



# **Palliative Care Tool User Guide V1.2**

The Palliative Care Toolbar supports clinicians in earlier identification of patients with a life-limiting illness who could benefit from a palliative care approach

## Table of Contents

Intended Tool Use .....	1
1. Version History .....	2
2. Toolkit Contents .....	3
Installation .....	5
Installation process.....	5
1. Importing Custom Forms and Encounter Assistants .....	6
2. Installing searches .....	8
3. Setting a Reminder to show the Palliative Toolbar .....	10
4. Importing Handouts into PSS.....	12
User Guide .....	13
The “No” pathway for the Palliative Tool .....	13
The “Yes” pathway for the Palliative Tool .....	16
The “Not Sure” pathway for the Palliative Tool .....	18
How to use the Palliative – Main Form.....	22
What is in the View: panel?.....	22
Supporting tools in the Palliative – Main Form.....	26
What is the Palliative SOAP form? .....	26
Other helpful supporting tools in the Palliative – Main Form .....	27
Updating/Changing resources .....	28

## Intended Tool Use

The Palliative Care Toolbar supports clinicians in earlier identification of patients with a life-limiting illness who could benefit from a palliative care approach. This tool can provide decision support in assessing the palliative needs of the patient and is then provided with the appropriate resources, relative to the patient’s current Palliative Performance Scale (PPS) phase. The tool is also equipped with Advance Care Planning tools that allow clinicians to customize a reassessment date to prompt the Palliative Care tool to be used again.

**Important note:** this tool was originally created by the eHealth Centre of Excellence, which rebranded to Amplify Care in 2025.

## 1. Version History

Version	Release Date	Updates
1.2	September 2025	<ul style="list-style-type: none"> <li>• Search criteria now looks at history of past health in the CPP</li> <li>• Resources have been updated/refreshed</li> <li>• Hidden resource library to customize with pre-configured resources now included</li> <li>• Ability to update/customize resource list remains</li> <li>• Resources organized by patient-facing, clinician facing and regionally-specific resources</li> </ul>
1.0	2018	<ul style="list-style-type: none"> <li>• Originally created from a partnership between representatives from the Waterloo Wellington Integrated Hospice Palliative Care Regional Program and Amplify Care (formerly known as The eHealth Centre of Excellence)</li> </ul>

## 2. Toolkit Contents

The palliative care toolkit includes:

### Custom forms

- Advance Care Planning Template.cfm
- Palliative - Criteria Match.cfm
- Palliative - BPI.cfm
- Palliative - General Indicators.cfm
- Palliative - Main Form.cfm
- Palliative - CHF Indicators.cfm
- Palliative - CKD Indicators.cfm
- Palliative - MRC Indicators.cfm
- Palliative - Office Visits Reference.cfm
- Palliative - PHQ9.cfm
- Palliative - Reassess.cfm
- Palliative - SOAP.cfm
- Palliative - Special Premium Bonus.cfm
- Palliative - Specific Indicators Reference.cfm
- Palliative - Specific Indicators.cfm
- Palliative - Toolbar.cfm
- Palliative Performance Scale.cfm
- Substitute Decision Maker - SDM.cfm
- Symptom Response Kit Order Form.cfm
- Palliative - ESAS-R.cfm
- Palliative - PPS Instructions.cfm
- Palliative - General indicators reference.cfm
- Amplify-FeedbackForm.cfm
- Amplify-InitialTermsForm.cfm
- Amplify-MainForm-OptedIn.cfm
- Amplify-MainForm-OptedOut.cfm
- Amplify-NewVersionForm.cfm

### Handouts

- Palliativecarebillingguide.pdf
- DNRC Information Bulletin

### Resource Library handouts

### Reminders and Searches

- Palliative Toolbar Reminder.srx
- Palliative - All Flagged Patients.srx
- Palliative - Identified Patients.srx
- Palliative-Criteria-Age.srx
- Palliative-Criteria-ALS.srx
- Palliative-Criteria-ALS-HPH.srx
- Palliative-Criteria-Cancer.srx
- Palliative-Criteria-Cancer-HPH.srx
- Palliative-Criteria-CHF.srx
- Palliative-Criteria-CHF-HPH.srx
- Palliative-Criteria-CKD.srx
- Palliative-Criteria-CKD-HPH.srx
- Palliative-Criteria-COPD.srx
- Palliative-Criteria-COPD-HPH.srx
- Palliative-Criteria-Dementia.srx
- Palliative-Criteria-Dementia-HPH.srx
- Palliative-Criteria-Dyspagia.srx
- Palliative-Criteria-Dyspagia-HPH.srx
- Palliative-Criteria-Frailty.srx
- Palliative-Criteria-Frailty-HPH.srx
- Palliative-Criteria-LiverDisease.srx
- Palliative-Criteria-LiverDisease-HPH.srx
- Palliative-Criteria-MS.srx
- Palliative-Criteria-MS-HPH.srx
- Palliative-Criteria-NYHA3or4.srx
- Palliative-Criteria-Palliative.srx
- Palliative-Criteria-Palliative-HPH.srx
- Palliative-Criteria-Parkinsons.srx
- Palliative-Criteria-Parkinsons-HPH.srx

Install these handouts if you'd like to use the optional resource library to include them in your tool. You can preview them by opening the files found in the zipped toolkit folder.

