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McGill Palliative Care National Grand Rounds 2026 Series



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PALLIATIVE CARE

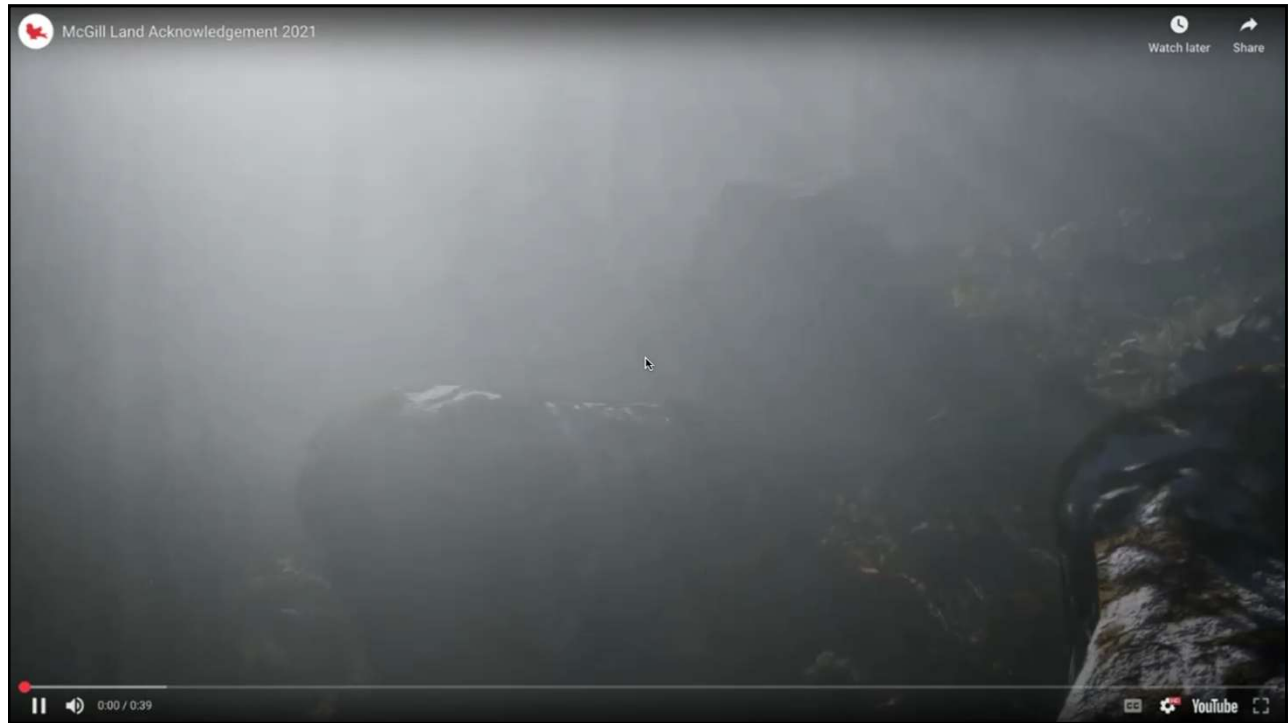


BY



Pallium Canada

2



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McGill Palliative Care National Grand Rounds 2026 Series

The bottom section of the slide features four logos. From left to right: the McGill Soins Palliatifs logo (a stylized bird in red and blue), the McGill Palliative Care logo (text in black), the Project ECHO logo (a red oval with "Project ECHO" and "Palliative Care - Canada" below it), and the Pallium Canada logo (a colorful flower-like shape with "BY" and "Pallium Canada" text).

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Conflict of Interest Declaration

Linda Watson

I have no conflicts of interest to declare.

