

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

Edmonton Zone



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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 79 g/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.

Site *most utilized	Procedure
*Cross Cancer Institute	Phone: 780-432-8771 (Switchboard) <ul style="list-style-type: none">If the patient is being followed at the CCI, then contact the oncologist involved in the care of the patient to discuss.
*Strathcona Community Hospital	Phone: 780-342-3441 Fax: 780-342-3566 Blood transfusions are performed in the Outpatient Department, for more details: <ul style="list-style-type: none">Can be arranged in a timely fashion.Connect Care: "Ambulatory Referral to IV Therapy", To dept: "SWP SCCH IV THERAPY"
Devon General Hospital	Phone: 780-342-7000 Blood transfusions (and other IV therapies) are performed in the ED on Wednesdays. <ul style="list-style-type: none">Family physicians who have admitting privileges may send orders to the ED.Family physicians who do not have admitting privileges can make arrangements through a physician who does.
Fort Saskatchewan Community Hospital	Phone (switchboard): 780-998-2256, ask to be transferred to the Outpatient Department. Blood transfusions are performed in the Outpatient Department. <ul style="list-style-type: none">Referring family physicians do not need to have admitting privileges. However, they are responsible for providing patients with a requisition for type & screen and crossmatch.They also must fax transfusion orders. The fax number will be provided once they contact the Outpatient Department.

Grey Nuns Community Hospital	<p>Phone (switchboard): 780-735-7000, ask to be connected to the Day Medical Unit. Fax: 780-735-7418</p> <p>Blood transfusions are performed in the Day Medical Unit.</p> <ul style="list-style-type: none"> • Family physician who has admitting privileges must fax orders. A completed consent form and lab requisition for type & screen and crossmatch to the Day Medical Unit. • Family physicians who do not have admitting privileges can speak with the Internal Medicine physician on call regarding the possibility of arranging a blood transfusion.
Leduc Community Hospital	<p>Phone: 780-980-4498</p> <p>Blood transfusions, IV antibiotics and pamidronate are performed in the General Medicine Clinic through the Outpatient Department on Tuesdays.</p> <ul style="list-style-type: none"> • Patients are triaged. If outpatient therapy will prevent these patients from coming to ED or being admitted, then they can be scheduled through the Outpatient Department. • Family physicians who have admitting privileges must send orders for blood products or IV medications to the Outpatient Department. • For family physicians who do not have admitting privileges, their patients must be seen through the ED.
Misericordia Community Hospital	<p>Phone: 780-735-2768, Ext. 2, then Ext. 5 Fax: 780-735-7492</p> <p>Blood transfusions are performed through the Day Medicine/Outpatient Clinic.</p> <ul style="list-style-type: none"> • Family physicians with admitting privileges must fax the completed consent form, orders for blood transfusion (on a Covenant Health order sheet), and the type & screen and crossmatch lab requisitions to the Day Medicine/Outpatient Clinic. • Family physicians who do not have admitting privileges can contact an Internal Medicine physician to discuss the possibility of arranging a blood transfusion.
Royal Alexandra Hospital	<p>Phone: 780-735-5872 Fax: 780-735-5642</p> <p>Blood transfusions are performed at the IV Therapy Clinic.</p> <ul style="list-style-type: none"> • Family physicians with privileges must call the clinic, which will fax the referral form to be completed. Once the clinic receives the completed referral form, they will contact the patient and arrange for the transfusion. • Family physicians who do not have admitting privileges can call the Internal Medicine physician on call to request a transfusion. The family physician will still need to complete the referral form for the transfusion.
Sturgeon Community Hospital	<p>Phone: 780-418-7425 Fax: 780-418-8592</p> <p>Blood transfusions are performed through the IV clinic.</p> <ul style="list-style-type: none"> • Family physicians with admitting privileges must fax a referral with orders to the IV Clinic. • Family physicians who do not have admitting privileges can refer to the physician on call for the IV Clinic, who can be reached through the IV Clinic phone number.

University of Alberta Hospital	Phone: 780-407-7947 Fax: 780-407-6660 Blood transfusions are performed in the Medical Outpatient Unit. <ul style="list-style-type: none"> Family physicians with admitting privileges must fax orders and the completed consent form to the Medical Outpatient Unit. Type & Screen and Crossmatch must be completed prior to the blood transfusion appointment being arranged. Once the Medical Outpatient Unit receives all needed information, then it will schedule the blood transfusion. Family physicians who do not have admitting privileges can speak to the Internal Medicine physician on call to request a blood transfusion.
Westview Health Center (Stony Plain)	Phone: 780-968-3681 Fax: 780-968-3731 Blood transfusions for outpatients are completed at the IV Clinic. <ul style="list-style-type: none"> Family physicians with admitting privileges must fax an order for blood products, a signed consent form, and lab requisition for type & screen and crossmatch to the IV Clinic. The IV Clinic will then make arrangements. Family physicians who do not have admitting privileges can fax a referral to Dr. Steve Chihrin (Internal Medicine).

Equipment and Supplies

Alberta Aids to Daily Living (AADL) is one avenue to help Albertans with long-term disability, chronic illness, or terminal illness to acquire medical equipment and supplies. Please discuss and consider use of free equipment loan options for palliative care patients. This is often a preferred and timely solution as detailed in this section.

Equipment Loan Options

Canadian Red Cross

The Canadian Red Cross has a [Short Term Equipment Loan Program](#). Referral from a health care professional (RN/OT/PT/MD/Other) is required.

- Referral Form: 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 has been faxed to check for item availability. See website for local phone numbers.

*Remember to check “**palliative**” on the bottom of the form under “additional information”.

*Upcoming connect care updates will add Red Cross Referrals directly within connect care.

- Red Cross does not fit patients for devices. Patients’ needs should be determined by care team (OT/PT/RN/NP/MD).
- 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 care patients are for 6 months and can be extended for another 3 months (maximum).

Cross Cancer Institute, Edmonton

Rehabilitation Oncology, Cross Cancer Institute can assess and arrange for equipment loans from their own loaner pool.

- Examples of items include walking aids, bathroom equipment, wheelchairs, cushions and supports. Phone number: (780) 432-8716 (PT) and 780-432-8798 (OT).

Local Home Care Programs

Patients residing in rural, suburban surrounding areas may be able to borrow equipment from their local home care offices by contacting their local home care office / case manager.

Alberta Aids to Daily Living (AADL)

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), phone 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. The benefit year is from July 1 to June 30.

*Please refer to occupational therapy along with equipment assessment request or social work for [cost share exemption forms](#) 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 is required on the 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: Medical equipment or supplies must be purchased from an approved AADL vendor. Approved vendors include some home health care stores, pharmacies, home oxygen suppliers and hearing aid vendors. See AADL website for vendor listings: <https://www.alberta.ca/aadl-approved-vendors-list.aspx>. Also see <https://open.alberta.ca/dataset?tags=AADL+program>.