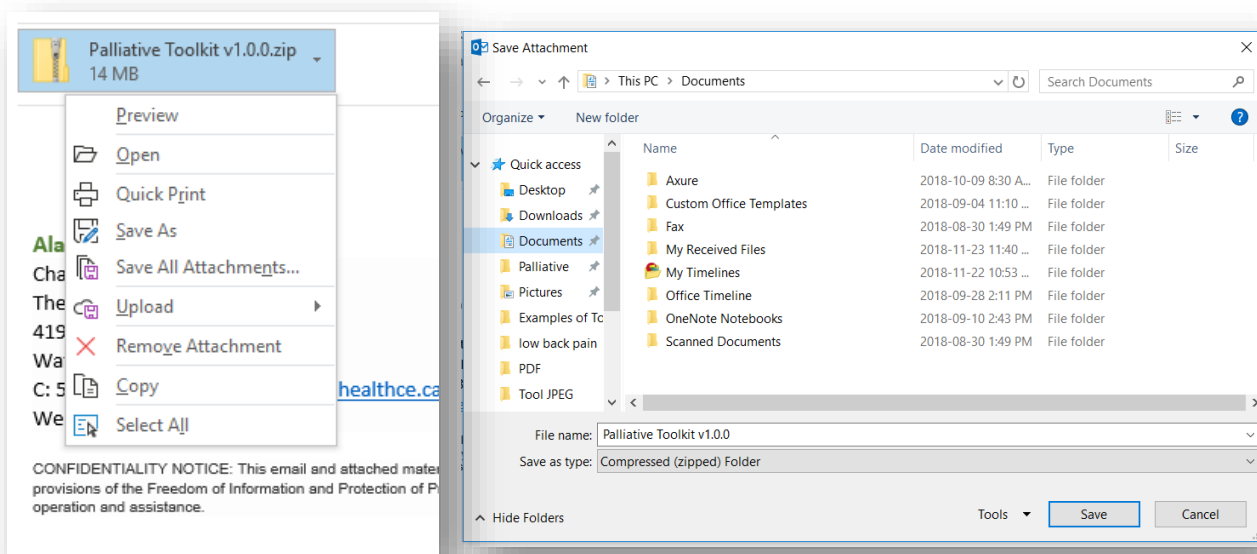
**Users can also add their own resources (websites, custom forms and handouts) using the built in instructions shown when opening the main form in editor mode. *\*Note you may need a custom form license\****

- Hospice Room pamphlet
- maid-individuals-and-families
- MEDICAL ASSISTANCE IN DYING (MAID)
- ontario caregiver starter kit
- serious illness conversation guide
- SPIRITUAL ASSESSMENT TOOL- FICA

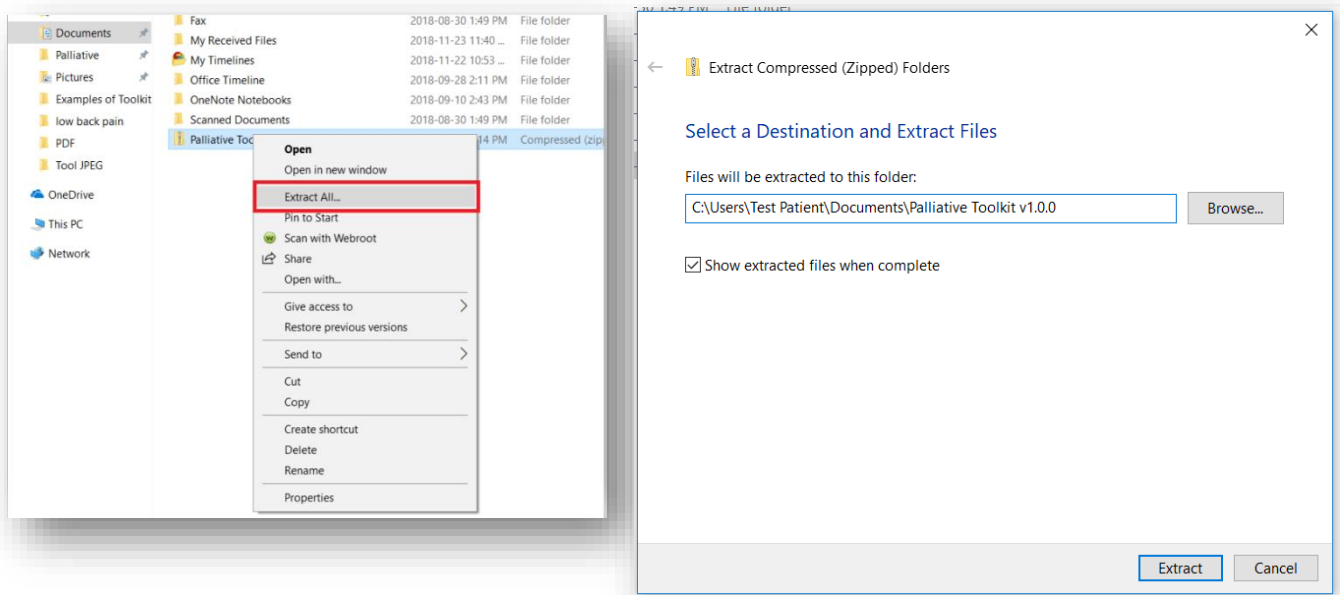
# Installation

## Installation process

1. Select the Palliative Toolkit zip file attachment and save it to your desktop or another file folder location of your preference.