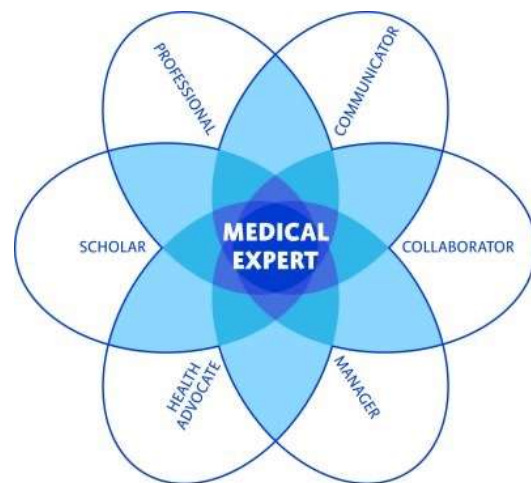


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CanMEDS Framework:

The CanMED competencies that will be identified during this presentation:

Professional
Scholar
Collaborator
Health Advocate
Professional



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Learning Objectives

- Understand how one provincial cancer jurisdiction in Canada integrated patient reported outcomes into routine care to improve capacity for targeted symptom management.
- Explore trends, patterns and predictive capacity of routinely collected PRO data in relation to the cancer patients being treated for Advanced Cancer in Alberta (8,500 patients in 2023).
- Discuss efforts underway to harness this data and our provincial EMR to develop decision support tools to flag patients who benefit from palliative care.



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Harnessing the power of routinely collected patient reported outcomes (PROs) to improve early access to palliative care:

One Provincial Cancer Jurisdictions experience

Linda Watson, RN, PhD | January 2026

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➤ Acknowledgements

Canadian Partnership Against Cancer

Funding support as part of pan-Canadian work to leverage PROs in oncology

Provincial PROs Patient & Family Advisor Working Group

Provincial Patient Reported Measures Advisory Council

Co-led by Dr. Lisa Barbera

Connect Care (Epic) Implementation & IT Teams

Dr. Aynharan Sinnarajah

Funding and collaboration as part of his CCS Emerging Scholar grant “Improving Cancer Survivors' Access to Timely Palliative Care: Validating and Building Triggers in the Electronic Medical Record using Real World Evidence”

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legend

- North Zone
- Edmonton Zone
- Calgary Zone
- Central Zone
- South Zone
- Community Cancer Centre
- Associate Cancer Centre
- Tertiary Cancer Centre

Alberta Health Services

Alberta, Canada

- 5 million people

Cancer Care Alberta

Provincial Health Corporation – responsible for adult ambulatory and some inpatient cancer care across 17 sites in the Province

- 2 tertiary sites (Edmonton, Calgary)
- 4 regional cancer centres
- 11 rural community clinics