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. Additional Information is available at: <https://open.alberta.ca/publications/aadl-program-manual-l>

AADL provides funding for homecare beds and accessories for clients who meet the following criteria:

- The client lives in a house, apartment, lodge, group home or assisted living facility (level 2), and
- The client has a chronic, long term mobility related impairment resulting in the inability to transfer in and out of bed or to reposition in bed, and

- The client is palliative, estimated six months to end of life, is on comfort measures and wishes to remain in their residence, or
- The client spends 80% or more of the day in bed.

Food/Meals

Inform Alberta

An online list of food and meal services is available through the Inform Alberta database, available at www.informalberta.ca

Edmonton Community Services

Enter postal code and search for the following to find in your area:

- Meal delivery
- Food banks and hamper

Meal Delivery Services:

Meals on Wheels

- Phone Number: 780-429-2020
- Website: <https://mealsonwheelsedmonton.org/>
- Hot or frozen meal options. Updated menus can be viewed online.
- Standard one meal option (\$12/day), two meal option (\$14.50/day)
- NOTE: fees are reduced for qualifying low-income clients.

Heart to Home Meals

- Phone Number: 800-704-4779 or email_edmonton@hearttohomemeals.ca
- Website: <https://hearttohomemeals.ca/>

Frozen meals, delivery

Updated menus can be viewed online.

Grocery Delivery

Many grocery stores offer the ability to preorder and pick up in store. Inquire about minimum costs and method of ordering. Other options, besides local grocery store pickup, include:

Driving Miss Daisy:

- Grocery shopping assistance and companionship. Cost associated.

Edmonton Grocer:

- Free delivery within delivery limits and with grocery minimum purchase

Save On Foods:

- Online ordering and delivery

SPUD:

- Delivery covers greater Edmonton area including Spruce Grove, St Albert, Leduc, and Fort Saskatchewan. See web site for costs.

Emergency Food

The services listed below provide food at no cost. Local Community Resource Centers may also have local information not listed on larger websites. To find local Community Resource Centers search:

- [InformAlberta.ca](https://informalberta.ca)
- [Edmonton Food Bank](https://edmontonfoodbank.ca) Phone number: 780-425-4190; open Monday-Friday 8:30am-4pm.
- Various depots around the city, and free community meals list updated periodically. See [Edmonton Food Bank website](https://edmontonfoodbank.ca) for most up to date list.

Contact a Social Worker from the Cross Cancer Institute for further assistance with food delivery and information on local food resources for those in need.

Useful Diet Handouts (AHS)

- Quick and easy meals: www.albertahealthservices.ca/assets/info/nutrition/if-nfs-quick-and-easy-meals.pdf.
- Adding calories and protein to your diet: www.albertahealthservices.ca/assets/info/nutrition/if-nfs-adding-calories-and-protein-to-your-diet.pdf
- Making smoothies with more calories and protein: www.albertahealthservices.ca/assets/info/nutrition/if-nfs-making-smoothies-with-more-calories-and-protein.pdf
- Soft, moist food ideas: www.albertahealthservices.ca/assets/info/nutrition/if-nfs-soft-moist-and-liquid-food-ideas.pdf
- Recipes to help you get enough calories and protein: www.albertahealthservices.ca/nutrition/Page16043.aspx

Swallowing Difficulty

If a patient has difficulty swallowing, contact the patient's Physician.

Liquid Meal Supplement Coverage

Some government programs will cover the costs of nutrition supplements (i.e., Ensure, Boost). Patients with some types of government funding can have liquid meal replacements covered by their program.

AIHS and Income Support Supplement Coverage

Prescription from MD/NP required No payment by client/patient needed.

Product	Regular benefit	Special authorization
Ensure / Boost (regular)	Y	
Ensure / Boost (plus calories)	Y	
Glucerna / Boost diabetic	Y	
Ensure / Boost (high protein)		Y
Boost Fruit Beverage		Y
Two Cal		Y
Resource 2.0	Y	
Ensure Enlive	n/a	n/a
Nepro / Novasource Renal	Y	
Ensure / Boost pudding		Y
Beneprotein		Y
MCT oil		Y
Resource Thicken Up	Y	
Product	Regular benefit	Special authorization
Resource Thickened Juices	Y	
Benefiber	n/a	n/a
Banatrol	n/a	n/a

Further coverage information is available from the Alberta Interactive Drug Benefit List:

https://www.ab.bluecross.ca/dbl/idbl_main1.php

NIHB (Non-Insured Health Benefit Program)

- A prescription and special authorization request for supplement coverage can be submitted through pharmacy and physician.
- Nutritional supplements NOT routinely considered for funding.

Special Diet Funding (AISH and Income Support)

- Special diet funding is based on diagnosed medical conditions. The Registered Dietician can send a letter of support to the Alberta Income Support office listing:
- Medical Diagnosis(es)
- Diet funding requested (i.e., high protein/high-calorie diet)
- Duration (i.e., ongoing or 12 months)

Alberta Seniors Benefit - Special Needs Assistance (SNA)

SNA is for low-income seniors only (income for single persons less than \$27,300/yr. and couples less than \$44,335/yr.). The benefit is only available to seniors who already receive monthly funding through Alberta Seniors Benefit.

- Gluten free diet funding
- First time applicants may receive benefits for up to 3 months. To receive funding after 3 months, provide receipts for reimbursement.
- Funding maximum is \$5,000/yr.

- \$2.25 per supplement funded to a maximum of 4 bottles per day.
- Only Ensure, Boost, Resource 2.0, Glucerna, Resource Dairy Thick, Resource Thicken Up and Nepro are funded.

For more information, visit the Alberta Seniors Benefit – Special Needs Assistance website:

www.seniors-housing.alberta.ca/seniors/special-needs-assistance.html

Veterans Affairs

- Nutrition supplement (requires special authorization, MD prescription required). Patient/client needs to call VA to pursue this funding.
- Client or VA calls meal service with “K” number (i.e., Heart to Home and Meals on Wheels)

Hospice

Hospices are available to individuals living in the Edmonton area who prefer this as a place of care in the last weeks to months of life or individuals whose care needs can no longer be met at home. Specialized teams of health care professionals and volunteers provide 24-hour care focused on quality of life for individuals and families at the end of life and through bereavement. The interdisciplinary team concentrates on easing the physical, emotional, and spiritual suffering that often accompanies the end-of-life journey.

Hospice Admission Criteria

The patient:

- is 18 years and older.
- is experiencing a progressive life limiting or life-threatening disease and wishes to focus on comfort and quality of life.
- has indicated that they no longer require or are benefitting from life sustaining medical treatment. **Goals of Care Designation (GCD) is in place and is C1 or C2; M2 may be considered.**
- is not awaiting consultation for initial assessment, staging or treatment of disease at the Cross Cancer Institute or other Cancer Centre. Patients waiting for palliative radiation are eligible for admission.
- has an expected length of stay of approximately three to four months or less; exceptions may be considered.
- agrees to transfer to hospice to receive end of life care when remaining at home is no longer possible or acute care is no longer required.
- agrees to reassessment for alternative level of care if condition stabilizes and disease trajectory appears to exceed expected length of stay.
- has been assessed by a palliative care consultant and has met all the above criteria for hospice.