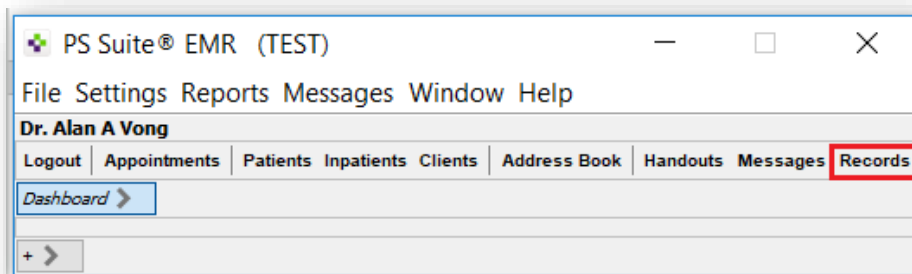


2. Extract and save the Palliative Toolkit zip file to your desktop or other file folder location of preference. Right-click on the zip file and select **Extract All...** to save to the file location.

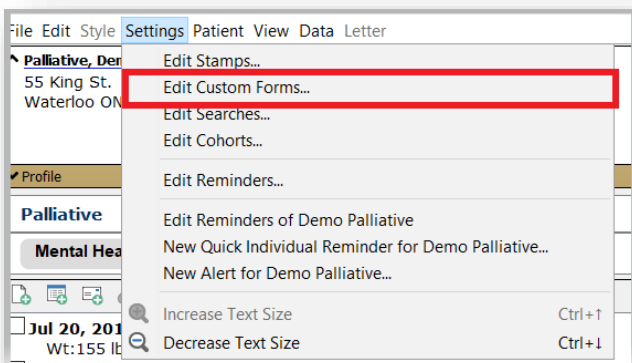


## 1.Importing Custom Forms and Encounter Assistants

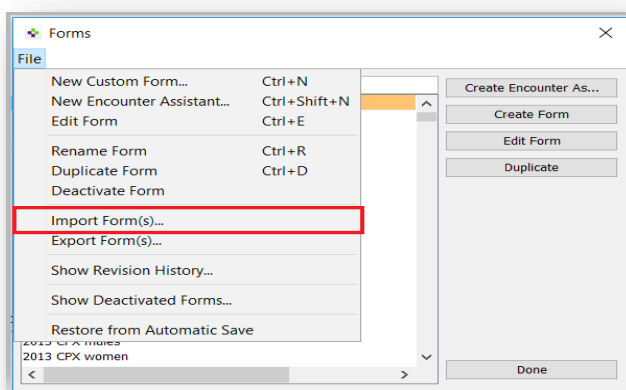
1. Login to Practice Solutions and select the **Records** Tab



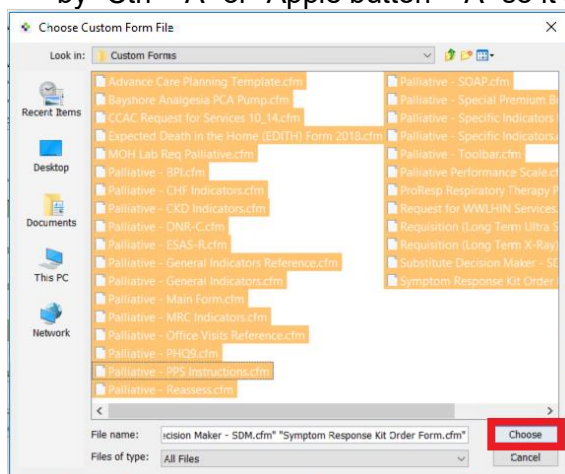
2. In the **Records** window, select the **Settings** tab -> **Edit Custom Forms**



3. Select the **File** tab -> **Import Form(s)...**

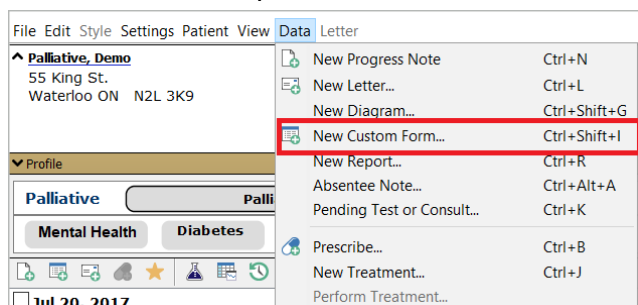


3. Find the file location where you have saved the unzipped Palliative Toolkit files, select all by “Ctrl + A” or “Apple button + A” so it automatically Select all. Click **Choose**.