3,000+ staff and physicians

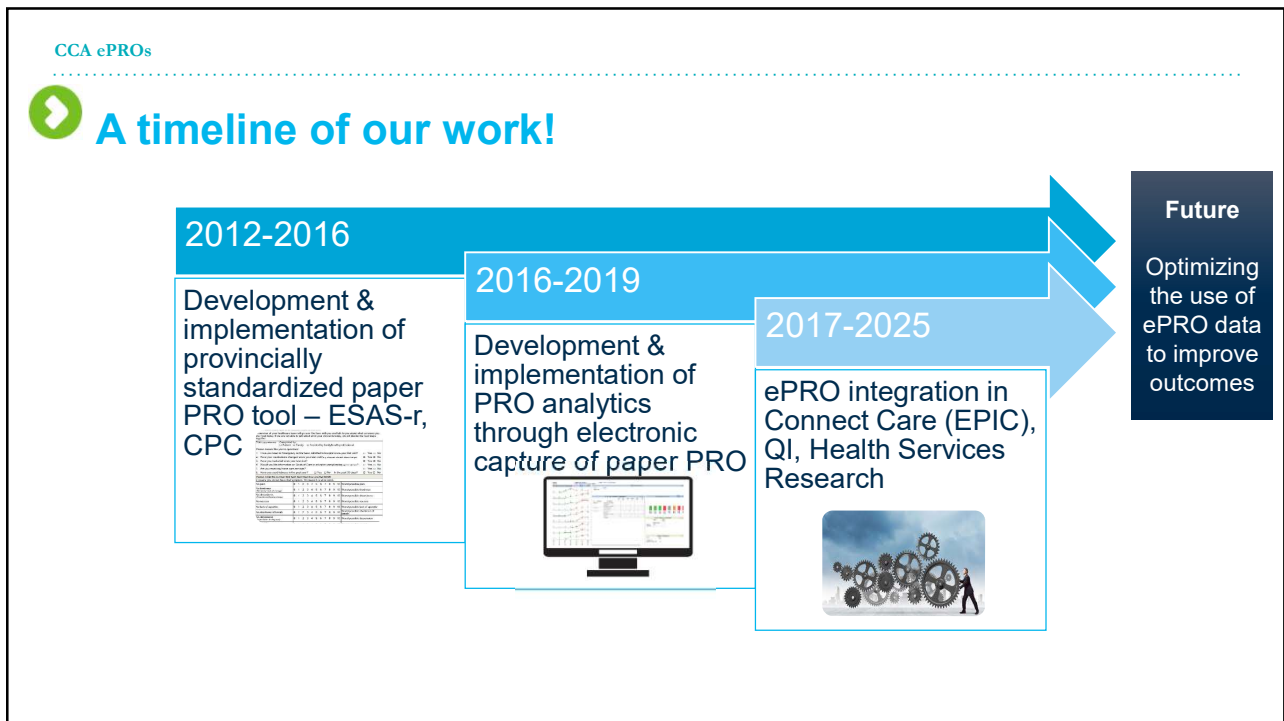
23,000 new cases of cancer annually (2024)

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Integrating PROs into Routine Care in Ambulatory Oncology

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2012-2016: Implementation of standard symptom measurement and its use in practice

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Improving Symptom Management



Symptoms are subjective, experienced uniquely by each person, which is why Patient Reported Outcomes (PROs) are so valuable in healthcare

PRO are measured using standardized measures that capture a person's perspective on their health status, quality of life and symptoms such as pain, fatigue, nausea, anxiety and depression, physical function and daily life limitations.

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➤ Patient Reported Outcomes Frequency



All disease groups; all locations in CCA

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➤ PRO workflow (Pre-Epic Conversion)




RNs responsible for primary review of PRO; use as a communication tool with patient re: symptoms and strategies for management and with physicians where they need to assess/manage symptoms out of RN scope of practice.

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CRITICAL POINT

Gathering PROs must be followed by a clinical review/response if your goal is to improve person centred care and symptom management in front of you!

Patient completes symptom screening tool (PRO measure)

➔

Conversation occurs between patient and staff to identify most troubling concern

➔


Shared decision making between HCP and patient to identify most helpful intervention

➔

Action taken – either self-management by patient or clinical intervention or referral by HCP

(Watson et al, 2016)

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ESASr

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness <small>(Tiredness = lack of energy)</small>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness <small>(Drowsiness = feeling sleepy)</small>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression <small>(Depression = feeling sad)</small>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety <small>(Anxiety = feeling nervous)</small>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing <small>(Wellbeing = how you feel overall)</small>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing

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ESASr and Referral Paths



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**2016-2019:
Focus on Improving
Utility of PRO data**

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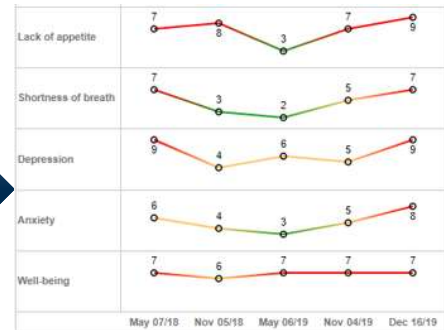
Making the data easier to interpret: It must be digital