Initiating Referral to Hospice

- A MD or nurse practitioner (NP) referral to the Edmonton Zone Palliative Care Program (EZPCP) is required, Edmonton Zone Tab:
<https://www.albertahealthservices.ca/info/Page14740.aspx>
- Community Patients: [Alberta Referral Directory - Service At Facility Details](#)
- Out of Zone: MD or NP contact Community Care Access (CCA) at (780) 496-1300.

Edmonton Zone Hospices

Hospice care is provided in the following Continuing Care facilities:

[Alberta Health Services Westview Health Centre](#) Continuing Care, 6 beds

Phone number: 780-968-3656

4405 South Park Drive, Stony Plain, Alberta, T7Z 2M7

[Capital Care Norwood](#) Angus McGugan Pavilion, 30 beds.

Phone number: 780-496-3200

10410 111 Avenue, Edmonton, Alberta, T5G 3A2

[Covenant Care Foyer Lacombe](#) 10 beds.

Phone number: 780-544-2100

1 St. Vital Avenue, St. Albert, Alberta, T8N 1K1

[Covenant Health Edmonton General Continuing Care Centre](#) Mel Miller Hospice, 26 beds.

Phone number: 780-342-8098

11111 Jasper Avenue, Edmonton, Alberta, T5K 0L4

[Covenant Health St. Joseph's Auxiliary Hospital](#) Robert Stollery Palliative Wing, 14 beds.

Phone number: 780-430-9110

10707 29 Avenue, Edmonton, Alberta, T6J 6W1

[Qualicare Rivercrest Care Centre](#) 6 beds

Phone number: 780-998-2425

10104 101 Ave, Fort Saskatchewan, Alberta, T8L 2A5

- All sites are tobacco and smoke-free environments.
- Smoking cessation options will be offered in hospice.
- Hospices are located within continuing care settings; all medications and supplies are provided.
- There is no accommodation fee charged for hospice patients. For more information, contact info.ezpcp@ahs.ca or by phone 780-613-7000.

George's House

The [George Spady Society](#) Palliative Care Program is based at George's House, a five-bedroom home in the Sherbrooke (central west Edmonton) community.

- The program serves individuals who have been diagnosed as nearing the end of their life and are either homeless or who would be at high risk of becoming homeless without specialized supports.
- A specialized team of health care professionals, support workers, and volunteers provide 24-hour care.

- As a palliative care program, the interdisciplinary team concentrates on offering wholistic care including physical, emotional, and spiritual support during the end-of-life journey.
- George's house can support clients until death in collaboration with palliative home care.
- Housing first, harm reduction and wellness recovery is embedded into all aspects of program services.
- Care plans are highly personalized and may also include cultural and spiritual supports, managed alcohol, and Medical Assistance in Dying (MAID).
- Three communal meals per day and snacks are provided.
- Each room has a television.
- Rooms are non-smoking but there is an easily accessible outdoor area designated for smoking.
- Visits by pets can be accommodated at the discretion of the Manager.
- Individuals with income contribute to housing costs, based on an affordable sliding scale. However, having low or no income is not a barrier to services.
- Applications will require a medical assessment by a qualified Palliative Care Consultant (the program can provide one), and the George's House Program Manager will interview applicants.

For more information contact: Michelle Valiquette – Manager, Phone: 780-758-2066

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’.

Resources for Indigenous Cancer Health

Patients can self-refer and explore resources at [Indigenous Cancer Health | Alberta Health Services](#).

Cancer Care Alberta Indigenous Cancer Patient Navigators:

- Calgary (Tom Baker Cancer Centre): Arrow BigSmoke
Phone number: 403-476-2763.
Email: Arrow-Lena.BigSmoke@albertahealthservices.ca
- Edmonton (Cross Cancer Institute): Kelsey Swank
Phone number: 780-432-8747.
Email: ICPN North@ahs.ca
- Grande Prairie (Grande Prairie Cancer Centre): Lucy Laboucan
Phone number: 825-412-4200.
Email: lucy.laboucan@ahs.ca



Living My Culture

Indigenous Voices Stories of Serious Illness and Greif developed by Indigenous people for Indigenous people (video series): <https://livingmyculture.ca/culture/>

Indigenous Cancer Care Experiences

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

AHS Indigenous Wellness Core (previously Indigenous Health Program)

- Indigenous Health: www.albertahealthservices.ca/info/Page11949.aspx
- Indigenous Health Related Links: 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](#)

- The Provincial Indigenous Health Program and Indigenous Health Strategic Clinical Network have combined into one portfolio: [Indigenous Wellness Core \(IWC\)](#)
- General inquires:
Indigenous Support Line (Toll-Free): 1-844-944-4744
Phone numbers: Calgary 403-943-1211, Edmonton 780-735-5326
Fax numbers: Calgary 403-943-2877, Edmonton 780-735-5012
E-mail: indigenouswellnesscore@ahs.ca

AHS Indigenous Health Senior Advisors

Zone	Name	Email	Phone
North	Shelly Gladue	shelly.gladue@ahs.ca	780-735-5327
Edmonton	John MacPhee (temp role) permanent Senior Advisor is Dot Anderson	john.macphee2@ahs.ca	780-613-5152
Central	Tracy Lee	tracy.lee@ahs.ca	780-585-2223/ 780 312 5676
Calgary	Shelley Goforth	shelley.goforth@ahs.ca	403-943-2925
South	Cai-Lei Matsumoto	cai-lei.matsumoto@ahs.ca	403-701-0846

List of Indigenous Zone Leaders

Zone	Name	Email
Northwest	Jennifer Parker	Jennifer.Parker@albertahealthservices.ca
Edmonton	Cassandra Felske-Durksen	Cassandra.Felske-Durksen@albertahealthservices.ca
Central	Cayla Gilbert	Cayla.Gilbert@albertahealthservices.ca
Calgary	Elizabeth Erasmus	Elizabeth.Erasmus@albertahealthservices.ca
South	Catherine Scrimshaw	Catherine.Scrimshaw@albertahealthservices.ca
Northeast	Nicole Cardinal	Nicole.Cardinal@albertahealthservices.ca

Other Services

- Health Canada First Nations and Inuit Hope for Wellness (24-hour, Toll-Free) Help Line:
 - 1-855-242-3310 or use the **Chat Option:** <https://www.hopeforwellness.ca>
 - Provides counselling in English, French, and upon request, Cree, Ojibway, and Inuktitut.
- Calgary Distress Centre: 403-266-4357
- Edmonton Distress Line: 780-482-4357
- Indigenous Mental Health (Calgary): 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: www.edmonton.ca/city_government/documents/PDF/IRO-Directory.pdf
- Welcome to Edmonton Aboriginal Guide: www.edmonton.ca/city_government/documents/PDF/01_26_12_booklet_AboriginalWelcome-Guide.pdf

Community Based (On-Reserve and Metis Settlements)

- Health Canada works with Indigenous communities to develop home and community-based services.
- Community Health Nurses and home care workers are in each of the 46 First Nations.
- In First Nations and Métis communities, home care services vary significantly in their availability due to funding and geographic location. Clients should contact the local Health Centre to learn about available services.
- If you are unsure what services the client can receive (through Reserve or AHS), please contact Home Care as a starting point and they can help direct.
- Home care contact numbers are available in the 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 in the [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 www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/healthcare-services/home-community-care.html for more information.