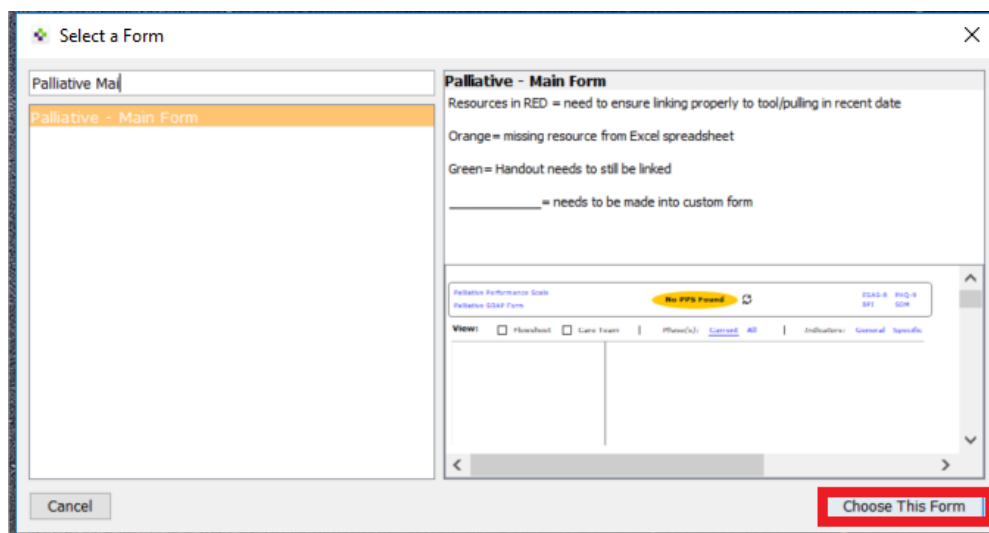
4. To insert one of Palliative files into a patient's chart/record (i.e. the Palliative – Main Form):

a. Find the patient record in PSS



b. Select the **Data** tab -> **New Custom Form...**

c. Search for the custom form you would like to insert (i.e start typing keyword **Palliative – Main Form** in the text field) and select it from the custom form list -> **Choose This Form**.

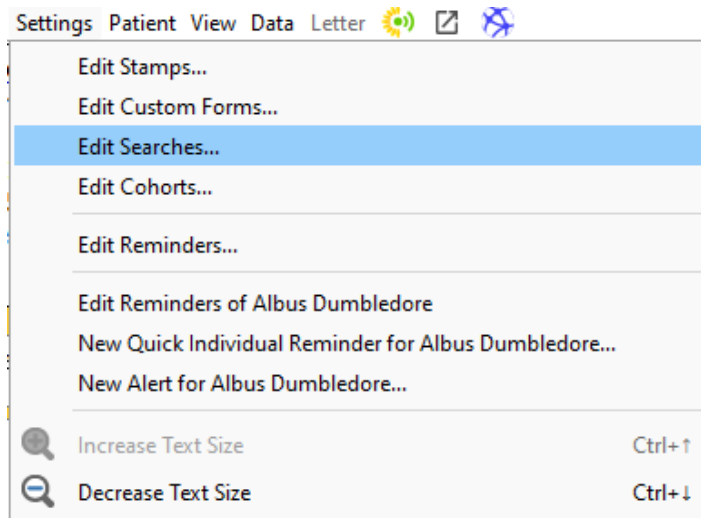


## 2. Installing searches

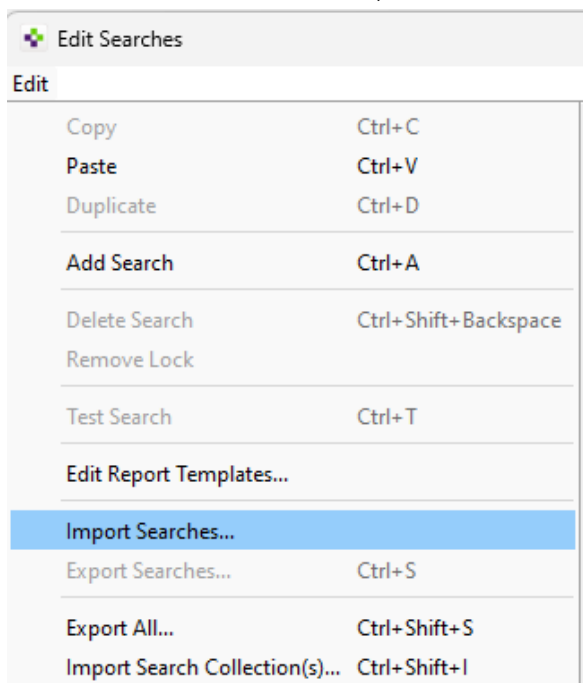
**Notes - 1.** It is recommended to install the search files ahead of setting up the toolbar reminder as the toolbar reminder references many of the search files and installing out of order may trigger an error. **2. If you are updating from an older version** – It is recommended to delete all existing versions of the 'palliative - ###' searches to reduce duplicates being added to your EMR system.

1. From the Records window, choose Settings > Edit Searches.

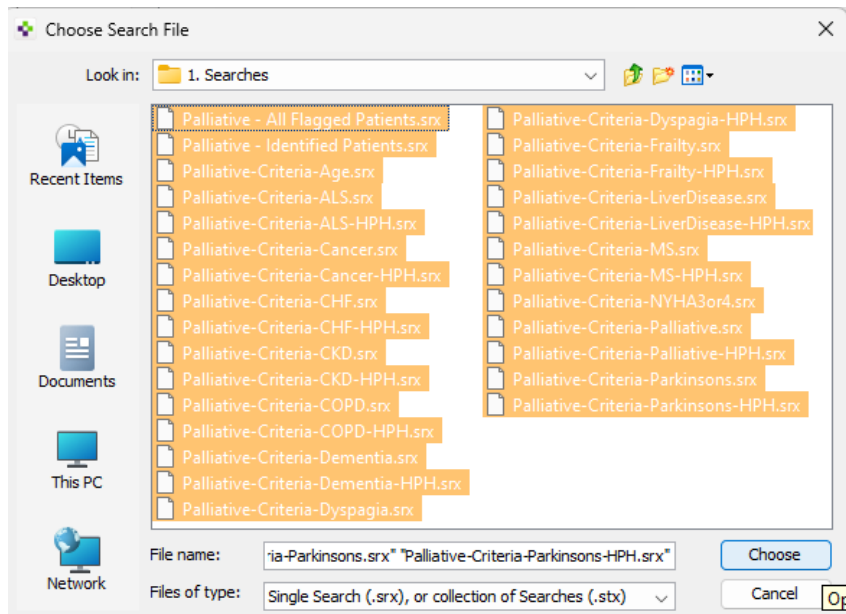




2. in the Edit Searches window, from the Edit menu, choose Import Searches.

