta Seniors Benefit | Alberta.ca](#)
- -Special Needs Assistance for Seniors – seniors with low-income can get financial assistance to help afford the cost of appliances and specific health and personal supports. See link below for details.
- [Special Needs Assistance for Seniors | Alberta.ca](#)

Social Work can assist with this program or refer to appropriate resource to assist.

8. Alberta Cancer Foundation – Patient Financial Assistance Program (ACF PFAP)

- This program can assist eligible patients with treatment-related expenses, such as transportation, accommodations, medications, medical supplies and symptom management

products. This funding comes from donor dollars; therefore, it is considered the last resort and all other government (federal and provincial) programs must be explored first.

- The application requires a thorough financial assessment conducted by a CCA Social Worker, as well as a monthly income and expense breakdown. There is an asset limit and financial documentation is required.
- Please refer directly to Cancer Care Alberta Social Work in any Cancer Center in Alberta to assist with determining eligibility for this program, as well as for eligibility for other financial assistance programs.

Brochure link below:

- [Counselling and Support: For Patients, Families and Friends \(albertahealthservices.ca\)](https://albertahealthservices.ca/counselling-and-support-for-patients-families-and-friends)

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 home bound 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 <https://www.albertahealthservices.ca/lab/Page15888.aspx> 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 <http://www.albertahealthservices.ca/frm-20884.pdf> (link below) to be completed and faxed to the Mobile Collection Service Office for central zone.

- **For Red Deer only: Fax the completed AHS Mobile Service Collection Requisition with eligibility criteria to 403-343-4811.**

For additional assistance call 403-343-4749

- **For Lloydminster – lodges - FAX completed AHS Mobile Services Collection Requisition to 780-452-5294 (Covered by DynaLIFE Medical Labs)**

- For other communities in Central Zone: FAX the completed AHS Mobile Service Collection Requisition with eligibility criteria to your local hospital laboratory or home care.
- **Mobile Collection Service Office (Central Zone)**
Hours: Monday to Friday, Morning only draws. Specimens to be back to the lab by 1pm.
Phone: 403-343-4811
Fax: 403-343-4749

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.

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:

Check NetCare <http://www.albertanetcare.ca>

Tips for filling in Mobile Lab Requisition:

Ordering Physician
Full last and first name plus address/
location is required for accurate report
delivery **OR** use CLS physician stamp

If Copy To reports
are required,
provide full last and
first name, plus
address/location
for accurate report
delivery

ORDERING PHYSICIAN (Include Full Name and Provider #)
Dr. Test Doctor
Example Med Clinic
222 - 456 Report Dr SW
14875 001875A

Example Doctor 2 Clinic 2
Last Name Full First Name Office Address/Location
Last Name Full First Name Office Address/Location

MOBILE SERVICES COLLECTION REQUISITION			
PROVINCE AB	PERSONAL HEALTH NUMBER (PHN) 12345 - 6789	REGIONAL HEALTH RECORD NUM	
PATIENT LAST NAME Example	FULL FIRST NAME Patient	MIDDLE NAME	
PATIENT ADDRESS 22 Happy Way SE		CITY, PROVINCE Calgary, AB	POSTAL CODE T1T 1T1
CHART NUMBER	GENDER F	DATE OF BIRTH 1988 05 22	PATIENT PHONE NUMBER (XXX) XXX-XXXX
CLINICAL DATA		ACCESSION NUMBER <i>(For mobile lab use only)</i>	

Patient Information
Complete all fields to
ensure accurate
patient identification
and registration

Patient Eligibility Requirements

Select one of the following eligibility criteria for the patient to receive mobile services:

- The patient has had a recent hospitalization and/or surgery that temporarily restrict their travel outside (maximum 4 weeks).
Specify reason: _____
Hospital discharge date: (yyyy-mm-dd) _____
- The patient has an ongoing medical restriction and is unable to attend appointments or other activities.
Specify Condition impeding mobility: _____
- The patient resides in a secured or safe living environment e.g. Remand Centre, Dementia Unit.

