

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

Lethbridge, Medicine Hat and South Zone



Contents

Alberta Aids to Daily Living (AADL)	3
AADL Information	4
Inform Alberta	5
Blood Transfusions	6
Mobile Lab	10
Food/Meals	12
Funding and Benefit Programs	15
Palliative Care Consult Teams	17
Hospice	18
Respite	20
Indigenous Health	21
Legal and Financial Issues	25
Palliative Coverage Program (“Palliative Blue Cross”)	29
Palliative Blue Cross Drug Benefits	32
Palliative Oxygen	36
Patient Transportation	38
Personal Directives (PD) and Advance Care Planning	42
Psychosocial Support	43
Rehabilitation Resources	49
Cancer Exercise programs	52
Referral Based Service Descriptions for Advanced Cancer Patients	53
Thoracentesis or Paracentesis	54

Alberta Aids to Daily Living (AADL)

Alberta Aids to Daily Living 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 patients. This is often a preferred and timely solution as detailed in this section.

Equipment Loan Options

1. 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 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/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 patients are for 6 months and can be extended for another 3 months (maximum).

2. Local Home Care Programs:

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

AADL Information

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.

[Cost share exemption forms](#) for low income: please refer to social work for low income patients and families.

- If on AISH, Income Support, or the Alberta Adult Health Benefit, contact AADL directly.
- SIN number for patient and spouse 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

<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>

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

Inform Alberta

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

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

- Meal delivery
- Food banks and hamper.

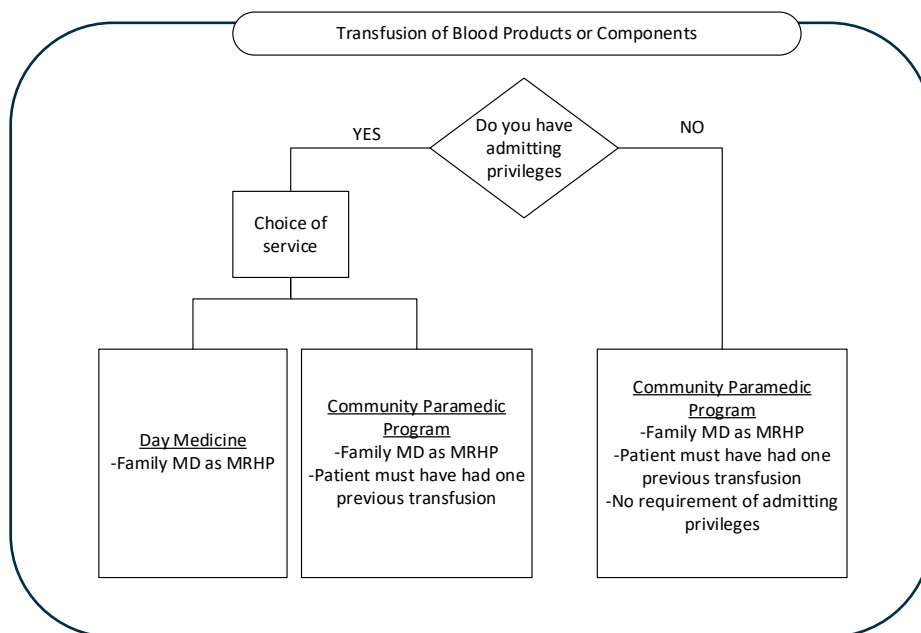
Blood Transfusions

Guiding Principles

Mild to moderate anemia may occur in the setting of advanced disease and is often asymptomatic. Low hemoglobin alone is not reason enough for transfusion. Symptoms, such as dyspnea, may have multifactorial causes and may not be due to low hemoglobin alone. Transfusions of blood products may offer symptom relief and improvement in a select group of palliative patients. A trial of blood transfusion should ideally demonstrate symptom relief (which would be documented), in order to continue transfusions. Transfusion is not usually recommended if the hemoglobin is greater than 79 g/L, in stable patients who are not acutely bleeding or exhibiting signs of anemia (i.e., SOB, tachycardia, etc.). Capacity allowing active cancer treatment patients are eligible for blood transfusions at the Jack Ady Cancer Centre. As much as possible, the Jack Ady Cancer Centre works with local hospitals in the South Zone to arrange for blood transfusions, ensuring that patients receive blood transfusions.

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)

For Community Paramedic Program: if patient has not had prior transfusion and practitioner *does not* have privileges, options are:

1. If not urgent, suggest getting Day Medicine privileges. For Family Medicine department (if Internal Medicine, Oncology, Radiology, etc. contact your respective departments):

Information on Insite (AHS internal web):

- <https://www.albertahealthservices.ca/frm-21448-community.pdf>
- If first time application with no privileges anywhere else in Alberta, application may take up to 90 days
- If current privileges in another Zone/City/Department and are working in an AHS facility this is a “change request” and will take 40 days.
- If you are working in Calgary Family Medicine within Maternal Newborn Care, Palliative etc., then this is a “change request” and will take 2-3 weeks.
- If you are working in Calgary in the “Community” category (attachment to Family Medicine but not working in an AHS facility) the change will take 40 days.
- *Please note times are estimates.*

2. If patient has a Palliative Consultant Physician or Nurse Practitioner involved, they may be able to arrange Day Medicine in Acute Care or use of “Day Bed” on Unit 47 of the Foothills Medical Centre, if available.
3. If urgent: send patient to emergency room.

Day Medicine Information:

Order requirements:

- Transfusion order
- Consent for transfusion. AHS policy requires signed documentation of consent for transfusion of blood products.
- Infusion rate.
- Current Type and Screen within 96hrs. Note: As of 2019 (e.g., Type and Screen) needs to be ordered on a separate Pre-transfusion Testing Requisition.
 - See “Medical Professionals” section of <http://www.calgarylabservices.com> for forms and requisitions.
- Goals of Care Designation on referral form.
- Blood typing: need 2 previous blood typing results in the patient’s history within Alberta (If not, 2 draws can be done back-to-back).