First Nations Community Health Centers

Search InformAlberta.ca for “First Nations Community Health Centers” for a listing of all Alberta locations with hours and phone numbers.

Non-Insured Health Benefits (NIHB)

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 medication coverage, 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:

- General NIHB inquiries: Toll free 1-800-232-7301
- Alberta Office:
Non-Insured Health Benefits Canada Place
9700 Jasper Avenue, Suite 730 Edmonton, Alberta, T5J 4C3
- Dental: Phone number 1-855-618-6291
- Pharmacy: Phone number 1-800-580-0950
- Medical Transportation: Toll free 1-800-514-7106 or fax number 1-833-897-5806

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 benefit.

Legal and Financial Issues

Law Society of Alberta

- Phone number: 1-800-661-9003, website: <https://www.lawsociety.ab.ca/public/findalawyer/>.
- The [Lawyer Directory](#) allows people to search for information on a specific lawyer or find a lawyer who can help you with your legal issue based on certain search criteria.
- Members of the public can find a lawyer to assist with their legal needs by searching by name, firm, location, [practice areas](#), language(s) spoken, gender, and whether a lawyer offers limited scope retainers. There are approximately 7,500 lawyers in private practice who are eligible to provide legal assistance.

Edmonton Community Legal Centre (ECLC)

- Phone number: 780-702-1725, website: www.eclc.ca
- ECLC provides free legal information and advice to low to moderate income people in the Edmonton area. They can assist with any of these legal issues: family law (including separation and divorce, child custody, child support, and more), landlord and tenant, employment and wrongful dismissal, human rights, debt, small claims, immigration (including concerns of Temporary Foreign Workers - *Eligibility for their services does not depend on the patient's status in Canada*) and income supports appeals for AISH, Employment Insurance, CPP and others.
- ECLC does not assist with criminal law problems.

Legal Aid Alberta

- Phone number: 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. They 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.
- Applications can be made over the phone or in-person at the Edmonton Courthouse. First come, first served.

Financial Concerns

- Always consider a referral to social work to assist patients navigate financial concerns.
- Patients need to pay for preparation of injectable medications, or liquids drawn up in syringe, if done through pharmacy. These costs are NOT covered.
- Patients need to pay for dressing supplies and paracentesis supplies (thoracentesis supplies are covered).
- If the patient and family have financial hardship, there may be alternative options for coverage.

Please refer to Cross Cancer Institute Social Work.

Disability Tax Credit (DTC)

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

The person must also meet one of the following criteria:

- is blind.
- is significantly restricted in two or more of the basic activities of daily living (ADLs), which 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 (chemotherapy does not meet this criteria).
- is **markedly restricted** in at least one of the basic ADLS listed above.
- is 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.

- To qualify for the DTC, 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 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](https://www.canada.ca), along with the [Medical Report \(Form T2201\)](#).

Canada Pension Plan Disability Benefit (CPP-D)

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

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

- 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 this criterion, 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 (non- terminal illness) for a list of grave medical conditions:

www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit/apply.html

To qualify for CPP-Disability, the patient must meet the following criteria:

- 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; and
 - Have a medical condition that is considered to be both severe and prolonged.
- 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 to submit with the claim.
- The ORIGINAL COPY must be sent in. The application will not be processed without the signature of the physician. Please remind the patient of this if giving form to patient.
- The monthly maximums (as of 2020) are:
 - Disability benefit maximum of \$1,606 per month
 - Children of disabled CPP contributor's maximum \$294.12 (as of 2024)

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

Compassionate Leave Program

- Website: www.alberta.ca/compassionate-care-leave.aspx
- Eligible employees can take up to 27 weeks of leave to care for gravely ill family, is defined as "The Family member is at significant risk of dying within 26 weeks, as established by a medical certificate".
- Employees are eligible for compassionate care leave if they have been employed at least 90 days with the same employer.
- Eligible employees who provide a medical certificate can take time off work for compassionate care leave without risk of losing their job.
- Employers must grant compassionate care leave to eligible employees and give them their same, or equivalent, job back after they return to work.
- Employees on compassionate care leave are considered to be continuously employed, for the purposes of calculating years of service.

Compassionate Care Employment Insurance Benefits

- Website: <https://www.canada.ca/en/services/benefits/ei/caregiving.html>
- Compassionate care benefits provide financial assistance to eligible caregivers providing care or support to a person who has a serious medical condition with a significant risk of death within 26 weeks (6 months). Caregivers can receive up to 26 weeks of this benefit.
- As an MD or NP, 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 benefits can be found at:
www.canada.ca/en/services/benefits/ei/caregiving/individuals-medical-professionals.html

Mobile Lab

Step 1: Patient Eligibility

Laboratory Services provides mobile collections to patient who meet the eligibility criteria. This service must be requested by an authorized care provider and patients must meet at least one of the following eligibility criteria before a mobile collection will be performed by the laboratory:

- Patient must have had a 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., Dementia Unit).

A patient is not eligible for a laboratory mobile collection if:

- They are a resident in a supportive or assisted living facility and participates in group activities (for example: shopping and social outings).
- Their mobility has improved such that the patient is able to participate in activities such as shopping or banking excursions or going for long walks.
- They can arrange for transportation for activities such as shopping, banking, hair appointments.
- They have indicated they will be returning to work or have returned to work.
- They are able to drive a motor vehicle or can arrange a ride.

If the laboratory mobile collection service personnel find the patient is not home for the collection on two (2) instances, the service will not be provided.

Step 2: Fully complete the AHS Mobile Collection Requisition

www.albertahealthservices.ca/frm-20884.pdf

Step 3: Safety

The authorized care provider must provide information to the laboratory if aware of any potential or real situations where the safety and well-being of the mobile collection personnel or the patient may be compromised. This is in accordance with AHS Workplace Health and Safety and provincial legislation.