Patient Eligibility Requirements
One of the defined criteria must
be selected for a patient to be
eligible for Mobile services

Scheduling Requirements

Requested Start Week of: _____ (Service date will be determined by patient location/address)

Select testing frequency and mobile order history:

Frequency	Maximum Duration
<input type="checkbox"/> Once only	Once
<input type="checkbox"/> 2X /Week	2 weeks (M/Th or Tu/F)
<input type="checkbox"/> 3X /Week	2 weeks (M/W/F)
<input type="checkbox"/> Weekly	3 months
<input type="checkbox"/> Every 2 Weeks	6 months
<input type="checkbox"/> Monthly	1 year
<input type="checkbox"/> Every 3 Months	1 year

For other frequencies consult mobile services.

If this patient has an existing Mobile order check one of the following:

- Addition to next scheduled collection
- Replacement of all existing orders
- Schedule extra collection: _____

Scheduling Requirements
Indicate frequency/duration
and if the patient has an
existing mobile order

Oncology and Sexuality, Intimacy & Survivorship (OASIS)

OASIS Clinic:

The OASIS clinic is available at both the CCI and the TBCC.

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) have been 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:

Four pamphlets are available in cancer clinic areas and outpatient waiting rooms:

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

These materials and more are also available online at <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: 403-355-3207

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.

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

As of spring 2020, there is no co-payment.

A patient will be responsible for additional costs if:

- The drug is not listed on the [Alberta Drug Benefit List or the Palliative Coverage Drug Benefit Supplement](#); or
- The patient chooses a more expensive brand of drug than the lowest-cost or generic brand.

The plan 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.

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.**
- 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 some injectable drugs, e.g., Neupogen and Neulasta
- Delivery fees
- Charge to prepare syringe medications (liquid or injectable) in pharmacy (often \$2/syringe)
- Chemo specific teaching for self-injection:
<https://www.albertahealthservices.ca/assets/info/cca/if-cca-subcutaneous-chemotherapy-self-injection.pdf>
- Non-chemo specific teaching for self-injection:
<https://www.albertahealthservices.ca/assets/info/cca/if-cca-self-injection-prov.pdf>

- Dressing supplies and paracentesis supplies
- If financial hardship, refer to social work or your Palliative Home Care Case Coordinator 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 patient pays a co-payment on each prescription.

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 CACC 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 CACC social worker.*

Palliative Blue Cross Drug Benefits

- Visit <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>

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>
- 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.

For FENTANYL PATCH requests

Patients must have tried at least two discrete courses* of therapy with two of the required agents: morphine, hydromorphone and oxycodone.

* A *discrete course* is defined as a separate treatment course, which may involve more than one agent used at one time to manage the patient's condition.

Treatment course 1 MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)

- morphine
- hydromorphone
- oxycodone
- other (specify) _____

Treatment course 2 MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)

- morphine
- hydromorphone
- oxycodone
- other (specify) _____

For FENTANYL INJECTION requests

Previous MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)

- morphine
- hydromorphone

If patient is unable to swallow, please provide information regarding specific reasons patient is unable take oral medications

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 “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:

- CACC social work (financial hardship, low income)
- Palliative Home Care Case Coordinator

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.

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 \leq 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.
- Please consider a referral to Social Work if patient has difficulty paying for supplies, as there may be alternative coverage options available.

Patient Transportation

- Search www.InformAlberta.ca for “transportation assistance”
- Search the Canadian Cancer Society (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
Canadian Cancer Society’s Wheels of Hope Transportation Program (please call for Covid19 updates to program)
- Please call 1-800-263-6750 (toll-free) to register.
- Patients must be able to walk on their own, drivers are not equipped or trained to handle wheelchairs or transferring people
- Minimum 3 business days’ notice required for booking
- They provide service, Monday to Friday from 8:30-4:00pm
- Cost: Yearly \$100 registration fee (unlimited rides)
 - Low income: can do situational assessment for reduced fees
- → This program primarily provides transportation to chemotherapy and/or radiation treatments. Please contact the program directly to confirm whether they will provide transportation for labs, diagnostic tests, etc.