Please circle the number that best describes how you feel NOW		
0 means you do not have that symptom; 10 means it is at its worst		
No pain	0 1 2 3 4 5 6 7 8 9 10	Worst possible pain
No tiredness (Tiredness/lack of energy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible tiredness
No drowsiness (Drowsiness/feeling sleepy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible drowsiness
No nausea	0 1 2 3 4 5 6 7 8 9 10	Worst possible nausea
No lack of appetite	0 1 2 3 4 5 6 7 8 9 10	Worst possible lack of appetite
No shortness of breath	0 1 2 3 4 5 6 7 8 9 10	Worst possible shortness of breath
No depression (Depression/feeling sad)	0 1 2 3 4 5 6 7 8 9 10	Worst possible depression
No anxiety (Anxiety/feeling nervous)	0 1 2 3 4 5 6 7 8 9 10	Worst possible anxiety
Best well-being (How well you feel overall)	0 1 2 3 4 5 6 7 8 9 10	Worst possible well-being
No	0 1 2 3 4 5 6 7 8 9 10	Worst possible
Other problem (e.g. constipation)	0 1 2 3 4 5 6 7 8 9 10	Worst possible

ESASr – paper PRO completed in waiting room



Paper transcribed as part of electronic documentation in EMR

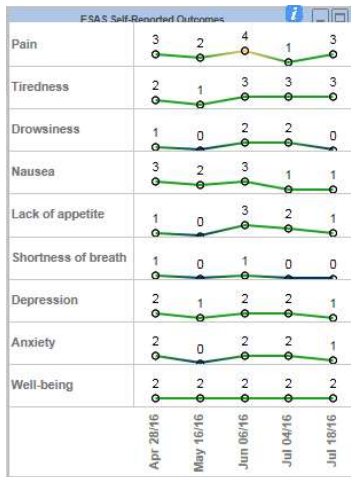


Electronic information pulled into PRO trended dashboard to make it easier to interpret at a glance