Suggested order for blood component:

- Component to be ordered (red blood cells, platelets, plasma), indication, quantity (# units), infusion time per unit (1 unit generally over 2-3hrs, maximum 4hrs). Include special requirements as required (e.g., irradiated, infuse via blood warmer, specially matched product). Example: Packed Red Blood Cells for anemia, 2 units, each over 3 hours.
- Include order for premedication if previous history of reaction (e.g., acetaminophen, diphenhydramine, hydrocortisone Na succinate), including route of administration. If

furosemide is required, order dosage, route and indicate if pre transfusion, between units or post transfusion.

Contacts for Day Medicine:

Hospital	Phone
Chinook Regional Hospital	(403) 388-6211
Medicine Hat Hospital	(403) 502-8648

Information on Community Paramedic Program:

Home care is first point of contact for patients in the South Zone to access this service. Please contact:

- For Lethbridge, Crowsnest Pass, Pincher Creek, Fort Macleod, Cardston, Magrath, Raymond, Milk River, Taber and Coaldale and surrounding areas, call Coordinate Access at (403) 388 6380.
- For Medicine Hat and surrounding areas includes Desert Blume, Dunmore, Eagle Butte, Elkwater, Irvine, Manyberries, Medicine Hat, MD Cypress, Murray Lake, One Four, Ralston, Redcliff, Schuler, Seven Persons, Spring Creek. Suffield, Veinerville, Walsh, call Coordinate Access at [\(403\) 521-8084](tel:4035218084)
- For “Mobile Integrated Healthcare” on www.albertareferraldirectory.ca.

To be considered eligible for this service:

- The patient must have received previous transfusion(s) without serious complications.
 - Must have received at least two (2) transfusions within the previous 120 days without serious complications; or
 - More than four (4) transfusions within the previous year without serious complications; or
 - At the discretion of Transfusion Medicine physician lead.
- 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:
- 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.

Mobile Lab

Follow the steps below to access mobile collections:

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 including the eligibility criteria section. 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

Lethbridge & Area: Fax the completed [Mobile Services Collection Requisition](#) to 403-388-6068. For specific Lethbridge and area assistance, phone Mobile Collections at 403-388-6057.

Medicine Hat & Area: Fax the completed [Mobile Services Collection Requisition](#) to 403-502-8284. For specific Medicine Hat and area assistance, phone Mobile Collections at 403-502-8638 Extension #3.

All other South Zone communities: Phone the local lab directly.

Food/Meals

Lethbridge & surrounding Areas:

1. Meal Delivery

Meals on Wheels: Meals on Wheels offers meal delivery for anyone from Monday to Friday. Meals are balanced and arrive ready-to-eat between 10:45-12:15. They cater to some food preferences for people with food intolerances, diabetics and special texture needs like mince or cut-up. Extra meals, salads and sandwiches are also available. Call 403-327-7990.

Medicine Hat and Surrounding Areas

- Grocery/Meal Delivery:
 - Meals on Wheels – City of Medicine Hat: Tel. 403-525-8885
 - Meals on Wheels – Town of Redcliff: Tel. 403-548-7415
 - Various Grocery Stores (Sobeys, Co-op, Safeway, Save on Foods)
 - Skip the Dishes.
- Heart to Home Meals
 - Phone number: 1-800-704-4779 or Email: edmonton@hearttohomemeals.ca
 - Website: <https://www.hearttohomemeals.ca/>
 - Frozen meals, delivered. Updated menus can be viewed online.

2. Save the Preparation Time but Make Your Own Meal:

- **Chef's Plate and Hello Fresh** can provide recipe cards, pre-measured and prepared ingredients for the recipe, and delivery of these to your door. Patients can follow the instructions to make up meals in their own kitchen. Meal prices vary. Order online.

3. Learn to Cook (free):

- **The Interfaith Chinook Country Kitchen** offers free sessions for individuals or families (free childcare provided at sometimes) to cook a meal. They provide the cooking space, the recipes, the ingredients and assist with how to make it. Register for a session, call 403-320-8138.

4. 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:

Shop For You and Grocery Delivery

- **London Road Market:**
 - On Monday, Wednesday, and Friday you can call
 - between 9-12 and place an order for groceries. It's \$10 delivery to your door anywhere in Lethbridge. Call 403-328-1751.

- **Superstore Click and Collect:**
 - Orders can be placed online or using their app. They will gather your groceries for you, then load your order in your vehicle when you arrive at the store. There is a cost for the shopping. Go to www.superstore.ca
- **Instacart.ca:**
 - Shop from Superstore, Wal-Mart, Shoppers, Wholesale Club, Staples, M & M, and Bulk Barn
- **Save on Foods**
 - has a delivery service. If you buy more than \$50 of groceries, then it's free in Lethbridge.
- **Safeway**
 - offers delivery of groceries. The cost is \$8.75 for 8 or less bags, or \$17.50 for more than 8 bags.
- **Sobeys**
 - delivery prices vary depending on where you live in Lethbridge and how much you spend at the store; cost is from \$5-10.
- **Driving Miss Daisy**
 - Grocery shopping assistance and companionship
 - Cost associated.
- **The Grocery Bag (Meals on Wheels)**
 - Phone number: 780-429-2020
 - Minimum order \$15, maximum order \$100
 - \$5 service fee added to each order.

5. Emergency Food

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

- Free Food in Alberta lists, zone specific via Healthy Eating Starts Here website (AHS) <https://www.albertahealthservices.ca/nutrition/Page16163.aspx>
- Contact your specific site's social worker team for further assistance with and information on local food resources for those in need.
- Lethbridge Food Bank: www.lethbridgefoodbank.ca. Phone: (403) 320 1879.
- Interfaith Foodbank: www.interfaithfoodbank.ca. Phone: (403) 320 8779

Nutrition Information

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

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.

AISH 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	
Resource Thickened Juices	Y	
Benefiber	n/a	n/a
Banatrol	n/a	n/a

Funding and Benefit Programs

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)

Based on diagnosed medical conditions

- RD can send a letter of support to 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.)
- SNA is only available to seniors who already receive monthly funding through Alberta Seniors Benefit
- No funding for thickeners
- Gluten free diet funding
- Program reimburses supplements purchased
- Maximum for funding form SNA \$5000/yr.
- \$2/supplement funded
- Only Ensure, Boost, Resource 2.0, Glucerna, Resource Dairy Thick and Nepro are funded.