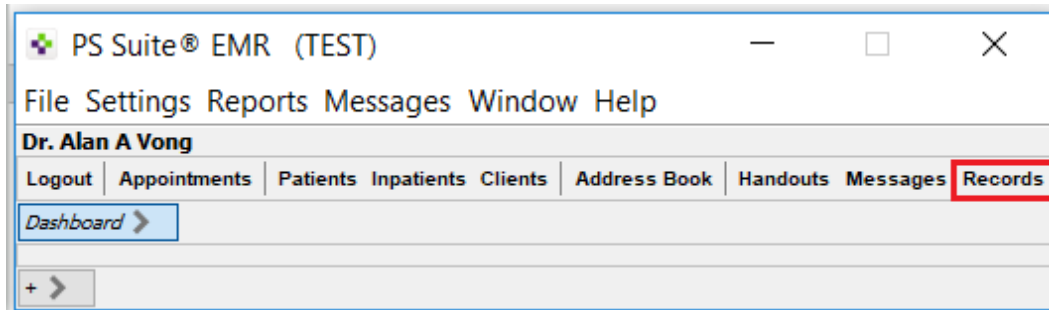


3. Find the file location where you have saved the unzipped Palliative Toolkit files, select all by "Ctrl + A" or "Apple button + A" so it automatically Select all. Click **Choose**.

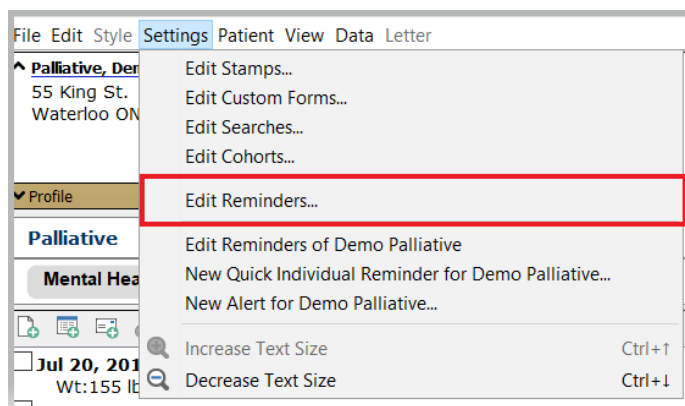


### 3. Setting a Reminder to show the Palliative Toolbar

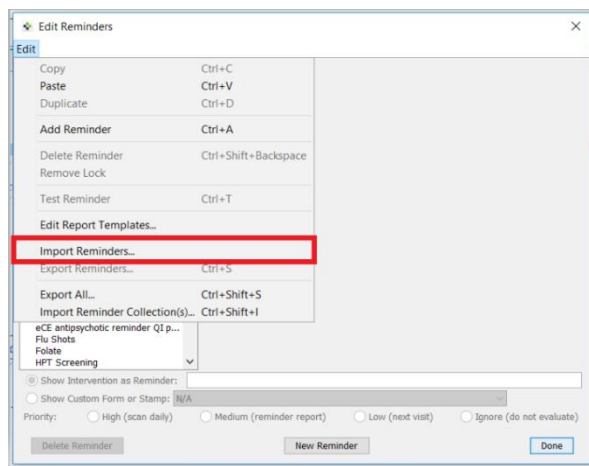
1. Log in to Practice Solutions and select the **Records** tab.



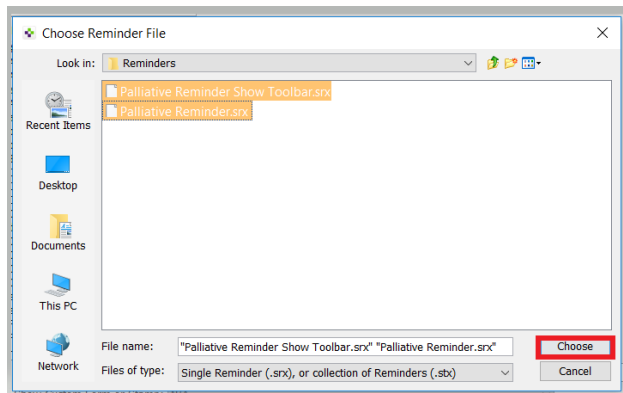
2. Select the **Settings** tab -> **Edit Reminders...**



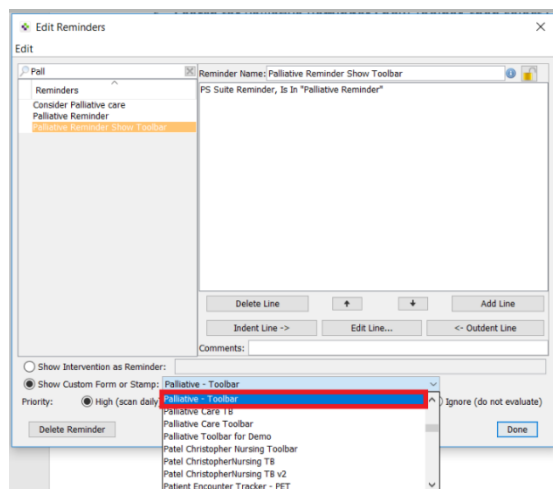
### 3. Select the **File** tab -> **Import Form(s)...**



### 4. Find the file location where you have saved the unzipped Palliative Toolkit files, select all by clicking on one file and holding Shift and selecting the others in the list. Click **Choose**.