Red Deer Action Bus

View the Guide here: <https://www.reddeer.ca/media/reddeerca/city-services/transit/2019---Action-Bus-Guide---WEB.pdf>

For more information, please call 403-309-8400

“Medical Transportation” (AISH or Alberta Works clients only)

Please consult Social Work for assistance with setting up medical transportation, as there is additional documentation required

If approved, they will provide taxi service to eligible clients to get to and from medical appointments who are unable to utilize other modes of transportation, such as ETS or DATS.

A medical note is required, which indicates:

- The medical treatment required
- Length of time and location of treatment
- The frequency of transportation required

→ If requesting travel for frequent access, please ensure you provide confirmation that the patient’s medical condition is life threatening and that it would leave a permanent debilitating effect unless the travel for the treatment is provided

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.

Private Ambulance	Phone no
Care Coach	403-873-2224
Dreams Transportation	403-590-7433
Genesis Medi Shuttle	403-201-2053
Non-emergent EMS patient transport	403-944-6700

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. These elements of care are generally included in a consult to the Central Zone Palliative Care Team.

For more information:

- Visit 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> 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: Website: <https://www.alberta.ca/office-public-guardian-trustee.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 > Health Professional > Supplies tab > select either:
 - AHS Users > “[Supplies List](#)” > “[Ordering User Guide](#)” to learn how to order
 - Non AHS Users > “[Ordering User Guide](#)” to learn how to order
- For patient guide books, visit 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.

Psychosocial and Grief Support

[Psychosocial Oncology | Alberta Health Services](#)

The Psychosocial Oncology team are professionals with different specialties and may include psychologists, psychiatrists, social workers or spiritual care providers. They offer different supports and services to patients and family members to help reduce emotional distress and explore how to cope. They can help with things such as communication, stress, coping with treatment side effects, mood changes, quality of life, body image, loneliness, financial concerns or practical support. They also make referrals to other community resources as needed.

- **Counselling and Support – Brochure link below**
 - [Counselling and Support: For Patients, Families and Friends \(albertahealthservices.ca\)](#)
- **Adolescent & Young Adult Patient Navigation -Brochure link below**
 - [Adolescent and Young Adult \(AYA\) Patient Navigation \(albertahealthservices.ca\)](#)
 - AYA Program North 780-432-8932
 - AYA Program South 403-476-2791
- **Central Zone Psychosocial Oncology**

For patients living in the Central Zone or getting treatment at the Central Alberta Cancer Center in Red Deer, Social Work is available to help patients and their families cope with the practical, emotional, psychological and social stresses that often surface as a result of cancer and its treatment. Support is available to patients from the moment of diagnosis onward for cancer related concerns.

1. Services available may include:

Individual, couple and family counselling to help explore:

- cancer-related quality of life issues
- coping strategies for managing stress
- anxiety and low mood
- meaning of life questions

2. Practical Supports

- Benefits, personal or legal questions, drug coverage, accommodations, transportation, government benefits, loss of income and referral.
- Booking: 403-406-8452 (Appointments / Booking)
- Classes and Support Groups (online options)
- people may register online or look at the list below for specific contact numbers
- [Classes, Groups & Events | Alberta Health Services](#)

Some services may not be available at the Central Alberta Cancer Centre, however referral to the Tom Baker Cancer Center or Cross Cancer Institute sites are available.

Home Care – Central Zone Palliative Care Program

- Karen Morrow- Jantz, Continuing Care Counsellor
Ph. 403-309-8192

Karen.morrowjantz@albertahealthservices.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

Community Resources

MyHealth Alberta

- [Palliative and End-of-Life Care \(alberta.ca\)](#)
- MyHealth.Alberta/palliative-care is for Albertans — people who need care, families, clinicians, and care providers. The information has an Alberta focus and is designed to be easy to understand and simple to find.
- a quick and easy way to find palliative and end-of-life care programs, services and resources
- links to organizations, groups, and services in Alberta that provide palliative and end of life care
- real-life stories from patients, families, and health care providers
- information for caregivers that’s been approved by Albertan experts
- “gold standard” clinical information for health care providers
 - listings for education, workshops, conferences, and online learning
- [Canadian Cancer Society, Cancer Connection](#)
 - Phone number: 1-888-939-3333
 - 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 Chat Canada](#)
 - Offers professionally led online support groups where patients can connect with others who are having similar experiences.

