

Edmonton Zone hospice units provide specialized inpatient palliative care to clients / patients with a life-limiting illness whose end-of-life care needs are best met in a facility environment. It is available to clients / patients over the age of 18 living in the Edmonton Zone, for the last weeks to months of life. Hospice teams of trained health care professionals and volunteers provide 24-hour palliative care with a focus on quality of life for clients/patients and their families at end-of-life, and through bereavement. The interdisciplinary teams concentrate on easing the physical, emotional, and spiritual suffering that may be experienced during the end-of-life journey.

The Continuing Care Edmonton Zone Palliative Care Program delivers hospice care in partnership with the contracted providers listed below. [Palliative Care: Service Types \(alberta.ca\)](https://www.alberta.ca/palliative-care-service-types.aspx)

### Hospice Admission Criteria

The hospice admission criteria serve as the basis for palliative care consultants to establish a client's/patient's eligibility for hospice admission. The criteria establishes equitable and transparent guidelines to support access to palliative care services and ensures that clients/patients receive the right care in the most appropriate setting.

#### Hospice Eligibility / Inclusion Criteria:

Hospice may be the most appropriate care setting for clients/patients with life-limiting diseases where the client/patient:

- is 18 years of age or older;
- has a valid Alberta Health Care card;
- is experiencing a progressive life-limiting disease or condition; this disease may include a cancer or non-cancer illness or condition (such as frailty)
- wishes to focus on comfort care and quality of life;
- no longer requires, or is benefitting from, life-prolonging treatment;
- has an expected hospice length of stay of approximately three to four months or less;
- has a signed Goals of Care Designation (GCD) of C1 or C2. M2 may be considered in exceptional circumstances;
- has a Palliative Performance Scale (PPS) of 40% or less; PPS of 50% may be considered if disease burden or symptom management requirements are high
- has no available support persons in the home or family caregiver is no longer able to provide care
- agrees to hospice admission when remaining at or returning home is no longer possible (a legal representative can consent when applicable);
- agrees to reassessment for an alternative level of care if the condition stabilizes and the disease trajectory appears to exceed the expected length of stay.

### Clinical Considerations Requiring Interdisciplinary Review Pre-Hospice Approval

Clients / patients who do not meet all the above criteria may still be considered for admission following a case review by the sending healthcare team, receiving Hospice Manager or designate, and the Program Manager, CCEZ Palliative Care Program. Examples of clinical conditions that could prompt a pre-acceptance review may include:

- mature tracheostomies, stable laryngectomy tubes, high-cost medications, continuous bladder irrigation, continuous positive airway pressures (CPAP), bi-level positive airway pressure (BiPAP), high flow oxygen (more than 20 L / min)

- procedures that require transportation to an acute care facility (e.g. radiation therapy, paracentesis). A review of the treatment plan in advance of hospice acceptance helps to determine the best timeline for admission;
- blood transfusions (acceptable when used occasionally for symptom management, but not appropriate for clients / patients who are receiving ongoing transfusions)
- bariatric or specialty support surfaces that differ from the current mattresses provided in each hospice
- clients / families with extensive psychosocial / spiritual / financial needs; these clients / patients would be referred for admission to the Tertiary Palliative Care Unit for enhanced supportive care;
- need for regular diagnostic tests and other assessments (these are not routinely ordered in hospice, but may on occasion be recommended to support symptom management)
- active implanted cardiac defibrillator (ICD) that has not been deactivated prior to hospice admission; these patients are accepted at all hospices and the review serves to inform hospice staff of the need to apply the guideline for deactivation in hospice;

### Exclusion Criteria:

A client / patient with the following conditions would be ineligible for hospice care if they:

- are awaiting consultation for initial assessment at the Cross Cancer Institute or other cancer centre;
- are undergoing staging or active treatment of disease at the Cross Cancer Institute or other cancer centre;
- require any of the following therapies:
  - initiation or maintenance of total or peripheral parenteral nutrition (TPN or PPN); oxygen by high flow nasal cannula (Optiflow and VapoTherm); dialysis; platelet transfusion; ventilator supports; peripheral intravenous lines, central venous catheters (peripherally inserted, implanted); negative pressure wound therapy (NPWT - WoundVac); laryngectomy tubes; or new tracheostomy tubes.

### Referral Process

If it is deemed a client / patient could benefit from a hospice level care setting based on the above Hospice Eligibility / Admission Criteria, a referral can be made by a physician / NP to formally determine eligibility.

#### Initiating a Referral within the Edmonton Zone:

1. Community, Non-Connect Care acute care site physician / nurse practitioners (NPs) can find referral information here:  
**Service Access:** Healthcare providers should consult the [Alberta Referral Directory](#) for service referral information.
2. Acute Care, Connect Care site attending physicians / NPs can complete Connect Care Consult request

#### Initiating an Out-of-Zone Referral

Physicians / NPs can refer persons living outside of the Edmonton Zone for admission to an AHS EZ hospice by contacting Continuing Care Access (CCA) at (780) 496-1300.