For example, if any of the following conditions are known (but not limited to) this information must be disclosed and if encountered the collection will be refused or cancelled:

- Physical or verbal abuse or threatening behavior is encountered.
- Pets are not secured, kenneled, or removed from collection area.
- Pest infestation is present (examples include mice, bed bugs, scabies, lice, or cockroaches)
- Unsafe areas (examples include isolated area, poor lighting, area known for gang violence, no

- cell phone coverage)
- Weapons present
- Patient injury as the result of a violent crime
- Internal and external home environment unsafe (physical hazards for examples include sidewalks not shoveled, poor maintenance of home)
- Chemical or biological hazards are present (examples include patient or others are not abstaining from smoking during collection visit, animal feces, or illegal drugs present)

Step 4: Submit the Completed Mobile Collection Requisition

- **Home Patients:** Fax completed AHS Mobile Services Collection Requisition to 780-452- 5294
- **Patients in Long Term Facilities:** (no eligibility required) Fax the AHS Mobile Services Collection Requisition to 780-452-5294 or scan requisition(s) to dlhcreqs@dynamylife.ca
 - For specific Edmonton Zone assistance and contact information visit DynaLife Home Collections www.dynamylife.ca/professionals/homecollections

Mobile Integrated Health (EMS MIH)

- EMS MIH provides responsive urgent mobile healthcare by facilitating in community assessment, treatment, and diagnostics in collaboration with the patients care providers.
- This service aims to provide integrated healthcare for acutely ill patients by providing services in the patients' home that would be otherwise delivered in a hospital or outpatient clinic within 3 hours of receiving a referral.
- Response time is confirmed upon receipt of referral based upon patient acuity or when service is requested.
- Available services provided by community paramedics include In-depth physical assessment with virtual consult capability:
 - Parenteral infusion and medication administration (ex. IV pamidronate, antibiotics)
 - Laceration repair and suture/staple removal
 - Point of Care testing and diagnostics
 - STAT specimen collection
- Upon receipt of referral a community paramedic will be dispatched to the patients dwelling where they will conduct a comprehensive assessment and develop a customized care plan after consultation with the patient's most responsible healthcare prescriber.
- A detailed record of the patient encounter will be sent to the patients' healthcare team.
- Referral Process: [Alberta Referral Directory – Service At Facility Details](#)
- Connect Care: "MIH", to dept: "EDM EMSPS MIH"

Oncology and Sexuality, Intimacy & Survivorship (OASIS)

OASIS Clinic

The OASIS program runs provincially across Alberta and provides sexual health information and support for cancer patients and their families. OASIS addresses common sexual health side effects of

cancer treatment like vaginal discomfort or dryness, erectile changes, anxiety or fear related to sexual activities, changes in interest in sex, difficulty with arousal or orgasm, and relationship changes.

Patient Workshops

OASIS offers workshops to educate and support with common sexual health challenges-The Low Down on Down There-Vaginal Health Workshop and Sexual Mechanics-Penile Health Workshop.

Sexual Health Consultant

Sexual Health Consultants work in person, over zoom or by phone to provide education, coaching, and counseling related to sexual health for both individuals and couples.

Patient Educational Resources

Resources are available in cancer clinic areas and outpatient waiting rooms:

- Sexual Health Information for Men with Cancer
- Sexual Health Information for Women with Cancer
- Loss of Sexual Desire: 10 tips for maintain sexual activity
- These materials and more are also available online at myhealth.alberta.ca/cancer-and-sexuality/about-oasis.

Patients requiring additional information, education and/or referrals can contact the OASIS phone line 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

Palliative Care, Seniors Health

Standard Processes & Resources

[Patient's Death in the Home Setting HCS-213-01](#)

Other Resources

- [AHS Policies and Procedures](#)
- [AHS Forms](#)
- [AHS Seniors Health Central Zone Forms](#)
- [Seniors Health Provincial Resources Team Page](#)
- [Seniors Health Central Zone Team Page](#)

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.

- The program 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 a cure.

Medication Benefits

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: www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf

- As of March 1, 2020, there is no co-payment for eligible prescriptions.
- 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.

Diabetic Supplies

- For insulin-treated diabetics, the program will cover supplies purchased from a licensed pharmacy. Diabetic supplies include needles, syringes, lancets and urine or blood-glucose testing strips.
- Up to a maximum of \$2400 per eligible person depending on the method of diabetes management for each benefit year (July 1 – June 30). There is no co-pay for eligible diabetic supplies.

Ambulance Services

- Ambulance services are covered to the maximum rate established by Alberta Health for transportation to and from a public, general, or active treatment hospital in the event of illness or injury. Transportation must be provided in a ground vehicle licensed under the *Emergency Health Services Act* and regulations. It does not include inter-facility transfer by ambulance.
- Palliative Coverage Program covers transport to hospice. If the patient was not on the Palliative Coverage Program at time of transport to hospice, please contact the social worker at the hospice to inquire about reimbursement. The patient should be eligible for reimbursement.

What is Not Covered?

- Infusion and injection equipment and supplies (IV lines, subcutaneous sites, needles, syringes).
- Benefit expenses incurred prior to the effective date of coverage.
- Benefit expenses submitted more than 12 months after the service date.
- Charges for drugs and injectable supplies.
- Delivery fees.
- Chemo specific teaching: <https://www.albertahealthservices.ca/assets/info/cca/if-cca-subcutaneous-chemotherapy-self-injection.pdf>
- Non-chemo specific teaching: <https://www.albertahealthservices.ca/assets/info/cca/if-cca-self-injection-prov.pdf>
- Dressing supplies and paracentesis supplies.

Palliative versus Seniors Coverage

- Seniors Coverage is for age 65 and older. Similar coverage as Palliative but requires co-payment of 30% to a maximum of \$25 per 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 CCI social work, as there may be alternative options for coverage.

Palliative Blue Cross Drug Benefits

- Visit www.ab.bluecross.ca/dbl/publications.html for Interactive 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, see: www.ab.bluecross.ca/dbl/publications.html

Examples of medications covered (current as of April 2023 and also, please see Interactive DBL for most current information):

Medication	Dose/concentration
Fentanyl	Transdermal Patch (12, 25, 50, 75, 100 mcg/hr.) and injectable solution (50mcg/ml)
Bisacodyl	Oral tab 5mg, Rectal suppository 10mg
Megestrol acetate	Oral tablet 40mg, 160mg
Polyethylene glycol 3350	Oral powder
Sennosides	Oral tablet (8.6, 12mg), Oral liquid and syrup 1.7mg/ml
Parenteral Solutions	See link for full list: www.ab.bluecross.ca/dbl/pdfs/pcdbs.pdf

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](#)):

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

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

Octreotide

- Requires special authorization. Given that coverage does not extend to malignant bowel obstruction (MBO), 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.
- For additional assistance with drug coverage consider contacting:
 - CCI Social Work: 780-391-7664
 - CCI Drug Access Coordinator (DAC): 780-643-4309.

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 patient/family factors; nursing scope, availability, and injection frequency; patient costs associated with pre-filled syringes from pharmacies and shelf life of pre-filled syringes.
 - Try to anticipate need for SC medication ahead of symptom crises as it can take a few days to set up. Note that in an *emergent* situation (e.g. symptom crisis), consider EMS-ATR (see [Referral Based Services for Advanced Cancer Care](#) and search for "EMS-ATR") who can help with urgent medication access and administration (allowing time to set up SC medication prescriptions with the community pharmacies).
- Similarly, for compounded medications (e.g. for topical or rectal preparations), work with the

pharmacy, homecare nurses or a palliative care consultant if you need advice. See [Referral Based Services for Advanced Cancer Care](#) for Palliative Consultation options.