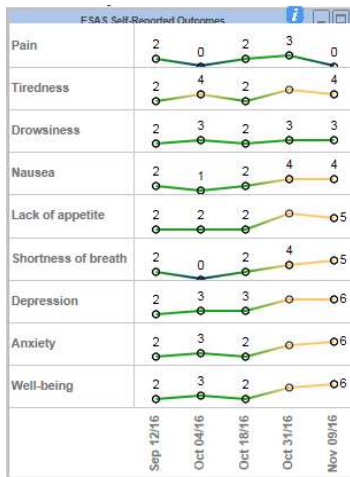


Demonstrating the Importance of how Symptoms Change over time

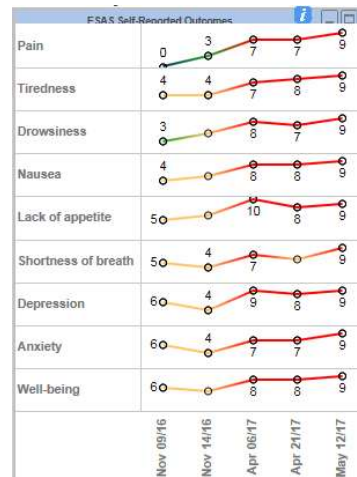
Phase one: Early disease trajectory

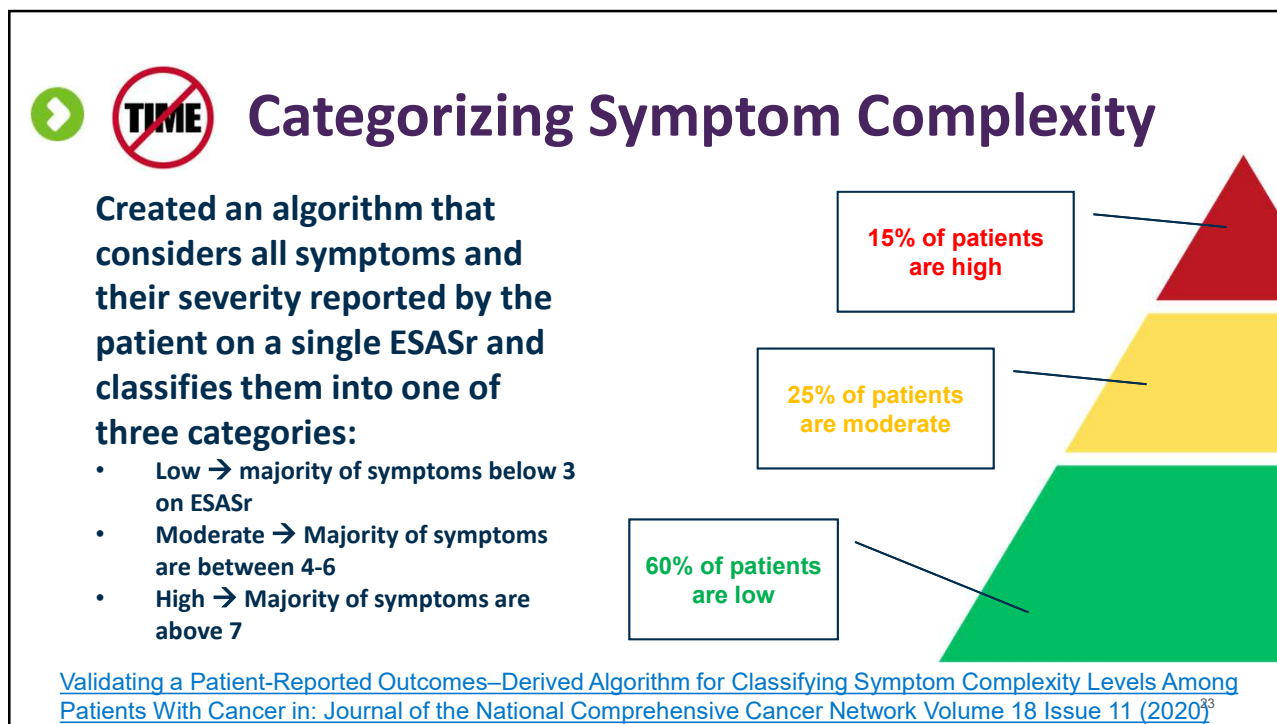


Phase two: Mid-point disease trajectory

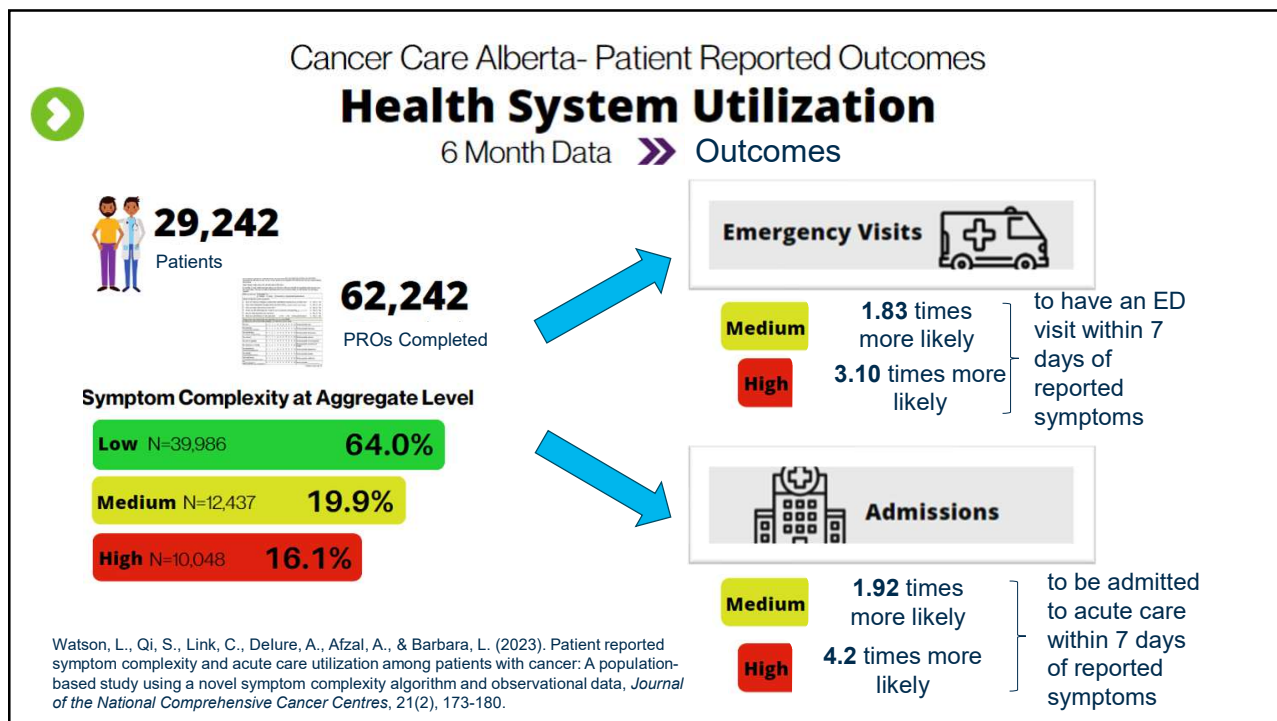


Phase three: Late disease trajectory







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Building Symptom Complexity into Clinic List

Visit Time	Event	Visit Provider	ACB#	Patient	Comments	Qstr Entry Date	Previous PPF Symptom Complexity
	1 FU						
10:20 to 10:25	Exam				fu booked as per appt slip. Leuprolide pt aware Oct/11/16 th	2016-Oct-11	L
	1 FU						
10:25 to 10:30	Exam				fu date booked as per slip. sl	2016-Aug-16	M
10:25 to 10:40	Unavailable						
10:40 to 10:45	Exam				fu as per appt slip. pt aware. JG	2016-Nov-23	L
	1 FU						
10:45 to 11:00	Unavailable						
10:50 to 10:10	Exam				fu as per Andrea. mailed. rt #4 hereptnpactaxet	2016-Oct-16	H
10:50 to 10:20	Unavailable						
11:00 to 11:50	Exam				rebooked as per appt slip. mailed Aug 3/16 cm	2016-Jul-24	L
	1 FU						
11:20 to 11:25	Exam				fu booked as per appt slip. month FU. pt aware Oct/11/16 th	2016-Oct-11	M

Using Autoregressive Integrated Moving Average (ARIMA) Modelling to Forecast Symptom Complexity in an Ambulatory Oncology Clinic: Harnessing Predictive Analytics and Patient-Reported Outcomes

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2017-2025: Integrating CCA ePROs Strategy into EPIC & MyChart

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Clinicians shared frustrations that ESASr did not assess all common symptoms for ambulatory oncology

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing



Date (yyyy-Mon-dd):

Select the number (0 to 10) that best describes how you feel NOW

Pain Physical discomfort or suffering	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Tiredness Lack of energy that does not go away with rest	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Drowsiness Feeling sleepy or having trouble staying awake	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Nausea Feeling sick to my stomach or like I need to vomit	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Lack of Appetite Loss of interest in food or eating	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Shortness of Breath Difficulty breathing or taking a full breath	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Depression Sadness that does not go away, loss of interest or feeling hopeless	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Anxiety Feeling nervous, agitated or worried	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Well-Being How I feel overall	Best	0	1	2	3	4	5	6	7	8	9	10	Worst
Diarrhea Loose or watery bowel movements more often than normal	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Constipation Hard stool or difficulty having a bowel movement	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Numbness or Tingling Loss of feeling, burning or prickly sensations	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Sleep Problems Trouble with quality, timing or amount of sleep	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Thinking Problems Trouble with remembering, concentrating or brain fog	None	0	1	2	3	4	5	6	7	8	9	10	Worst
Mobility Problems Trouble with walking, balance or movement	None	0	1	2	3	4	5	6	7	8	9	10	Worst