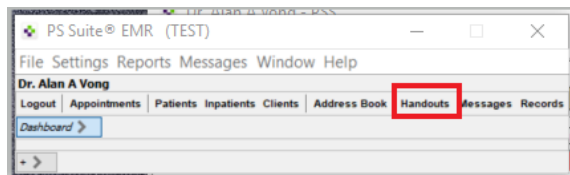


### 5. Search for Palliative Reminder Show Toolbar, then select Custom Form or Stamp and find the **Palliative – Toolbar** custom form in the dropdown. Click done.

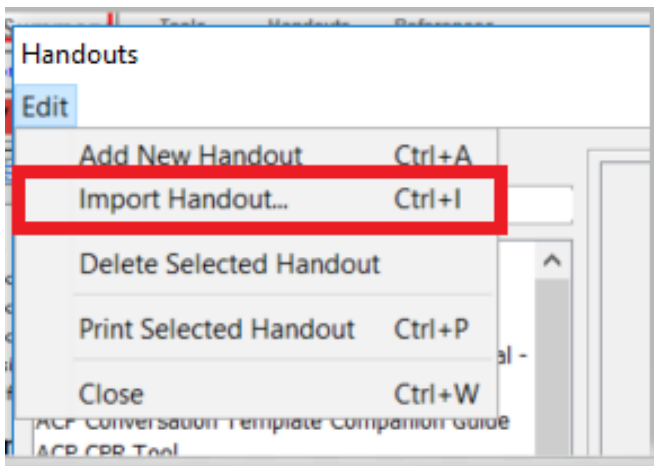


## 4. Importing Handouts into PSS

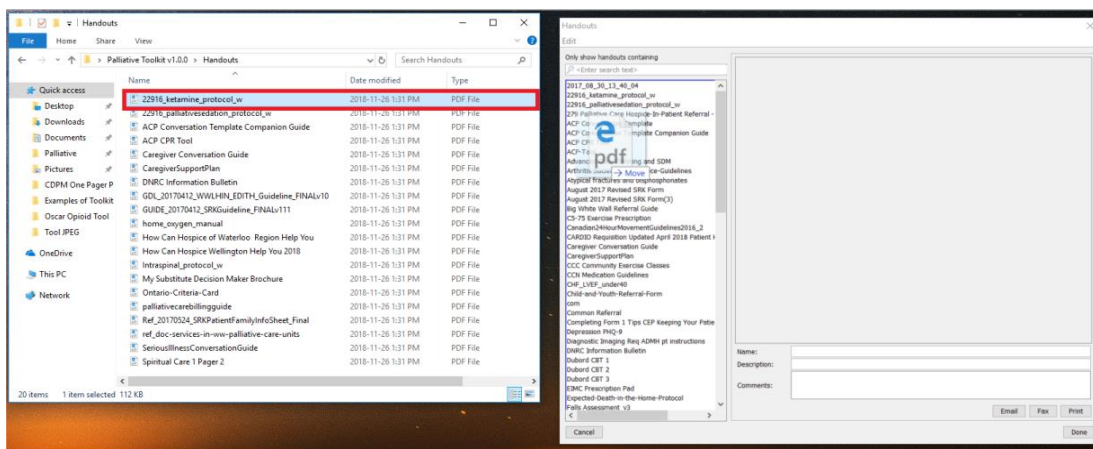
1. Log in to Practice Solutions and go to → **Handouts**



2. Select **Edit** → **Import Handout**



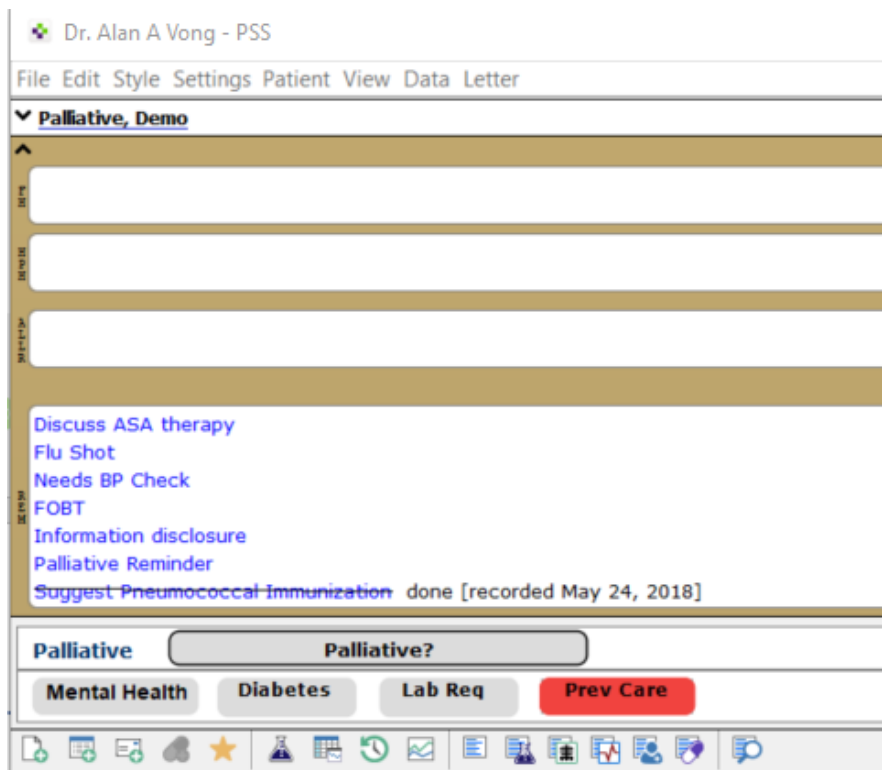
Locate the Palliative Toolkit v1.0.0 folder and find the Handouts. Have the Window with the handouts open and drag each handout into the Handout section (can only drag one at a time). Click **Done**.