- Self-injection guide is available through Patient Education on the AHS external web:
 - Chemo specific teaching: www.albertahealthservices.ca/assets/info/cca/if-cca-subcutaneous-chemotherapy-self-injection.pdf
 - Non-chemo specific teaching: www.albertahealthservices.ca/assets/info/cca/if-cca-self-injection-prov.pdf

Palliative Oxygen

Refer to the Alberta Aids to Daily Living (AADL) [Respiratory Benefits Program FAQs](#) (now administered through Alberta Blue Cross) and [Respiratory Benefits Policy and Procedure Manual](#).

Policy Statement

Home Oxygen may be funded to eligible palliative clients:

- with a life limiting illness with a prognosis of 6 months or less, and
- who have documented shortness of breath, modified Medical Research Council (mMRC) 3^a or 4^b, despite appropriate non- pharmacologic and pharmacologic interventions, and
- who have resting room air oximetry showing SpO₂ < 92 percent while awake for at least three continuous minutes.
 - *^amMRC 3 = Stops for breath after walking 100 yards (91 m) or after a few minutes*
 - *^bmMRC 4 = Too dyspneic to leave house or breathless when dressing*

Eligibility

- Home oxygen starts for palliative clients (for a maximum term of 6 months) shall be approved if a hard copy of oximetry is submitted showing room air SpO₂ less than 92 per cent at rest during the daytime for at least 3 continuous minutes. The client must also demonstrate severe respiratory symptoms such as dyspnea at rest or on minimal exertion (mMRC 3 or 4) despite appropriate interventions (e.g. walking aids, fans, breathing techniques, opioids, etc.).
- The oxygen therapy prescribed by the physician or nurse practitioner must include oxygen flow rate and hours per day or therapist driven prescription (TDP) with written diagnosis and “palliative” status. Diagnosis of end stage chronic lung disease (e.g. COPD or pulmonary fibrosis) or cardiac disease is not an acceptable diagnosis for palliative oxygen funding.
- Exceptional cases, including extensive pulmonary malignancy, not meeting the above criteria can be forwarded to Alberta Blue Cross for consideration.
- 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.

Important considerations:

- Respiratory Specialty Suppliers (vendor oxygen companies) assess clients who are palliative,

have a long-term disability or chronic illness that requires home oxygen.

- AADL will not pay for oxygen rental if the set-up is done prior to the testing date.
- Testing for oxygen reauthorization must be done within three weeks prior to the authorization expiry date.
- Follow-up assessments are done at a minimum of once every 6 months or as requested by the AADL Respiratory Benefit Program. All re-authorization documentation, including the prescription and testing data, is collected prior to the authorization expiry date.
- Failure to provide this information before the authorization expiry date will result in a gap in funding. This applies to all oxygen authorizations including long-term oxygen clients.
- Clients pay the Specialty Supplier for disposable supplies such as oxygen tubing, nasal cannula, humidifier bottles, etc. These items are not covered by AADL.

*If patient has difficulty paying for supplies, consider referral to Cross Cancer Institute social work, as there may be alternative options for coverage.

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 “Wheels of Hope Transportation Program”

- Referral must be submitted by CCI staff using the [online portal](#).
- 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 only provides transportation to chemotherapy and/or radiation treatments and physician visits. They will not provide rides for labs, diagnostic tests, etc.

Disabled Access Transit Services (DATS), Edmonton Transit

- Run through City of Edmonton
- DATS is a door-to-door shared-ride public transportation service for Edmonton areas residents who cannot use regular transit for some, or all their travel needs, due to a physical or cognitive impairment.
- All vehicles are wheelchair accessible.
- DATS is a shared-ride public transportation service operating within the City of Edmonton. Wheelchair lift equipped vehicles, minivans, accessible minivans, and vans are used to provide DATS service. Vehicles used are clearly identified as “DATS” vehicles.
- DATS clients must apply, meet eligibility requirements, and be registered before using DATS

services. Eligibility is determined on a case-by-case basis, following specific guidelines, and a registration process.

- Clients must initiate their application by calling (780) 496-4567.
- DATS provides specialized pre-booked transit for registered passengers. Eligible passengers must be 16 years of age or older, who have a severe physical or cognitive disability, and are unable to take conventional public transit for all or some trips.
- DATS takes reservation bookings three days in advance of travel, two days in advance of travel, and the day before until noon. Subscription bookings are available for trips required on a regular basis.
- Driver will only escort to the door of main entrance, not to actual appointment.

For more information:

- [Dedicated Accessible Transit Service \(DATS\) | City of Edmonton](#)
- DATS fares: www.edmonton.ca/ets/fares-passes.aspx
- Fares and Passes | City of Edmonton
- DATS user guide: [DATS User Guide November 2020 \(edmonton.ca\)](#)

Medical Transportation (AISH or Alberta Works clients only)

- Please consult CCI 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.
 - Rationale for inability to use public transit.
 - 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.

Driving Miss Daisy

- Phone number: 1-877-613-2479 | Website: www.drivingmissdaisy.ca
- Provides transportation to and from medical appointments, running errands, transportation to day programs. Fee for service, contact to see if they provide service in your area and the associated costs.

Drive Happiness

- Phone number: 780-424-5436 | Website: www.drivehappiness.ca
- Drive Happiness Seniors Association is a registered, non-profit society whose mission is to provide adequate transportation to help maintain the mobility, independence and overall well-being of seniors. All volunteer driver candidates are screened for vulnerable security clearance, a well-maintained vehicle, and a clean driving abstract before they are accepted as Volunteers

for Drive Happiness.

- Applicants need to be 65+.
- Transportation is provided in the Greater Edmonton and surrounding areas.
- Applicants need to be sufficiently mobile such that they can enter and exit vehicles on their own cognizant and must have personal challenges that restrict them from utilizing other forms of transportation such as ETS, DATS, etc.
- Volunteer drivers provides rides to various appointments like medical appointments, shopping, banking, social programming, etc.
- Cost: \$10 per 90-minute ride and/or 40 km driving distance.
- Time and/or distance over this requires another ticket.
- A yearly membership is required, which is based upon a person's income. Contact the office if there is financial hardship.
- Rides must be booked 3 full business days in advance.

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:
 - Aaron Paramedical: 780-702-7108
 - Alberta Paramedical Services Ltd: 780-499-1838

Air Transportation:

Give a Mile Program

- Phone number: 1-877-545-3050 | Website: giveamile.org
- 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.

Hope Air

- Phone number: 1-877-346-HOPE (4673) | Website: hopeair.ca
- This program partners with commercial airlines, as well as private pilots, to provide free air transportation to patients (and medical escort, if required) who need to travel for medical treatment. Request form and additional information is listed on their website.

Angel Flight Alberta

- Phone number: 780-756-0086 | Website: angelflightab.ca
- Angel Flight is an organization of volunteer pilots, aircraft owners and ground support. They are unified to help Albertans get to and from their medical appointments efficiently, reducing stress, and at NO COST to the patient or family.

All applicants must:

- be travelling for non-emergency medical appointments.

- have a backup plan as we are all volunteer and good weather dependent.
- be able to board the aircraft under their own power or with some additional help.
- agree to and sign our waiver.
- dress accordingly for weather conditions.
- be prepared to be delayed on return flights due to weather conditions.