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

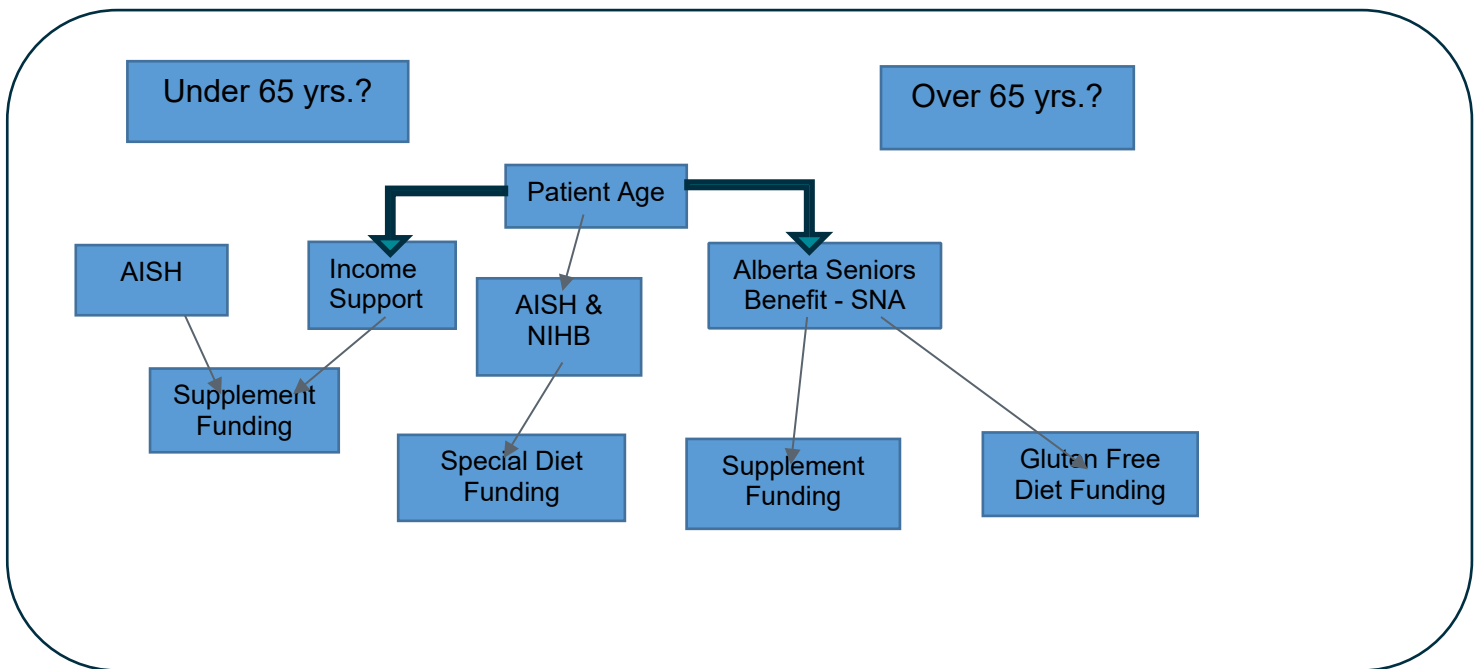
www.seniors-housing.alberta.ca/seniors/special-needs-assistance.html

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)

Funding Source	Phone	Fax
Assisted Income for the Severely Handicapped (AISH)	780 415-6300 ext. 0	780 422-2790
Website:	https://www.alberta.ca/aish-what-you-get.aspx	
Alberta Income Support Centre	780 644-9992	780 422-2790
Alberta Seniors Benefits (SNA)	780 427-7876	780 422-5954
Non-Insured Health Benefit (NIHB)	780 495-3302	
Patient Financial Assistance Benefit (PFAB)	780 643-4303	780-638-6133
Veterans Affairs (VA)	1 866 811-6060	
VA "Access to Nutrition"	1 866 522-2122	

Quick Guide to Navigating funding options



Palliative Care Consult Teams

There are two teams serving the South Zone: A South East team and a South West team.

1. Southwest Team:

The Palliative Care Team (Southwest Team) is the main contact for palliative care patients and their families living in Lethbridge, Crowsnest Past, Pincher Creek, Fort Macleod, Cardston, Magrath, Raymond, Milk River, Taber and Coaldale and surrounding areas. They provide 24-hr nursing phone consultation and physician consultation, including pain and symptom management, teaching, and family support. To access this service, home care must be contacted.

The consult team also includes an Occupational Therapist, a Social Worker and a Child Life Specialist. The team also has access to Pharmacy. The team has an integrated approach to care and consultation: the consult team has regularly scheduled visits with clients. A physician's referral is required to access the Palliative Care Consult Team- all palliative referrals have active home care in place (i.e., patient can't access palliative care unless home care is in place or there is an accepted home care referral).

The Palliative Care Consult Team is the single point of access to the 10 hospice beds located at the St. Michael's Healthcare Centre (i.e., you must refer to the Palliative Care Consult Team to be assessed for admission to hospice). For more information, healthcare providers may contact the South West Palliative Care Consult Team at (403) 388-6325.

2. Southeast Team:

The Southeast team is the main contact for Medicine Hat and the surrounding area, Bow Island, Brooks, Bassano and Oyen. The team consists of nursing and physicians. They provide 24-hr nursing phone consultation and physician consultation, including pain and symptom management, teaching, and family support. This team is the single point of access to the 10 hospice beds located at St Joseph's Carmel Hospice. To access this service, home care must be contacted. For further information, please contact the Coordinated Access Team at (403) 529-8901.

Hospice

Hospices are available to individuals living in the Lethbridge and Medicine Hat 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 or older.
- is experiencing a progressive life limiting or life-threatening disease and wishes to focus on comfort and quality of life.
- does not need to pay for the hospice or community support beds
- 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 Jack Ady Cancer Centre or other cancer center. Patients waiting for palliative radiation may be 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.

Physician Coverage in Hospice

The palliative care physicians from the consult team follow patients at least weekly. The patient is assigned a family physician if their own family physician does not have hospice privileges. If the family physician does not have privileges at the facility where the hospice is located, they can be arranged by the hospice team.

If the patient's family physician is unable to continue care of the patient in hospice, arrangements will be made for an alternate attending physician.