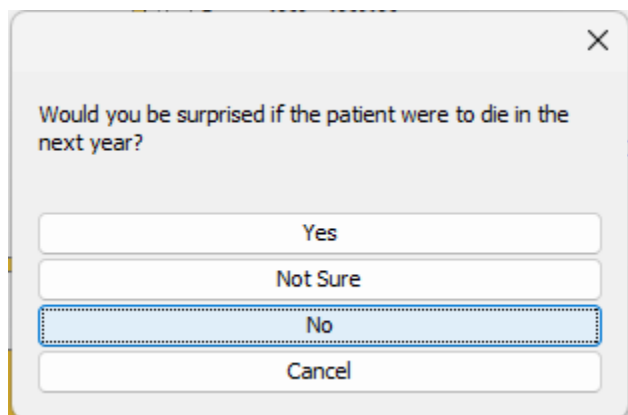
# User Guide

## The “No” pathway for the Palliative Tool

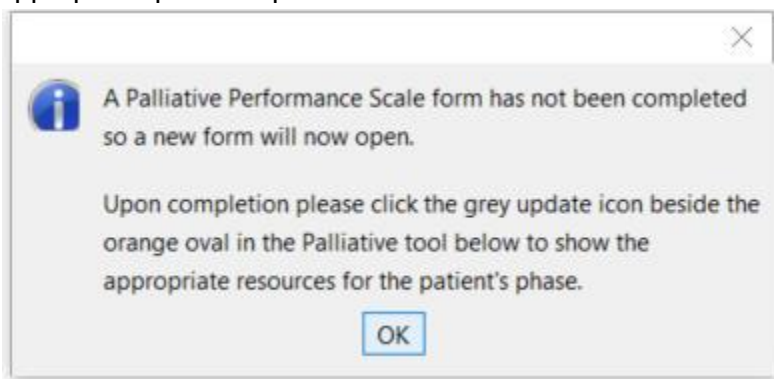
1. Once everything has been installed, the Palliative toolbar should appear in the patient's chart. Click on the button called “**Palliative?**”



2. The Surprise Question will prompt as a pop-up and the options: **No**, **Not Sure**, **Yes** and **Cancel** will appear. Click **No** if you are not surprised about your patient.



- A pop-up will appear when the **Palliative Performance Scale** has not been **completed**. The completion of **Palliative Performance Scale** will determine the appropriate patient's phase and resources.



- Fill in the **Palliative Performance Scale (PSS)** and click **Add to Notes**.

Palliative Performance Scale

File

How do I use this form?

**Palliative Performance Scale (PPSv2) version 2**

PPS Level	1 Ambulation	2 Activity & Evidence of Disease	3 Self-Care	4 Intake	5 Conscious Level
<input type="radio"/> 100%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity & work No evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal	<input type="checkbox"/> Full
<input type="radio"/> 90%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity & work Some evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal	<input type="checkbox"/> Full
<input type="radio"/> 80%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity with Effort Some evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full
<input checked="" type="radio"/> 70%	<input checked="" type="checkbox"/> Reduced	<input checked="" type="checkbox"/> Unable Normal Job/Work Significant disease	<input checked="" type="checkbox"/> Full	<input checked="" type="checkbox"/> Normal or reduced	<input checked="" type="checkbox"/> Full
<input type="radio"/> 60%	<input type="checkbox"/> Reduced	<input type="checkbox"/> Unable hobby/house work Significant disease	<input type="checkbox"/> Occasional assistance necessary	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Confusion
<input type="radio"/> 50%	<input type="checkbox"/> Mainly Sit/Lie	<input type="checkbox"/> Unable to do any work Extensive disease	<input type="checkbox"/> Considerable assistance required	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Confusion
<input type="radio"/> 40%	<input type="checkbox"/> Mainly in Bed	<input type="checkbox"/> Unable to do most activity Extensive disease	<input type="checkbox"/> Mainly assistance	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Drowsy +/- Confusion
<input type="radio"/> 30%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Drowsy +/- Confusion
<input type="radio"/> 20%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Minimal to sips	<input type="checkbox"/> Full or Drowsy +/- Confusion
<input type="radio"/> 10%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Mouth care only	<input type="checkbox"/> Drowsy or Coma +/- Confusion
<input type="radio"/> 0%	Death	-	-	-	-

PPS Score: 70%

Discard Add to Notes

- Look at the **Palliative – Main Form** and click the refresh button to update the custom form. The **Palliative – Main Form** will pull the latest **PSS** score.