Watson et al., 2023; Watson et al., 2024; Reeve et al., 2014

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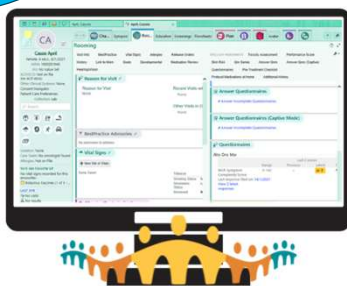
Integrating PROs into Connect Care in CCA:

81,000 unique patients have completed at least 1 ESASr Cancer

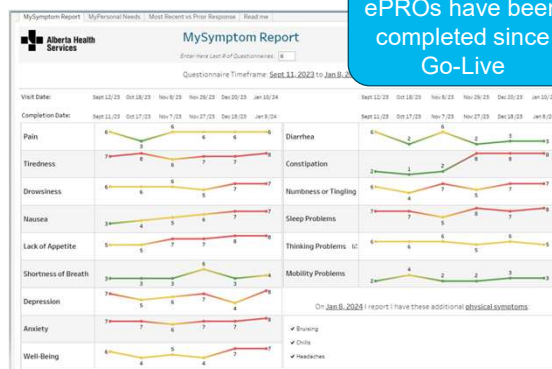
Over 440,000 ePROs have been completed since Go-Live



Patients can complete their ePRO up to 3 days prior to their CCA appointment



ePRO information updated seamlessly in Connect Care, in real time



And flows into a "Made in Alberta" integrated ePRO dashboard, within Connect Care to improve interpretability of the data

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Enhanced ePRO dashboard – in EPIC

MySymptom Report

Enter Here Last # of Questionnaires:

Questionnaire Timeframe: **Nov 15, 2022** to **Feb 14, 2023** (17 days ago)

Name:
MRN:
DOB:

[Tableau Link](#)

ePRO Dashboard

Visit Date:	Nov 15/22	Jan 3/23	Feb 14/23	Nov 15/22	Jan 3/23	Feb 14/23
Completion Date:	Nov 15/22	Jan 3/23	Feb 14/23	Nov 15/22	Jan 3/23	Feb 14/23
Pain	6	6	0	1	0	0
Tiredness	8	8	6	8	5	0
Drowsiness	8	8	6	0	2	6
Nausea	7	7	0	8	8	8
Lack of Appetite	5	7	3	8	9	10
Shortness of Breath	6	7	7	7	10	3
Depression		7	5			
Anxiety	5	7	8			
Well-Being	7	8	7			
Diarrhea						
Constipation						
Numbness or Tingling						
Sleep Problems						
Thinking Problems						
Mobility Problems						

An integrated Individual tableau dashboard within the EPIC environment for full trend visibility

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Multi-provider Schedule (In Connect Care)

Status	Patient	Provider	Visit Type	Tx Plan(s) Signed?	MSR/Qnrs
Scheduled	Cindy Crawford	Demarchelier, Patrick MD	Follow Up	2 of 21 0 of 9	●
Arrived	Linda Evangelista	Meisel, Steven NP	Consult	No Tx Plan	● ?
Visit in Progress Checked in: 08:09	Naomi Campbell	Leibovitz, Annie MD	Follow Up	No Tx Plan	●

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What have we achieved, by the Numbers

70%

of Cancer Care Alberta patients who had a visit last month in CCA have an active MyChart account