Physicians are expected to visit hospice patients and provide 24-hour on-call coverage. For absences, physicians are strongly advised to ask a physician with existing privileges and who is already familiar with providing care in a hospice setting for coverage. The hospice manager can assist with this.

The attending physician may request a palliative consultation at any time during a patient's stay in hospice. The palliative care physician providing consult coverage in hospice may provide an initial transition visit as part of the patient's hospice admission process

Discharges from Hospice

- If a patient wishes to return home, a family conference for discharge planning will be arranged. A trial discharge or planned passes are offered. After completion of the trial discharge, and if successful, the patient is considered discharged from hospice. Home care will already be involved.
- When a patient or family request further acute medical management (GCD no longer C1 or C2) and the patient is transferred to an acute care site for admission and treatments, they are considered as being automatically discharged from hospice.
- If it is determined by the attending physician and the patient and family are in agreement that further acute medical management is required, the attending physician will make arrangements for admission to an acute care site for medical/surgical management. Patient care needs would need to be reassessed by the Palliative Care Consult Team prior to re-admission back to hospice.

Respite

- Respite admission to hospice may be considered for symptom management or caregiver respite on an individual basis. Admission duration should be defined prior to admission.
- Family/caregiver expectations should be defined prior to admission (i.e., not giving up current living arrangements; transporting patient back to previous residence)

Non AHS respite services:

- Search www.InformAlberta.ca for other respite programs. Note that some may have fees associated.

Community Support Beds

South West Team: There are community support beds in Lethbridge, Crowsnest Pass, Pincher Creek, Fort Macleod, Cardston, Magrath, Raymond, Milk River, Taber and Coaldale and surrounding areas. These community support beds are for convalescence, respite and palliation. Please call South West Palliative Care Consult Team at (403) 388-6325 to have a patient assessed for a community support bed.

South East Team: There are community support beds in Medicine Hat. Please call the Southeast Palliative Care Team Consult Team at (403) 529-8901 to have a patient assessed for community support bed

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 culture has 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 [Cancer Care Alberta's Patients and Families Indigenous Cancer Health](#) web page

Indigenous Cancer Patient Navigator (CCA, South):

- A specialized oncology Registered Nurse (RN) role located at TBCC, available to support patients and families living / receiving cancer care in Southern Alberta.
- Supports Indigenous patients and their families to understand their disease and treatment and navigate the complexity of the health care system.
- Consults and bridges access to medical and supportive care services, community supports and resources
- Advocates and partners for accessible culturally appropriate and safe health services for First Nations, Metis and Inuit peoples of Alberta.
- Primarily an outpatient service
- Located in Calgary (Tom Baker Cancer Centre/Holy Cross Site)
 - Phone number: 403-476-2763
 - Email: ICPN_South@ahs.ca

Living My Culture

Indigenous Voices Stories of Serious Illness and Greif 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): myhealth.alberta.ca/alberta/indigenous-cancer-care .

AHS 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:
www.albertahealthservices.ca/info/page7628.aspx
- Indigenous Health Program in Each Zone
 - [Indigenous Health Program - Calgary Zone](#)
 - [Indigenous Health Program - South Zone](#)
- General inquires:
 - Phone numbers: Calgary 403-943-1211
 - Fax: Calgary 403-943-2877
 - Fax numbers: Calgary 403-943-2877
 - E-mail: Indigenoushealthprogram@ahs.ca
 - Website <https://www.albertahealthservices.ca/info/Page11949.aspx>

AHS Indigenous Health Senior Advisors

Zone	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	587-774-0090

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>

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 in each of the 46 First Nations. For First Nations and Métis communities, Home Care services vary greatly in their availability due to funding and

geographic location. Clients should contact the local Health Centre to learn about which services are available.

If you are unsure what services the client can receive (through Reserve or AHS), please contact Home Care as a starting point and they can help direct. Home care contact numbers are available 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 that the availability of Home Care services may be limited.
- Self-Managed Care is a service delivery option that provides personal support and informal caregiver respite for people who have unmet health needs. For example, when an elder is living at home and being cared for by family members.
- 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 or more information: <https://www.sac-isc.gc.ca/eng/1582550638699/1582550666787>

First Nations Community Health Centres

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

Non-Insured Health Benefits

The [Non-Insured Health Benefits \(NIHB\) Program](#) of the Department of Indigenous Services Canada provides 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>

- General NIHB inquiries: Phone number 780-495-2694, 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: Phone number 780-495-2708, Toll free 1-800-514-7106

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 benefit.

Legal and Financial Issues

Law Society of Alberta-Find a Lawyer

- Phone number: 780-661-1095, website: www.lawsociety.ab.ca/public/lawyer-referral/
- Lawyer referral is a free service to help you find a lawyer. They will ask the client 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 your options, evaluate potential costs and help determine if the lawyer is a good fit for your legal issue. The lawyers do not provide free legal advice.

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.

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 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. 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.

- In order 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, 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 for a list of grave medical conditions: www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit/apply.html

In order 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.

- 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 \$1,387.66
 - Children of disabled CPP contributors maximum \$255.03 (as of 2020).

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”.
- Gravely-ill 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 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 at: www.canada.ca/en/services/benefits/ei/caregiving/individuals-medical-professionals.

Rural Palliative Care In-Home Funding Program:

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

All inquiries can be sent to the corresponding team:

- South West Palliative Care Consult Team: 403) 388-6325
- South East Palliative Care Consult Team: 403) 529-8901

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 cure

Benefits:

Medication Benefits

- See “[Drug Benefits and Access](https://www.alberta.ca/palliative-care-health-benefits.aspx)” 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: www.ab.bluecross.ca/dbl/pdfs/pcdbbs.pdf
- The co-payment (the portion of the prescription cost the patient pays to the pharmacy when a prescription is filled) is 30% to a maximum of \$25, and a lifetime maximum of \$1,000. A patient will be responsible for additional costs if:
 - 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 co-payment is per fill of each medication (if patient is stable on medication, consider longer Rx to reduce number of fills)
- Co-payment includes dispensing fees, however, does not cover delivery fees (if applicable)

Diabetic Supplies

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

Ambulance Services

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

What is Not Covered?

