



Waterloo Wellington (WW) Quality Palliative Care in Long Term Care (LTC) Initiative

LTC Palliative Education Funding Reimbursement Claim Form

Please complete one form for each training/course

**alternative claim options on page 2*

Long Term Care Home: _____

Claim Cheque Payable To (LTC Home Name):	
Mail To (Mailing Address)	
LTC Contact Name/Title:	
Phone/Email:	Date Submitted:

Course Name:				
Date(s) of Training:				
	Total # staff	Total in Class Hours (# staff x Course hrs)	Backfill costs for staff participants	Claim (Total hrs x rate)
Direct Care staff participants			\$ /hr	
Nursing Staff participants			\$ /hr	
Supervisory Staff participants			\$ /hr	
Management Staff participants			\$ /hr	
Volunteer supervisor/coordinator participants			\$ /hr	
Total Education Funds Claim				

This form is to be completed and faxed to: 519-743-7021 or e-mailed to: lynda@hospicewaterloo.ca

Standard Courses offered for training	Course Description	In Class Hours
Fundamentals of Palliative Care	3 sessions/ 3hr per session	9 hours
Effective Pain Management Modules	6 sessions/ 1hr per session	6 hours
Advance Care Planning – workshop(s)	Sessions TBD	Variable hours
Hospice Volunteer program components	TBD	Variable hours

Note* See over for an example of a completed claim form*

298 Lawrence Avenue, Kitchener, Ontario N2M 1Y4 Tel: 519-743-4114

For Office Use Only:		
Claim approved on: _____	Claim Paid on: _____	Cheque #: _____

Completed Claim Example

Course Name:	Fundamentals of Hospice Palliative Care			
Dates of Training:	Session 1, Session 2, Session 3 (Please include actual dates)			
	<i>Total # staff</i>	<i>Total in Class Hours (# staff x Course hrs)</i>	<i>Backfill costs for staff participants</i>	<i>Claim (Total hrs x rate)</i>
<i>Direct Care staff who have received palliative training</i>	10	90	\$15/hour	1350.00
<i>Nursing Staff who have received palliative training</i>	8	72	\$40/hour	2880.00
<i>Supervisory Staff who have received palliative training</i>	2	18	\$50/hour	900.00
<i>Management Staff who have received palliative training</i>				
<i>Volunteers who have received palliative training</i>				
Total Claim				\$5130.00

Alternative Options

A) As per the Memo of Understanding (MOU) dated February 29, 2016, the overarching objectives for use of the palliative education reimbursement funds are as follows:

- Increased knowledge and understanding of the palliative approach to care among LTC staff
- Increased understanding of Pain & Symptom management at end of life among LTC staff
- Improved ability to support individuals dying in their place of choice i.e.: their home within the LTC facility.

In consideration of the fact that some LTCHs within WW do not require the use of funds to support direct reimbursement for staff backfill costs, to enable participation in the palliative education programs, we invite you to describe below how you could use the funds to support the three objectives noted above. Please note, statistical information with respect to the palliative education undertaken by your staff must still be provided and funds to support the alternative program supports will be calculated based on the staff statistics to the maximum noted in the MOU.

B) _____ LTC is unable to participate in the Quality Palliative Care in LTC MOU claim process for our staff. We agree to allow the funds that were allocated to our facility in the February 2016 MOU to be reallocated to other homes within the system.

Date: _____ Signature: _____
Position: _____

For Office Use Only:	Claim approved on: _____	Claim Paid on: _____	Cheque #: _____
-----------------------------	--------------------------	----------------------	-----------------