- **Cancer in My Family**

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

Website: <http://www.cancerinmyfamily.ca/#/landing-page>.

[Family Support \(bccancer.bc.ca\)](#)

- **Canadian Virtual Hospice**
 - Website: <https://kidsgrief.ca/>
- **Red Deer Hospice**
Red Deer Hospice offers in-house bereavement support to residents and their loved ones, as well as outreach community programs for individuals who may need extra support as they work through the loss of a loved one. One-on-one bereavement support is also available to individuals who request it, by appointment.
- **Good Grief Support Group** is an eight-week series that offers information, strategies and reflection in a supportive environment on topics related to the grief experience. This series is specifically designed for anyone who has experienced the death of someone important to them and who wants to learn how to manage this journey call grief. Meetings for groups of 6-10 people are held at the Red Deer Hospice once a week for two hours, over an eight-week period and are facilitated by trained, compassionate and caring staff and/or volunteers. There is no charge, but participants are encouraged to make a donation.

Contact the Bereavement Support Coordinators at 403-309-4344, ext. 105 or by email: bereavement@reddeerhospice.com

- **Red Deer Primary Care Network**
Journey Through Grief is an 8-week program of weekly 2-hour group sessions that help participants to develop a tool kit that will help them learn skills to cope more effectively with loss. Engaging exercises help to explore grief needs, deepen emotional healing and begin to reinvest in life. Individuals can self-refer by calling: 403-343-9100 and speak to a Triage Nurse or they can be referred by their Red Deer PCN Family Doctor. No charge.
- **Alberta Health Services**
Bereavement Support Program at Red Deer Regional Hospital is an 8-week program designed to give people information and strategies to learn about loss and how to cope with grief. Not intended to be a group therapy environment, but an opportunity to learn together and, in the process, receive and offer support and understanding. Recommended to wait a minimum of 3 months since the death of the loved one. Interpreters/translation services available. Call 403-343-4715, ext 2.
- This program is also available at:
 Drayton Valley Hospital and Care Centre 780-514-7171
 Rimbey Hospital and Care Centre 403-843-7823
 Rocky Mountain House Health Centre 403-844-5286
 Sundre Hospital and Care Centre 403-638-3033 ext 7041
- **Canadian Mental Health Association**
 Central Alberta Region
 5017 – 50 Avenue, Red Deer
 403-342-2266
info@reddeer.cmha.ab.ca

- **Grief Share**

Christian faith-based grief recovery support group weekly meetings.

Living Stone Church – Tuesdays at 6:30 pm

The 13-week session runs from September to December and January to April. Cost \$25 for workbook. Childcare available

Call: 403-347-7311. <https://www.livingstones.ab.ca/grief-share/>

- **Deer Park Alliance Church** – Tuesdays at 7 pm

- Cost \$20 for workbook. Call: 403-986-9237

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 a referral. Wellspring Calgary and Wellspring Edmonton operate in-person centres and provide a full range of online and phone programs to support all of Alberta.

- Calgary: 587-747-0260, 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. Website: 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.

Website: <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
- <https://edmonton.cmha.ca/caregiver-connections-online/>

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.

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

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

Additional Resources:

CancerControl Alberta “Sources of Help” select by region:

www.albertahealthservices.ca/cancer/Page16318.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.

- For patients receiving care at the Central Alberta Cancer Centre (CACC) they may access Rehabilitation services such as physiotherapy, occupational therapy and speech and language therapy. Referral for their services can be made by contacting the CACC nurse navigator. Service description:
- Rehabilitation works to help patients restore or adapt to cognitive, functional and physical changes directly caused by cancer and/or cancer treatments. Rehabilitation has many benefits: It can help manage pain, lymphedema, fatigue and changes in speech, language, voice quality and mobility.