- Infusion and injection equipment and supplies (IV lines, subcutaneous sites, needles, syringes).
- Benefit expenses incurred prior to the effective date of coverage.
- Benefit expenses submitted more than 12 months after the service date.
- Charges for drugs and injectable supplies.

- Delivery fees.
- Charge to prepare syringe medications (liquid or injectable) in pharmacy (often \$2/syringe)
 - 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.
- For those with financial hardship please refer to social work, as there may be alternative options for coverage.

Palliative Versus Seniors Coverage

- Seniors Coverage is for age 65 and older. Similar coverage as Palliative but no \$1000 maximum for co-pays (i.e., co-pays are not capped).

Drug Benefits and Access

- Patients need to pay for preparation of injectable medications, or liquids drawn up in syringe, if done through pharmacy. These costs are NOT covered. Consider teaching patients/caregivers to prepare medications themselves.
- Self-injection guide is available through patient education or on Insite (AHS internal web)- see links above.
- For those with financial hardship please refer to 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 2020 and also, please see Interactive DBL for most current information):

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, 140mg
POLYETHYLENE GLYCOL 3350	Oral powder
SENNOSIDES	Oral tablet (8.6, 12mg), Oral liquid and syrup 1.7mg/ml
SODIUM PHOSPHATE/ SODIUM ACID PHOSPHATE	Rectal enema
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, 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 <u>two discrete courses</u> * of therapy with <u>two</u> of the required agents: morphine, hydromorphone and oxycodone. * A <i>discrete course</i> is defined as a separate treatment course, which may involve more than one agent used at one time to manage the patient's condition.	Treatment course 1 MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)
	<input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____ <input type="checkbox"/> oxycodone _____ <input type="checkbox"/> other (specify) _____
	Treatment course 2 MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)
	<input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____ <input type="checkbox"/> oxycodone _____ <input type="checkbox"/> other (specify) _____
For FENTANYL INJECTION requests	Previous MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)
	<input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____
If patient is unable to swallow, please provide information regarding <u>specific reasons</u> patient is unable take oral medications	

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.

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

Drug Access Coordinator (DAC) service, South CCA

- DAC service is available for patients who receive cancer treatment in Southern Alberta. The coordinators are located at TBCC.
- The DACs work with the patient and their cancer care team to address concerns about how the patient can afford their medications in a timely way. They assist patients to access prescription drugs, on compassionate grounds, that are not covered under the Alberta Outpatient Cancer Drug Benefit Program but are required for supportive Cancer Treatment and/or Care
- When a patient cannot afford the drugs, they have been prescribed, the DAC can explain the different drug funding options, help them understanding their current insurance coverage, and helps them apply for funding or additional insurance coverage. The DAC also communicates

and liaises with drug companies to access programs that can cover or share the cost of the drug they have been prescribed.

- For information, contact the Department of Psychosocial Oncology, TBCC and ask for the Drug Access Coordinator (403)355-3207.
- To refer: TBCC/Holy Cross providers refer through the Putting Patients First form in Aria. From Regional or Community Cancer Centres, please complete and fax the Drug Access Coordinator referral form located on the Alberta Referral Directory (Search: “Psychosocial Oncology”).

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 Social Work at the Jack Ady Cancer Centre, 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”

- Please call: 1-800-263-6750 (toll-free) to register.
- 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. They will not provide rides for labs, diagnostic tests, etc.

Medical Transportation (AISH or Alberta Works clients only)

- Please consult a South Zone Social Worker for assistance with setting up medical transportation, as there is additional documentation required:
 - Social Work at the Jack Ady Cancer Centre: (403) 388-6814
 - Social Work at the Margery E.Yuill Cancer Centre: (403) 529-8817
 - Social Work at the Tom Baker Cancer Centre: (403) 355-3207
- 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

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.

Lethbridge Transportation

Access-A-Ride (AAR) is a city of Lethbridge service for people who are unable to use the regular public transit service with safety and dignity. AAR is a shared ride public transportation service that operates within City of Lethbridge, it is not a direct ride service. Service is provided on a accessible door to door basis, providing a safe and seure trip from origin to destination.

The AAR website is: <https://www.lethbridge.ca/living-here/getting-around/Transit/Pages/Becoming-a-Client.aspx>.

AAR Quick Facts:

- AAR provides bus service to permanent residents within the City of Lethbridge limits who have a disability such as physical, sensory or cognitive impairment
- AAR is a shared ride service
- There are approximately 1459 active clients at any given time
- AAR provides upwards of 700 trips on a regular operational day
- There are over 15 Senior Complexes, 17 schools, 6 day programs and 1 dialysis program using AAR
- AAR operate 364 days a year. The only day AAR does not operate is New Year's Day (January 1)
- AAR has 21 buses and 36 operators on weekdays. Service may be limited on evenings, weekends and statutory holidays
- Peak hours are 7:30am-10:00am and 2:00pm-4:30pm
- AAR has 1 booking agent, 1 Schedule Analyst and 1 Dispatcher

Registration and Eligibility:

- An application form must be completed
- A medical assessment must be completed by a physician, occupational therapist or physiotherapist
- There is no registration fee, but patients must meet eligibility requirements. Patients are responsible for any charges incurred at your doctor's office if they do charge to fill out a registration form.

These are the required steps when a patient/applicant calls to register:

- An application form is mailed or faxed to you to be filled out
- The form must be filled out legibly, completed in full and signed by a qualified health care provider and returned to AAR's office
- Once the application is received in full, it will be processed within 2 weeks
- Once a decision is made, a letter is mailed to the applicant. If approved, a registration number will be issues and included in the letter. If declined, the reason for the decision will be included in the letter.
- If applicant's registration is denied by AAR, the applicant may appeal this decision to the Accessible Advocacy Committee. To request a formal review, a letter may be sent to:

- Chairman of the Accessible Advocacy Committee
- 619-4th Ave N
- Lethbridge, AB T1H 0K4

Other Lethbridge and Surrounding Areas Transportation Options:

- The Highway 3 Connector has daily travel from Medicine Hat to Lethbridge and return, with stops along the way in all the towns (<https://www.highway3connector.ca/about/>)
- From Pincher Creek is located the Care Bears Society; a volunteer service (403-339-2273).
- J & L Shuttle does pick-ups from towns along its route, but these are dependent on when it passes through the towns (<https://www.jandlshuttle.com/services.php>).