Out-of-province persons who do not have an Alberta Health Care Insurance Plan (AHCIP) may be admitted to hospice sites; acceptance requires pre-approval per standard AHS processes for those without AHCIP and must be done in advance of receiving a hospice assessment.

## Assessment

Assessment for hospice is completed by a palliative care consultant using a standardized approach including review of a client's / patient's symptom and psychosocial needs, individual goals, and family caregiver support. The palliative care consultant applies clinical assessment tools which assist in guiding care and determining prognostication (e.g., The Edmonton Symptom Assessment System - Revised (ESAS-r), and Palliative Performance Scales (PPS)). [Symptom Assessment Tools | Alberta Health Services](#)

Once the client / patient is assessed as eligible for hospice level of care, the palliative consultant forwards the palliative care assessment (consult) and supporting documentation (e.g. demographic information, follow-up notes) to the Bed Hub Coordinator (BHC) through Strata Pathways. The BHC assists with matching of the client/patient to a hospice site chosen by the client / patient and family at the time of hospice assessment.

## Assessment Outcomes, Sites, Matching, Admissions & Waitlisting

### Assessment Outcome

If a client / patient is accepted and approved for admission to an Edmonton Zone hospice, the individual will be notified by the admitting hospice site, and transport arrangements are made by the Bed Hub when an admission date has been established.

If the client / patient in the community is not accepted to hospice level of care, the Case Manager should make a referral to the Palliative System Case Manager to review.

If a client / patient in acute care is not accepted to hospice level of care, the Acute Care Palliative Care Consultant is to connect with the Acute Care Transition Coordinator (TC) to make a referral to a Palliative System Case Manager to review.

Concerns or discrepancies regarding eligibility for hospice, or the placement process can be directed to the EZPCP central inbox ([EZPCP@ahs.ca](mailto:EZPCP@ahs.ca)), or call the CCEZ Palliative Care Program Manager (or designate) via 780-613-7000.

### Hospice Sites

[AHS-funded hospice care in the Edmonton Zone](#) is provided in the following locations:

- [CapitalCare Norwood](#) (23 beds located in central Edmonton)
- [Edmonton General Continuing Care Centre, Covenant Health](#) (26 beds located near downtown Edmonton)
- [Foyer Lacombe, Covenant Care](#) (10 beds located in St. Albert)
- [Rivercrest Care Centre](#), Qualicare (6 beds located in Fort Saskatchewan)
- [St. Joseph's Auxiliary Hospital, Covenant Health](#) (14 beds located in South Edmonton)
- [Westview Health Centre, Alberta Health Services](#) (6 beds located in Stony Plain)

All hospice accommodation consists of fully furnished private rooms, with a nursing station on the unit. Medications and supplies are provided as per the care plan through provincial funding. All hospice sites are tobacco and smoke free environments. Smoking cessation options are offered.

**There is no accommodation fee charged to a client/patient admitted to hospice.**

## Matching to a Hospice

The Bed Hub Coordinator (BHC) monitors the waitlist, triages, prioritizes, and coordinates admissions to hospice beds. The BHC matches assessed individuals to an available hospice space based on:

- a client / patient or family member's site preference,
- current location of the person,
- complexity of care needs and existing level of family or family caregiver supports,
- hospice space availability,
- level of urgency, and
- waitlist date.

## Hospice Admissions & Timelines:

Admission to a hospice site requires coordination between the person/family, hospice site, and Bed Hub Coordinator (BHC). Other partners in care may be needed to support the admission (e.g. acute care unit, interfacility transportation)

All hospice sites are equipped to accommodate up to 2 planned admissions each day, 7 days of the week.

## Urgent Hospice Admissions:

### Triggers for urgent admission from community settings include:

- Sudden decline in a person's functional / cognitive status (e.g. 2 person assist, total care, bed bound, falls)
- Clinical symptoms that are not stable and management by the family in the community is not feasible (e.g., unable to swallow / requiring subcutaneous medications where caregiver is unable to support)
- When informal or formal caregivers are unable to maintain the care required to keep the client / patient in the community (e.g. overwhelmed by increasing care needs, expressing desire to take client to hospital or the emergency department)

If the palliative care consultant deems that a client / patient needs to be admitted to a hospice urgently, the consultant will contact the BHC and the Program Manager, CCEZ Palliative Care Program for approval for urgent admission.

## Waitlisting

The BHC monitors the waitlists, triages, prioritizes and coordinates admissions to hospice beds once assessed and approved.

If a client/patient has been approved for hospice care but a room is not available, the BHC places the client/patient's name in a waitlist queue according to urgency level and preference. The BHC enters the matching information into Pathways indicating the person is *assessed and approved*.