Rehabilitation Services offered vary by location and may include:

- at the Central Alberta Cancer Centre (CACC) in Red Deer: Occupational Therapy, Physical Therapy and Speech & Language Therapy
- at the Cross Cancer Institute (CCI) in Edmonton: Occupational Therapy, Physical Therapy and Speech & Language Therapy
- at the Holy Cross Centre in Calgary: Occupational Therapy, Physiotherapy and Physiatry. Physiatrists are medical doctors specializing in Physical Medicine & Rehabilitation
- at the Jack Ady Cancer Centre in Lethbridge: Physical Therapy
- at the Tom Baker Cancer Centre (TBCC): Speech & Language Therapy
- Cancer-related lymphedema management for swelling that has developed in any part of the body related to the cancer or cancer treatments. Management may include compression bandaging, exercise and education on skincare, self-massage and home management.
- Assessment and prescription for compression garments and / or compression systems
- Alberta aids to daily living (AADL) authorizations for compression sleeves, stockings, and / or other aids to daily living equipment
- Education classes and groups
- Individualized treatment
- Help with finding community resource

Rehabilitation Oncology Brochure link below:

- [Rehabilitation Oncology - PROV \(albertahealthservices.ca\)](https://www.albertahealthservices.ca/rehabilitationoncology)
- The patient's doctor will get a written report after the assessment.

- If patient is on Palliative Home Care or Integrated Home Care, contact their case manager to help arrange the home care physiotherapist, occupational therapist, respiratory therapist, SLP or dietician. Patients can also self-refer to rehabilitation services in their community by contacting Continuing Care Access Number (CACC) 1-855-371-4122.
- 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:

Referral Forms:

Search <https://albertareferraldirectory.ca/> for: "Rehabilitation Oncology Physical Medicine & Rehabilitation Clinic".

Respite Care

Consider accessing local support groups [for caregivers](#). Contact social work as well for caregiver support.

Through AHS:

Red Deer and Central Zone has respite available at 7 Long Term Care (LTC) facilities for Home Care clients. These beds are booked on a first come, first served basis and are often booked quite far in advance. Home Care completes an assessment and sends it to the Continuing Care Placement Office.

Eligibility

- Must be a Home Care client
- Medications must be blister packed and current within 4 weeks
- Requirements for 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 2 types of respite services that may be provided. Clients must be *medically stable* for all programs:

1. Companion care in the home (organized through home care): up to 4 hours a week
2. Overnight stay in a LTC facility:
 - Requirements: as above
 - Eligibility and length of stay to be decided after a Home Care assessment Maximum length of stay is 8 weeks per calendar year.
 - Fees \$68.00 per day

Service Access

Contact the patient's Home Care case manager.

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 Red Deer Hospice 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.

There may be an option for respite care at the Olds and Rocky Mountain House Hospice Suites if these rooms are vacant at the time of the request, but this would have to be discussed with the Palliative Home Care Case Manager and local Palliative Resource Nurse.

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

Average length of stay would be 14 days, but respite stays of up to 30 days can be pre-planned and booked at the Red Deer Hospice.

- **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.

Referral Based Service Descriptions for Advanced Cancer Patients

If inaccuracies are noticed 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
- Cancer Care Alberta Cancer Line
- Psychosocial Oncology
- Rehabilitation Oncology

2. Palliative services:

- Palliative Home Care
- Palliative Care Consultants
- Cancer Centre Complex Pain and Symptom Clinic
- Palliative Care Inpatient Unit at Red Deer Regional Hospital
- Hospice Care

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 and view under “Symptom Management Summaries”.
- Should drainage be greater than 4L, the patient will need to be monitored in Medical Day Room and may require administration of Albumin. If you know that albumin will be required, orders for the number of units to be transfused (either before or after the paracentesis) must be included on the Interventional Radiology requisition. Diagnostic Imaging at the Red Deer Regional Hospital will arrange a bed in Medical Day Room when the paracentesis is booked.
- **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.

Ultrasound department booking at Red Deer Regional Hospital
phone: 403-309-5719 ext. 3; fax: 403-343-4918

- **Peritoneal/Pleural/Renal Drainage at home via Pleurx or nephrostomy tube:**
Patients must pay for and supply the equipment for home drainage.
Requires referral for Home Care for RN to manage intermittent drainage, dressing changes around drains/tubes and flushing tubes prn. Use local Home Care referral form or call Home Care Case Manager with orders.

Acknowledgment

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

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