Air Transportation

- [Give a Mile Program](#)
 - Phone number: 1-877-545-3050
 - 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)
 - 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
 - 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.

Medicine Hat & Surrounding Areas Transportation

- Care Cabs: Tel. 403-529-2211
- Deluxe Taxi: Tel. 403-526-3333
- Colette Cares: Tel. 403-878-9200
- Extended Family Services: Tel 403-458-0456

- Ms. Butler: 403-878-7708
- Special Transit – City of Medicine Hat: Tel. 403-529-8214
- Prairie Sprinter (to Calgary): Tel. 403-487-1312
- Highway 3 Connector (to Lethbridge): Tel. 1-877-367-4993
- J & L Shuttle (to Calgary): Tel. 403-528-8851

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:
 1. a temporary placard, issued for between 3 and 12 months
 2. a long-term placard, issued for 5 years
 3. 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

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 www.conversationsmatter.ca 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.
- 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 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 Support

Supportive Care, Cancer Care Alberta: Psychosocial Oncology

Refer to provincial website for services and resources:

<https://www.albertahealthservices.ca/cancer/Page16325.aspx>

1. Social Work service: Social Workers located in Lethbridge, Medicine Hat and Calgary provide supportive counselling and assist patients with their financial concerns and practical needs, such as income replacement, medication coverage, personal affairs information (e.g., PDs, EPOA, and Wills), etc. For more information or to make a referral, see the Alberta Referral Directory for criteria, and (generic) referral form (search “Psychosocial Oncology”). Contact information for sites:

- **Lethbridge and area:** Internal referrals from JACC providers – please use the Putting Patients First Questionnaire in ARIA. For external referrals, contact the Jack Ady Cancer Centre (JACC) Social Worker (403) 388-6800.
- **Medicine Hat and area:** Internal referrals from MEYCC providers – please use the Putting Patients First Questionnaire in ARIA. For external referrals, contact the Margery E. Yuill Cancer Centre Social Worker (403) 529-8817.
- **Drumheller, High River, and Bow Valley areas:** The Community Cancer Centre Social Worker is located at Tom Baker Cancer Centre (TBCC). For internal referrals from TBCC/Holy Cross providers – please use the Putting Patients First Questionnaire in ARIA. For external referrals, contact the Department of Psychosocial Oncology and ask to speak with a social worker (403) 355-3207.
- **Calgary and area:** For internal referrals from TBCC/Holy Cross providers – please use the Putting Patients First Questionnaire in ARIA. For external referrals, contact the Department of Psychosocial Oncology and ask to speak with a social worker (403) 355-3207.

2. Counselling & Psychiatry Services: The Department of Psychosocial Oncology at the Tom Baker Cancer Centre/Holy Cross site has a team of trained professionals in psychiatry, psychology, and social work who help patients and their families cope with the emotional, psychological and social stresses that often surface as a result of cancer and its treatment. Services are available to patients/families in Southern Alberta, from the moment of diagnosis onward for cancer related concerns. The following services are available via telephone/Zoom or in person as required:

- Individual, couple and family counselling which can help with:
 - Cancer-related quality of life issues
 - Coping strategies for managing stress
 - Anxiety and low mood
 - Meaning of life questions
 - Changes in relationships

- Groups (currently offered online) are available to patients and family members to assist with coping with cancer. Group offerings change on a quarterly basis. Some groups offered include: Group for caregivers of people living with advanced Cancer, Ovarian cancer group, early stage and metastatic breast cancer groups, men’s gastrointestinal cancer group, Adolescent and Young Adult group, Mindfulness-Based Cancer Recovery, etc. A list of our Classes, Groups and Events is found on the Cancer Care Alberta website: <https://www.albertahealthservices.ca/cancer/Page16323.aspx>.

3. Psychiatry service: Psychiatry services are accessible in person or via Virtual Health (Zoom/phone). Patients experiencing moderate to severe cancer-related psychological symptoms/distress can be referred for assessment and treatment, which may include medication management and/or counselling/psychotherapy.

- **Referrals for counselling, groups, or psychiatry:**
 - To self-refer for counselling or groups, Patients are encouraged to call (403) 355-3207.
 - To refer: From TBCC/Holy Cross, submit the referral through the Putting Patients First questionnaire in ARIA. For external referrals, view referral criteria and fax the referral form located on the Alberta Referral Directory (search “Psychosocial Oncology”).
 - Psychiatry referrals: Referring provider must have a Practitioner ID.
 - For more information about counselling and psychiatry services, or to consult with a psychosocial clinician about a possible referral, please call the Department of Psychosocial Oncology, TBCC at (403) 355-3207.

4. Oncology and Sexuality, Intimacy & Survivorship (OASIS) Program, CCA

- The OASIS Program (South) supports patients and their partners across Southern Alberta who are experiencing cancer-related sexual health concerns.
- Referred patients will receive an intake appointment with the OASIS Sexual Health Consultant for assessment, education, resource navigation, emotional support, and multidisciplinary referrals (e.g., psychology). Services are available via Virtual Health (phone/Zoom)
- When medical consultation is needed, the OASIS Program facilitates referral to Dr. Ted Jablonski, a family physician and educator located in Calgary who has been involved in sexual and gender-based medicine, specializing in Men’s sexual health, Women’s sexual health, LGBTQ+ and Trans health. Dr. Jablonski welcomes cancer patients and survivors in an efficient and non-judgmental manner, as well as those with significant co-morbidities.
- Providers can also directly refer to Dr. Jablonski by fax: (403) 910-5320.
- Sexual Health Workshops: Monthly ‘Low-down on Down There’ vaginal health workshops are offered via Zoom. This interactive and educational workshop focuses on vaginal and sexual health following cancer and treatment. Topics include vaginal moisturizers, lubrication, vaginal dilation, addressing painful sexual interaction, and changes to desire.

Interested patients/providers can contact the OASIS program (phone number below) for information and to register.