Disability Placards

- A parking placard allows people who cannot walk 50 meters (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.
- Patients can only have 1 placard for each vehicle registered in their 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 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.

Transportation from Hospital to Home

- If going home to die, staff can order a regular ambulance through inter-hospital transport with no charge to the patient.

If going home for a visit:

- Private hire option: [Alberta Paramedical Services](#)
- Call and pre-book or use online booking form: ambulance or stretcher van transport.
- 250 lbs. weight maximum.
- Note that some benefit plans cover the cost of ambulance as well.
- Phone numbers: 780-499-1280 (Edmonton), 403-343-1492 (Red Deer), 403-287-0501 (Calgary).

Personal Directives (PD) and Advance Care Planning

Consider referral to Social Work for assistance with PD. See “Legal” section for legal help.

- For more information, visit Advance Care Planning | Alberta Health Services for health care provider and patient information on Personal Directives and Advance Care Planning.
- Visit www.alberta.ca/personal-directive.aspx for instructions on how to prepare a Personal Directive, download forms and how to register a Personal Directive.

- Serious Illness Conversations: [Serious Illness Care, Ariadne Labs](#) (further training can be found on My Learning Link)
- Palliative Care information for the public: [Palliative and End-of-Life Care \(alberta.ca\)](#)
- Also see: [Office of the Public Guardian and Trustee](#).

To order supplies:

- Non-AHS users can order Advance Care Planning and Goals of Care Designation supplies online at no charge through DATA Online. They will be required to set up a user profile and input a credit card number; however, if 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 guidebooks, 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, Spiritual and Grief Support

The following links have been endorsed by the CCI Patient Education department for patients and families.

Canadian Cancer Society, Cancer Connection

- Phone number: 1-888-939-3333 | Website: cancerconnection.ca
- 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. Website: cancerchat.desouzainstitute.com
- Cross Cancer Institute’s Department of Psychosocial and Spiritual Resources
- The Department of Psychosocial and Spiritual Resources has a team of trained professionals in psychiatry, psychology, social work, and spiritual care who can help patients and their families cope with the emotional, psychological, and social stresses that often surface because of cancer and its treatment.
- The team is available to patients from the moment of diagnosis onward for cancer related concerns.
- The psychosocial and spiritual resources team provide individual, couple and family and group counselling, which can help with:
 - Cancer-related quality of life issues
 - Coping strategies for managing stress

- Anxiety, depression, and low moods
- Relationship and intimacy changes
- Psychological side effects of cancer treatment including fatigue, cognitive changes, and pain.
- Meaning of life questions
- There are also groups available to patients and family member to assist with coping with the cancer experience; see [Classes, Groups & Events | Alberta Health Services](#)

Contact the Westmount location for an up-to-date list of group offerings:

- 780-643-4303. Some groups offered include Living with Chronic or Advanced Cancer Group, Spirituality Group, ACT – Acceptance and Commitment Therapy, etc.
- The department also has specially trained Social Workers who can assist patients with their financial concerns and practical needs, such as inadequate income replacement, personal affairs information (e.g. PDs, EPOA, and Wills), transition planning, transportation, illness adjustment, etc. Please contact the CCI Social Work department for more information or to make a referral: 780-391- 7664.

Drug Access Coordinator

- Drug Access Coordinators to help patients with concerns about medication costs.
 - Brochure: [Drug Access Coordinator](#)
- DAC explains the different drug funding options, reviews patients' current insurance coverage and helps patients apply for funding/ additional insurance coverage.
 - Communicates with drug companies to access programs that can cover or share the cost of patient's prescribed drugs. Assists patients to access prescription drugs, on compassionate grounds, that are not covered under the Alberta Outpatient Cancer Drug Benefit Program.
 - Referral form: [DAC Referral Form](#)

Pilgrims Hospice Society

- Phone number: 780-413-9801 | Website: pilgrimshospice.com

Canadian Virtual Hospice

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

- The following links have been endorsed by the CCA Patient Education department 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. Website: caregivercollege.ca

Caregivers Alberta

- Phone number: 1-877-453-5088 | Website: www.caregiversalberta.ca
- 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.

COMPASS for Caregivers - Caregivers Alberta

- [COMPASS for Caregivers](#) 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 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

Caregiver Connections: Family Peer Support - CMHA Alberta Division

- Local online educational resource, website: alberta.cmha.ca
- 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.

Canadian Mental Health Association – Care for the Caregiver

Resources for those caring for loved ones:

- Depression tips [Depression Management Tips for Healthcare Professionals](#) (AHS)
- Family Caregivers of British Columbia (Formerly Family Caregivers' Network Society):
 - Providing resources and educational workshops online for anyone providing care for a loved one.
- Finding Patient Reported Outcomes (PROs) in Connect Care:
 - [Cancer Care Alberta - Electronic Patient Reported Outcomes \(ePROS\) Quick Start Guide \(albertahealthservices.ca\)](#)
- Living Every Season – Alberta Hospice Association: [Sundre - Living Every Season Program » Alberta Hospice Palliative Care Association](#)
 - Provides a free program that offers safe, confidential support in a social setting designed for adult Albertans living with a terminal illness.

Services offered:

 - A virtual program that allows participants to access social support and programming online anywhere in Alberta.
 - An in-person program that is currently available in Airdrie, St. Albert, Stettler, and Sundre
 - A session that is led by a trained facilitator and includes a check-in time for participants to share their successes and challenges, a guest speaking on a relevant topic, and time to

socialize.

End of Life Doula Association of Canada "Helping People Live"

Provides personalized End of Life Care, advocacy, community awareness, and support.

- Visit their website for details: endoflifedoulaassociation.org

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.

Volunteer Services

The City of Edmonton has community volunteer support services, such as community-based snow removal programs.

- For more information check www.informalberta.ca or call:
 - 2-1-1 service for Edmonton area residents in need of community, health, and social service information. The service is free, confidential, and multilingual.
 - 3-1-1 connects citizens with non-emergency City services.

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 and most services are available virtually.

- Phone number: 780-758 -4433, website: [Wellspring Alberta](https://wellspringalberta.ca)

Additional Resources

Cancer Care Alberta [Newly Diagnosed with Cancer](#) for Patients and Families.

Rehabilitation Resources

Patients in palliative care may have various rehabilitation needs.

- **Speech Language Pathology (SLP):** can assess speech and swallowing and offer recommendations. Swallowing difficulty can happen for a variety of medical reasons. Please contact your Physician if you have the following:
 - Speech, language, or voice changes
 - Difficulty swallowing
 - Dry mouth
- **Physiotherapy and Occupational Therapy** in the palliative care setting can help to improve or

maintain quality of life, manage symptoms, and maximize function in the context of declining health and / or worsening of symptoms by addressing a variety of concerns:

- Changes or dysfunction of general mobility; gait, transfers, bed mobility
- Weakness; specific areas of body and/or general deconditioning
- Loss of mobility of joints and muscles
- Balance, agility, and coordination concerns
- Pain, paresthesia, stiffness, and changes in sensation
- Lymphedema
- Scarring, fibrosis
- Decreased ability to perform activities of daily living.
- Increased fatigue
- Changes to cognition

The goal of Physiotherapy and Occupational Therapy will be adjusted to the patient's health trajectory and goals- living with palliative illness over time and end of life care.