The hospice site reviews the referral in Pathways and accepts the admission. Occasionally a site may deny an admission, for example, because of room closures or the client / patient or family declining the site. Hospices are to inform the palliative care consultant and CCEZ Palliative Care manager / program manager in advance of denying the admission in Pathways to allow the opportunity for further discussion.

## Access & Admission Priorities

The Edmonton Zone (EZ) has a duty to balance demand for access to hospice care services. The EZPCP will ensure that access to hospice care services is appropriate based on care needs, is equitable, and supports resource utilization. Priority considerations for admission include:

- In the community:
  - Acuity of the client / patient situation and the ability of the caregivers to meet the person's needs, or,
  - The likelihood that the person may / would require an admission to an emergency department in the next 24 to 48 hours if not admitted to hospice.
- In acute care:
  - When Over-Capacity Acute Care Protocols are activated / triggered

## Clinical Points and Special Considerations for Hospice Admission

Supplies for 2-3 days may be requested by the admitting hospice to prevent delays in client/patient care. Items may include ostomy supplies, latex-free supplies for clients with latex allergies, specific wound care supplies, tub feeding formulas (artificial nutrition will not be started in hospice), special medication requests, PleurX and pigtail catheter supplies, Tenckhoff catheter drainage supplies, chest/abdominal tubes other than PleurX or percutaneous gastrostomy (PEG) tubes. Type, size and supply number must be documented in Pathways or on Hospice Out of Zone Admission Forms.

Special needs must be documented and discussed with the hospice care team prior to admission. For clients/patients with complex medical needs that are not listed in the criteria, discussion with the hospice care team is required to determine if the client's care needs can be met in a hospice. Review may include medications or high-cost drugs, mature tracheostomies, requirements for isolation/special precautions such as Methicillin Resistant Staph Aureus (MRSA), Vancomycin Resistant Enterococci (VRE), Hepatitis A, B, and C, Extended Spectrum Beta—Lactamase Organisms (ESBL), Human Immunodeficiency Virus (HIV), Clostridium Difficile (C-Diff), any procedure requiring transportation to an acute care facility such as paracentesis and thoracentesis, radiation therapy or follow up at the Cross Cancer Institute, Continuous Positive Airway Pressures (CPAP, high flow oxygen, Continuous Bladder Irrigation (CBI).

## Communication with Clients, Family Caregivers or Designates

### Notification

The process for making arrangements with the client/family differs slightly based on the client's location:

- In the community:
  - The hospice site calls the client/family to confirm agreement for admission. If the client and family consent to admission, the hospice site contacts the BHC to assist with arrangements for transportation.
  - The BHC emails the palliative care consultant and Home Care Team Lead of the match and admission date. Hospice match information is also accessible in Pathways.
  - The palliative care consultant notifies the Most Responsible Provider (MRP, e.g. family physician) and case manager of the hospice admission.

- In acute care, the hospice site and/or the acute care unit contacts the client/family to confirm readiness for admission. If the client and family agree, the hospice site contacts the acute care unit for assistance with planning for admission.

The palliative care consultant remains involved to manage symptoms until client has moved to hospice.

### Hospice Site Preference

Clients / patients assessed for hospice admission will be asked to select at least two preferred locations, as wait times amongst hospices differ. When a bed becomes available in either of the two preferred hospice sites, the client will be offered the first vacancy.

Every effort is made to match the client to one of the two stated preferences. However, system pressures or urgent need for admission from community may occasionally necessitate admission to a non-preferred site. When this occurs, clients may request transfer between hospice sites. Discussion with the patient and family to determine if transfer is in the best interest of the patient will occur prior to relocation.

### Transportation to Hospice for Admission

Clients awaiting admission will be called by the hospice site when a room becomes available. Depending on the urgency, the client / family may be called within 24 to 48 hours regarding an available hospice room. When called, the client / family will be asked about transportation to hospice. The available choices are by:

- Car with a family member or friend
- DATS (Disabled Adult Transit Service)
- Wheelchair accessible taxi, or
- Ambulance. A staff member from the Bed Hub or from the admitting hospice may arrange the ambulance ride with or without the accompaniment of a family member. The cost for transportation to a hospice site is covered if the client / patient has Palliative Blue Cross or third party insurance. More information about Palliative Blue Cross benefits is available at their website (<https://www.alberta.ca/palliative-care-health-benefits.aspx>). If the client does not have coverage, the client/family will be responsible for the cost of the ambulance transfer.