- **Patient Educational Resources** for men, women, and their partners are available online at myhealth.alberta.ca/cancer-and-sexuality/about-oasis and in cancer clinics/waiting areas:

Cancer and Sexuality 🏠	
Introduction	
Fertility and Cancer Treatments	
Female Sexuality and Cancer	+
Male Sexuality and Cancer	+
Body Image and Sexuality: Cancer	
Sexual Relationships and Cancer	+
References and Resources	
▶ About OASIS	

- **OASIS Program referrals:**
 - From TBCC/Holy Cross, submit the referral through the Putting Patients First questionnaire in ARIA (check “other” and type “OASIS” in the comment box).
 - From outside of TBCC/Holy Cross, complete and fax the OASIS referral form located on the Alberta Referral Directory (search “Psychosocial Oncology”).
 - To contact the OASIS Program, South (phone line for patients and providers):
 - Phone: (403) 355-3246
 - Fax: (403) 355-3206

5. Adolescent and Young Adult (AYA) Oncology Program, CCA

- The CCA Adolescent and Young Adult (AYA) Program is dedicated to ensure access to enhanced specialized support services for AYAs across the province.
- AYA Nurse Navigation support is accessible to all patients between the ages of 17 and 39, with any type of cancer, at any stage of treatment. Patients can contact the AYA patient navigator directly or be referred.
- Patients will receive a Navigation assessment of common AYA concerns such as: onco-fertility, survivorship and late treatment effects, work or school, relationships, sexual health, social supports, navigating health care system, illness adjustment and coping, and physical/functional rehabilitation. Referred patients may receive individualized treatment plans, care coordination, and referrals to specialized services/resources. Case consultation is also available as needed.
- **To refer:** From TBCC/Holy Cross: Refer through the Putting Patients First questionnaire in ARIA. Check “Other” and type “AYA navigation” in the Comment box. From outside of TBCC/Holy Cross: Visit the Alberta Referral Directory for criteria and referral form (generic). Fax to 403-355-3206, Attn. AYA Navigator
- For case consultation / program information: Phone AYA Nurse Navigator at 403-476-2791 or Email AYA.ProgramSouth@ahs.ca

6. Indigenous Cancer Patient Navigation

[See Indigenous Health section above.](#)

7. Drug Access Coordinator Service

[See Drug Benefit section above.](#)

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.

[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 (Caregiver) section will direct caregivers to the information they require to give their loved ones the best possible care such as:
 - Self-care
 - Relationship-care
 - Legal/Planning
 - Financial
 - Moving Forward
 - Resources

[Caregivers Alberta](#)

- Phone number: 1-877-453-5088
- 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 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

[Canadian Mental Health Association – Care for the Caregiver](#): Resources for those caring for loved ones.

[Family Caregivers of British Columbia \(Formerly Family Caregivers' Network Society\)](#) : Providing resources and educational workshops online for anyone providing care for a loved one.

[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.

Online and Community-Based Resources and Services (includes AHS / Non-AHS)

The following links have been endorsed by Cancer Care Alberta's Patient Education department for patients and families:

- [AHS "Help in Tough Times" website](#): A listing of resources and support services such as 24/7 crisis support, stress management and grief resources, peer support, addiction and mental health services, family services, financial resource information, supports for Indigenous people, and more.
- [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.
- [Cancer Chat Canada](#): Offers professionally led online support groups where patients can connect with others who are having similar experiences.
- [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.
- [Sage Centre's Community Hospice Services](#): Offers an ongoing weekly (online) Living with Cancer support program for people with advanced cancer & their support person. Professional counselling is available. Youth and their families can be referred before or after the death has occurred. Contact 403-263-4525 or visit www.hospicecalgary.com.
- ["Talking with Children about Cancer" Patient resource list](#): This CCA link contains resources to help support children when there is cancer in the family.
- [Virtual Hospice](#): Information and support on palliative and end-of-life care, loss and grief for providers, patients and caregivers.

- **Wellspring:** A charitable organization with a vision to ensure no one has to face cancer alone. All programs and services are designed to meet the emotional, social and restorative needs of people living with cancer, their caregivers and their families. All of Wellspring's programs are evidence-informed and offered free of charge and without referral. Wellspring Calgary and Wellspring Edmonton operate in-person centres and provide a full range of programs online and by phone to support all of Alberta.
 - Wellspring Calgary covers Red Deer to the Canadian board for support and Wellspring Edmonton covers northern Alberta. Programs and services are currently offered over the phone and online.
 - Support is very accessible to anyone in southern Alberta.
 - Phone number: 587-747-0260.
- **Well on the WEB:** These online resources and programs are offered out of Wellspring in Ontario. They are accessible to patients and caregivers in Alberta as well at no cost.

Additional Resources

- Cancer Care Alberta "[Sources of Help](#)" select by region.
- Patient education resources on Myhealth.Alberta.ca: [Cancer and Sexuality: References and Resources \(alberta.ca\)](#)

Grief Support

- AHS website – "Grieving Together" provides information on services and resources to cope with grief and loss: <https://www.albertahealthservices.ca/info/Page15944.aspx>
- Grief Support Program (AHS): (403)955-8011. Professional grief counselling available in individual and group formats. Service and grief resource information is listed here: <https://www.albertahealthservices.ca/info/Page13161.aspx>
- Sage Centre's Community Hospice Services: Bereavement counselling and group support is available for Community Hospice clients for as long as needed. Youth and their families can be referred before or after the death has occurred. Contact 403-263-4525 or visit www.hospicecalgary.com
Virtual Hospice is an excellent Canadian online service providing information and support on palliative and end of life care, loss, and grief issues. Visit www.virtualhospice.ca

Rehabilitation Resources

Supportive Care: Rehabilitation Oncology

Website: <https://www.albertahealthservices.ca/cancer/Page17173.aspx>

Patients in palliative care may have various rehabilitation needs. Rehabilitation can help with further control of symptoms such as pain, spasticity, fatigue, lymphedema/ swelling, weakness and range of motion in arms and legs. Patients may need equipment recommendations including home equipment and orthoses/braces.