Once the rehabilitation program receives patient's referral, they will be assigned to the right rehabilitation specialist(s) to meet their need(s). Services often include:

- Individualized assessment and treatment plans with follow-up as indicated.
- Provision of adaptive equipment, splints, compression garments, etc.
- Referral to appropriate education classes and groups
- Referral to community services, home care, or services closer to home.

Not all cancer rehabilitation centers offer the same services. Contact the service and site for more information. The Alberta Referral Directory for Rehabilitation Oncology may also be of help provide information about services. [Alberta Referral Directory](#) (search rehabilitation oncology)

	Physiotherapy & Occupational Therapy	Speech-Language Pathology
Edmonton	Phone: 780-432-8716 Toll Free: 1-833-838-0202 (referral required for PT only)	Phone: 780-432-8716 (no referral required, please contact your physician for difficulty swallowing)
Calgary	Phone: 403-476-2910 Toll Free: 1-888-221-2113	Phone: 403-944-1256 (head and neck cancers only)
Red Deer	Phone: 403-406-1963	Phone: 403-343-4628
Lethbridge	Phone (PT only): 403-388-6846 Toll Free: 1-888-221-2113	N/A
Grand Prairie	Phone: 825-412-4211	Phone: 825-412-4211

Community Resources for palliative care patients; Cancer specific services:

- The [Alberta Cancer Exercise \(ACE\) program](#) offers exercise programs for patients at various stages of disease: in person, virtual and hybrid options.
- [Wellspring](#) offers online and in person programs for exercise, mental health, symptoms

management, finance strategies and more.

- [Growing Comm-YOU-nity](#) is a weekly workshop focused on supporting family or individual health and well-being around nutrition, physical activity, mental wellness, and social connection.
- If the client is on Palliative Home Care or Mainstream Home Care, contact their case manager to discuss the potential for home care PT/OT.

Other services:

- Contact the [Rehab Advice Line](#) for additional virtual supports and resources
- Clients can self-refer to rehabilitation services in their community by going to: [Physiotherapy Services | Alberta Health Services](#)
- [Community Rehabilitation | Alberta Health Services](#): General rehabilitation information for patients and clinicians in Alberta
- [Alberta Healthy Living Program Resources & Services](#)
- [Primary Health Care Resource Centre](#): Information for Chronic Disease Management professionals.
- [Chronic Disease Management](#): information for patients & families.

Respite Care

For non-AHS respite services, search www.InformAlberta.ca. Note that some may have fees associated.

- [Pilgrim's Hospice Adult Respite Day Program](#)
 - The Adult Respite Day Program provides care and support to adults living with progressive life-threatening and/or life-limiting illness. It helps those who are ill, those who shoulder the primary care giving responsibilities and, ultimately, those who experience the loss that accompanies a death.
 - For people living in the advanced stages of illness, the Day Program offers a warm, friendly, and caring environment. It is a home-like setting where staff strive to enhance quality of life by meeting physical, emotional, social, and spiritual needs. A homemade hot lunch and snacks are provided daily.

Referral Based Service Descriptions for Advanced Cancer Patients

- The Referral Based Services for Advanced Cancer Care document provides information about referral to supportive services and specialist providers who may assist in fulfilling an early palliative approach to care. To view, 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). Referral based services covered include:
- **Oncology services:**
 - Radiation Oncology / Medical Oncology

- Cancer Care Alberta Cancer Line
- Psychosocial Oncology
- Rehabilitation Oncology
- **Palliative Care services:**
 - Palliative Home Care
 - Palliative Care Consultants
 - Cancer Centre Palliative Care Clinics
 - Tertiary Palliative Care Inpatient Units
 - Hospice
- **Community services:**
 - Integrated Home Care
 - Community Paramedic Program
 - EMS –ATR (Assess, Treat, Refer)
 - Bereavement

Thoracentesis or Paracentesis

Guiding Principles

Patients with advanced cancer are at risk of pleural effusions and ascites which can contribute to breathlessness and abdominal pain. A palliative approach means that thoracentesis or paracentesis to drain pleural effusions or 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 pleural effusions or ascites via thoracentesis or 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.

Alberta Thoracic Oncology Program Interventional Pulmonology

Services provided:

- Thoracentesis and thoracic PleurX catheters for refractory pleural effusions (malignant AND benign effusions)
- Paracentesis and abdominal PleurX catheters for refractory malignant ascites.
- Airway stents and debridement of malignant airway obstruction, endoscopically

Routine, Urgent and Emergency Options to reach the service:

- [Alberta Referral Directory - Service At Facility Details](#)
- Routine referrals: make the referral thru Connect Care: “ATOP”>to dept: “EDM RAH CC AB THORACIC ONC PRG” or fax referral form.

Arranging Thoracentesis and Paracentesis

Site	Procedure
Cross Cancer Institute	Phone: 780-432-8771 (Switchboard) If the patient is being followed at the CCI, then contact the oncologist involved in the care of the patient to discuss.
Devon General Hospital	Paracentesis is not available.
Fort Saskatchewan Community Hospital	Paracentesis is not available.
Grey Nuns Community Hospital	Phone: 780-735-7760 (Booking Office) Fax: 780-735-9702 Paracentesis and thoracentesis are available through Diagnostic Imaging. <ul style="list-style-type: none"> Complete the ultrasound requisition and fax to the number above: www.albertahealthservices.ca/frm-09922.pdf The requisition will be picked up by a radiologist, who will book the procedure.
Leduc Community Hospital	Phone: 780-980-4498 Paracenteses are available through the Outpatient Department. <ul style="list-style-type: none"> Family physicians must call the Outpatient Department, which will send the forms that need to be completed and sent back.
Misericordia Community Hospital	Phone (Diagnostic Imaging): 780-735-2954 Phone (Day Medicine/Outpatient Clinic): 780-735-2768 Paracentesis is available through Diagnostic Imaging. <ul style="list-style-type: none"> Thoracentesis is available through the Day Medicine/Outpatient Clinic. The physician must have admitting privileges; if not, then the on-call internist must be contacted to admit the patient. The following form must be completed and faxed to 780-735-2439: www.albertahealthservices.ca/frm-09015.pdf
Royal Alexandra Hospital	Phone: 780-735-4316 Fax: 780-735-5414 Paracentesis is available through Diagnostic Imaging. <ul style="list-style-type: none"> The family physician must call the Ultrasound Department, which will then fax a referral form to be completed. Once the Ultrasound Department receives the completed referral form, the wait time is 1.5 days to a week, depending on urgency.
Sturgeon Community Hospital	Paracentesis is not available.
University of Alberta Hospital	Phone: 780-407-8841 Contact Diagnostic Imaging to request paracentesis or thoracentesis.
Westview Health Center (Stony Plain)	Paracentesis is not available.

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Vision: Improving quality of life for Albertans with advanced cancer