It is useful if client/patient bring some items to hospice when admitted:

- current medications (including supplements and complimentary therapies)
- medical supplies (specific wound care dressings, ostomy supplies, latex-free supplies, aero chambers for inhalers, tube feeding formulas, chest and abdominal tube supplies
  - It is recommended that consultants indicate within Pathways (notes section), the type, size, and supply number of the medical supplies.
- signed Goals of Care Designation (Green Sleeve)
- copies of Personal Directive, Power of Attorney, Guardianship, and Trusteeship (if applicable)
- mobility equipment (e.g. cane, walker)
- toiletry items (toothbrush, toothpaste, razor/shaver, face or nail supplies, lip moisturizer - **avoid scented products**)
- hospital pajamas, gowns and housecoats are provided in hospice, though client / patient are welcome to bring their own preferred comfortable clothing.

- items to personalize the room (e.g. pictures, pillows, blankets) should be discussed with the hospice unit prior to bringing them in to ensure that the items can be accommodated and that they meet the unit's required safety policies
- Hospice accepts all subcutaneous lines for medication administration, however; intravenous / central lines and / or needles should be removed prior to admission to hospice.

## Physician Coverage

When a client / patients are transferred to hospice in non-pandemic times, their family physician may choose to continue as the Most Responsible Provider (MRP) if the family physician has privileges at the site. If the family physician does not have site privileges and is interested in continuing to be involved in the client's / patient's medical care, the family physician may apply for privileges on an urgent basis from the Facility Medical Director.

If the family physician is unable to continue as the MRP, arrangements will be made for an alternate hospice-attending physician. Family physicians are welcome to visit their patients in hospice, even when they are not responsible for the medical care.

Primary palliative care physicians providing medical care in hospice are expected to visit hospice patients at least 3 times per week and provide 24-hour on-call coverage. Physicians can arrange to share on-call coverage with other physicians with existing privileges who are already familiar with providing care in a hospice setting. When planning absences, attending physicians are expected to arrange temporary transfer of care to a physician who has privileges and is familiar with providing care in a hospice setting.

The primary palliative care physician may request a palliative care consultation from a palliative care consultant at any time during a client / patient's stay in hospice.

## Discharge to the Community or an Alternate Care Setting

If a client / patient wishes to return home, a Palliative Care System Case Manager will be consulted and a family conference for discharge planning will be arranged. A trial discharge or planned passes may be offered for up to 3 days. After completion of the trial discharge, and if successful, the patient is considered discharged from hospice.

If a client / patient's condition stabilizes and the disease trajectory appears to potentially exceed the expected length of stay, the interdisciplinary hospice team will reassess the need for an alternative level of care.

If a client / patient is transferred to an acute care site for admission and treatment, pending the outcome the client/patient may be discharged from hospice.

## Appendices

### Appendix A: Edmonton Zone Hospice Location Details

Hospice Site	Parking	Laundry	Television in Room	Internet: WIFI	Pet Visits	Phone
<b>Covenant Health St. Joseph's Robert Stollery Wing</b> 10707 -29 Avenue Edmonton, AB, T6J 6W1 (780) 430-3449	Parking available at a fee	Washer/dryer available Use own supplies	Basic cable charge	Internet access available (limited)	Vaccinations must be up to date and pets leashed	Arrange through phone company or may use own cell phone
<b>CapitalCare Norwood Angus McGugan Pavilion</b> 10410-111 Avenue Edmonton, AB, T5G 3A2 (780) 496-3251	Parking available at a fee	Washer/dryer available Use own supplies	Basic cable charge	Internet access available (limited)	Vaccinations must be up to date and pets leashed	Arrange through phone company or may use own cell phone
<b>Covenant Health Edmonton General Mel Miller Hospice</b> 11111 Jasper Avenue Edmonton, AB, T5K 0L4 (780) 342-8098	Parking available at a fee	Washer/dryer available Use own supplies	Basic cable charge	Internet access available	Vaccinations must be up to date and pets leashed	Rental phone connection fee \$20 – then rate of \$15/month or may use own cell phone
<b>Westview Health Centre Continuing Care</b> 4405 South Park Drive Stony Plain, AB, T7Z 2M7 (780) 968-3656	Free	Families encouraged to take home. Facilities laundry may be available if needed, free of charge (case by case basis)	Basic cable Free of Charge	Internet access available (limited)	Vaccinations must be up to date and pets leashed	Available at a cost of \$10/month or may use own cell phone
<b>Covenant Care Foyer Lacombe</b> 1 St. Vital Avenue St. Albert, AB, T8N 1K1 (780) 544-2100	Free	Washer/dryer available Use own supplies	Basic cable Free of charge	Internet access available	Vaccinations must be up to date and pets leashed	Telephone line included
<b>Qualicare Rivercrest Care Centre</b> 10104-101 Avenue Fort Saskatchewan, AB, T8L 2A5 (780) 998-2425	Free	Free of charge including labeling of clothing	Basic cable Free of charge	Internet access available	Vaccinations must be up to date and pets leashed	Arrange through Telus or may use own cell phone