Cancer Care Alberta offers rehabilitation support for cancer related issues:

- **Occupational Therapy (OT)** can help with problems that get in the way with patient's ability to do things that are important to them. This may include work, self-care leisure and social activities.
- **Physiatrists** are medical doctors who have completed training in physical medicine and rehabilitation. They assess a person's readiness for rehabilitation and other therapies, like OT and PT. Physiatrists focus their treatment on function by treating the whole person, not just one problem area. Patients seen by a physiatrist benefit from earlier identification and treatment of rehabilitation issues as a result of the cancer or its treatment. Depending on a patient's problems or symptoms, physiatrists treat their patients using:
 - Electromyography (EMG) and nerve conduction studies
 - Corticosteroid joint injections, trigger point injections and botulinum toxin injections
 - Prescriptions (for medications)
 - Functional or return to work recommendations
 - Bowel and bladder function assessments and treatment

At the Holy Cross Centre, Dr George Francis is the cancer physiatrist offering assessment, treatment and consultation services. Referral information can be found on the [Alberta Referral Directory](#) by searching "Rehabilitation Oncology- Physiatry." A physician's referral is required. Contact (403) 476-2910 for appointment and booking information.

- **Physiotherapists (PT)** can help patients regain, maintain or increase strength and movement in key parts of their body.
- **Speech Language Pathology (SLP)** can help with speech production, language, feeding and swallowing changes.

Why should patients consider rehabilitation?

Rehabilitation has many benefits. It can help manage:

- Lymphedema (swelling related to cancer surgery or radiation)

- Changes in movement, strength and balance caused by treatment
- Scar tissue and cording (axillary web syndrome)
- Pain
- Cancer-related fatigue or energy conservation
- Changes in sensation
- Daily living skills and activities
- Return to work or school planning (does not include Functional Capacity Evaluations or Job Demands Analysis)
- Speech, language, voice or swallowing changes
- Functional and cognitive changes (e.g. brain fog)
- Self-care

How to Refer

For patients currently receiving active cancer treatment and who have an ACB number, please use the Putting Patients First (PPF) questionnaire in ARIA to submit a referral- there is a tick box for “PT/ OT/ Speech.” Use the PPF to submit referrals to **all** rehabilitation oncology services at the Holy Cross/ TBCC including Physiatry. For patients not currently receiving cancer treatment, please follow the referral instructions on the [Alberta Referral Directory](#).

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

- 1:1 individualized assessment and treatment plans offered in person and via virtual care (phone, Zoom, Telehealth)
- Self-management
- Education classes and groups. For a list of our current Classes, Groups and Events, please go to Cancer Care Alberta’s website:

<https://www.albertahealthservices.ca/cancer/Page16323.aspx>

Not all cancer centres offer the same services. See below for what is offered at your closest centre. All CCA sites offer virtual care rehabilitation services as part of our “Care Closer to Home” initiative. Ask your care team for a referral, call for more information or search “Rehabilitation Oncology” online on the [Alberta Referral Directory](#) for a full list of sites offering Rehabilitation Oncology services and referral criteria. The table below lists the sites specific to South Zone offering rehabilitation oncology:

Site (Area)	Physiotherapy and Occupational Therapy	Speech, Language and Swallowing Therapy (SLP)
Holy Cross and Tom Baker Cancer Centre (Calgary)	(403) 476-2910 Offered at Holy Cross Centre	(403) 355-3211 For Head & Neck Cancer patients and laryngectomy patients: (403) 312-7489 or (403) 944-1256 Offered at Tom Baker
Central Alberta Cancer Centre (Red Deer)	(403) 406-1963	(403) 343-4628
Jack Ady Cancer Centre (Lethbridge)	(403) 476-2910 or (403) 388-6846 Physiotherapy Only	Contact SLP at (403) 355-3211 to assist with South Zone SLP referral

For non-cancer-specific rehabilitation services:

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

Cancer Exercise Programs

Alberta Cancer Exercise (ACE) Program

ACE is a 5-year study evaluating the benefit from, and implementation of, an Alberta wide clinic-to-community-based cancer and exercise model of care – the Alberta Cancer Exercise (ACE) Program.

Why is ACE being offered?

- Cancer treatments will often cause side effects that can impact Patient's daily activities, physical function, well-being and quality of life. Strong research evidence supports the benefit of exercise to improve symptoms related to cancer at every stage of treatment and recovery.
- Until now, in Alberta, exercise has not been part of the routine clinical care of individuals with cancer. The ACE program was developed to provide this service, and to help individuals with cancer to better withstand and recover from cancer treatment.

What does ACE involve?

- ACE is a free 12-week community-based exercise program designed specifically for individuals undergoing or recovering from cancer treatment. ACE exercise instructors have received cancer-specific education and training.

Where is ACE offered?

- ACE is offered in-person and virtually in various community based settings in the following cities:
 - [Edmonton](#)
 - [Calgary](#)
 - [Red Deer](#)
 - [Medicine Hat](#)
 - [Lethbridge](#)
 - [Fort McMurray](#)
 - [Grande Prairie](#)

Exercise for Cancer to Enhance Living Well (EXCEL)

- Similar to ACE, EXCEL is a five-year Canada-wide project, offering FREE, 12-week exercise classes designed specifically for individuals undergoing or recovering from cancer treatment. In particular, EXCEL will target cancer survivors living in rural and remote regions across Canada.
- For project details and information on how to participate: [Exercise For Cancer to Enhance Living Well- Excel](#)

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 services:
 - Palliative Home Care
 - Palliative Care Consultants
 - Cancer Centre Palliative Clinics
 - Tertiary Palliative Care Inpatient Units
 - Hospice
- 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.

Alberta Thoracic Oncology Program Interventional Pulmonology at the University of Alberta Hospital and (Royal Alexandra Hospital)

- Services provided:
 - PleurX catheters for refractory pleural effusions (malignant AND benign effusions)
 - Airway stents and debridement of malignant airway obstruction, endoscopically
 - Abdominal PleurX catheters for malignant ascites refractory to diuretics
- As these are very specialized services and often urgent, each case is assessed individually to determine if appropriate.
- Options to reach the service:
 - Contact your palliative Care Consult Team.

Acknowledgement

Originally created December 2020 by Marie de Guzman Wilding with contributions from Alison Landreville, Leann Esau, Kelly Sauer, Natasha Price, Chinook Regional Hospital Social Work Team, Laura Labelle, Palliative Care Early and Systematic Project Team (www.pacesproject.ca).

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