50%

ESASr Cancer questionnaires are completed by patients using MyChart ahead of their clinic visit

13,000

ESASr Cancer questionnaires are completed every month across CCA

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Exploring the PRO patterns in CCA Patients with Advanced Cancer



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Why we Developed a “non-curative” flag



Patients with advanced cancer are living longer than ever before due to the development of new treatment options:

1. Targeted therapies work by targeting genetic mutations that drive cancer growth. These therapies often have fewer side effects compared to traditional chemotherapy and are delivering survival benefits
2. Immunotherapy work by harnessing the immune system’s capacity to fight cancer, leading to durable responses even in the advanced stages
3. Combination of these two with traditional treatments have also been shown to enhance response rates and prolong progression free survival.

Advanced disease is increasingly being managed as a chronic disease, with patient’s cycling through different therapies over time, making maintaining QoL while controlling disease progression a priority

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Advanced Cancer Flag in Connect Care



Flag is triggered when: The patient’s treatment goal is non-curative.

- The “non-curative flag” triggers each time a treatment protocol is entered with a non-curative treatment intent.
- Includes non-curative systemic and radiation therapy, as well as radiation therapies labeled “Palliative”.

We analyzed CCA data from Jan 1 2023-Dec 31 2023 to find:

- Patients whose TREATMENT GOAL was indicated non-curative at least once in that year.

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What did we learn?

Jan 1 – Dec 31 2023

- 8,094 unique cancer patients had at least one non-curative treatment flag.
- 10,927 flags in total

# of Flags	# of Patients	Percentage
1	5,923	73.2%
2	1,662	20.5%
3	393	4.9%
4	89	1.1%
5+	27	0.3%

Most patients had only one flag within the year.

Multiple flags indicates one or more changes to treatment protocols

87.3% patients with at least one non-curative flag had filled out at least one valid ESASrCancer, for a total of **41,554 ESASrCancer**

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Symptoms and non-curative flags

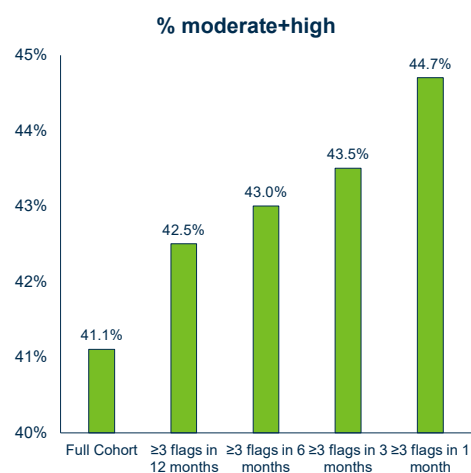
How does the number of flags impact symptoms?

1. Full cohort (1+ flags in 12 months)
2. ≥ 3 flags within 12 months
3. ≥ 3 flags within 6 months
4. ≥ 3 flags within 3 months
5. ≥ 3 flags within 1 month

Cohorts 2 through 5 are mutually exclusive

Patients with ≥ 3 flags within 1 month reported the highest complexity score.

The shorter the timeframe for the 3 flags, the higher the symptoms.



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Developing Decision Support tools in the EMR to Flag patients with High Palliative Care needs

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Goal to build a tiered algorithm for Decision support in Connect Care

Proposed tiered algorithm approach to improve sensitivity and precision, while being practical and user-friendly for clinicians

Tier 1: BPA (informational) after 1st non-curative flag → Goals of Care Conversation

Tier 2: BPA triggered after 2nd non-curative flag in 3 months

➤ Possibility: Re-visit Goals of Care/Advance Care Planning Conversation, treatment choices

Tier 3: BPA triggered after 1st moderate/high symptom complexity score following 2nd non-curative flag

➤ Example: Consider referral to CCA Palliative Care or community resources.

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Questions?

Linda.Watson@cancercarealberta.ca

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Thank you!

Please complete your evaluation.



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