### Before:

Sep 4, 2025 Palliative - Main Form SCH

[Palliative Performance Scale](#)  
[Palliative SOAP Form](#)

No PPS Found

ESAS-R  
BPI

PHQ-9  
SDM

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### After:

☐ Special Note Palliative - Main Form SCH

[Palliative Performance Scale](#)  
[Palliative SOAP Form](#)

Stable: 70%

ESAS-R  
BPI

PHQ-9  
SDM

View: ☐ Summary ☐ Flowsheet ☐ Care Team | Phase(s): Current All | Indicators: General Specific

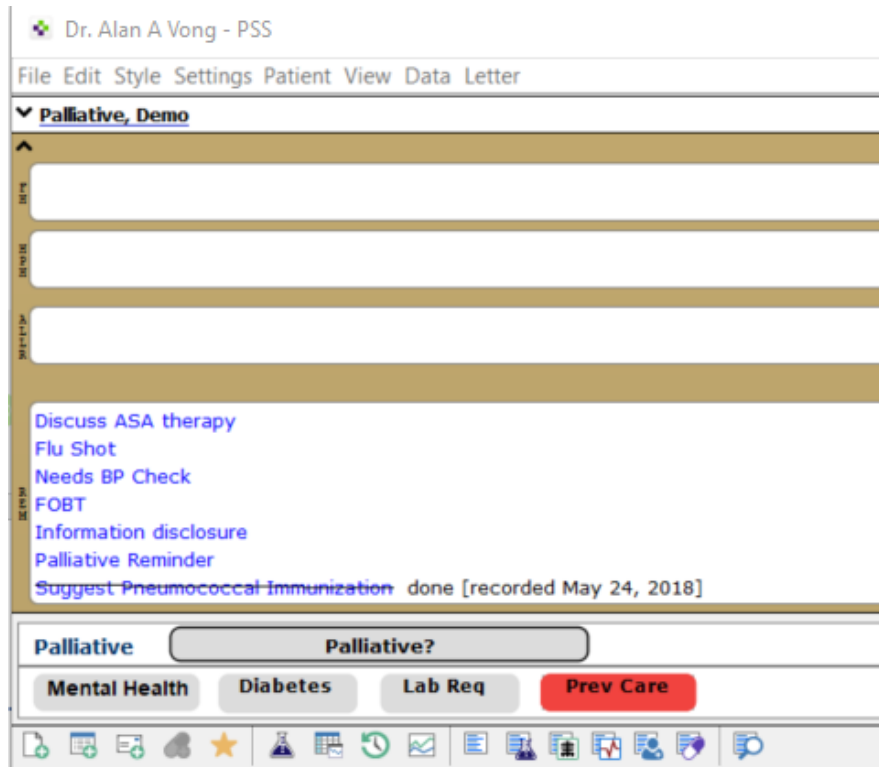
Stable Phase - 70-100%

Goals of Care/End-of-Life Planning	Resources	Date
	<b>Clinician</b>	
	<input type="checkbox"/> <a href="#">ACP Conversation Guide</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">OH atHome Referral for Palliative Services</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">CCO Pain &amp; Symptom Management Guidelines</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">Serious Illness Conversation Guide</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">Spiritual Care Screening Tool</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">OMA Palliative Care Billing Guide</a>	<input type="text" value="mmm d, yyyy"/>
	<b>Patient/Family</b>	
	<input type="checkbox"/> <a href="#">Who Is My Substitute Decision-Maker?</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">ACP Workbook English</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">ACP Workbook French</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">7 things to know about palliative care</a>	<input type="text" value="mmm d, yyyy"/>
	<input type="checkbox"/> <a href="#">10 myths about palliative care</a>	<input type="text" value="mmm d, yyyy"/>
	<b>Regional *</b>	
	<input type="checkbox"/> <a href="#">Pt/family - Hospice Waterloo Region Client Services</a>	<input type="text" value="mmm d, yyyy"/>
<input type="checkbox"/> <a href="#">Pt/family - Hospice Wellington Client Services</a>	<input type="text" value="mmm d, yyyy"/>	
<input type="checkbox"/> <a href="#">Clinician - Services in WW Palliative Care Beds</a>	<input type="text" value="mmm d, yyyy"/>	
<input type="checkbox"/> <a href="#">Clinician - WW OH at Home Referral for Palliative Services</a>	<input type="text" value="mmm d, yyyy"/>	

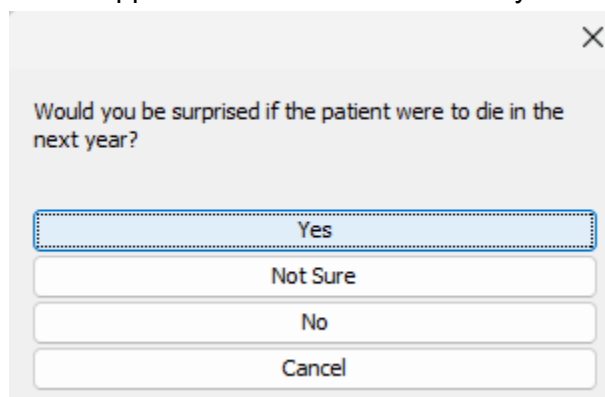
[Usage analytics](#) [Feedback](#) v1.2 [Terms & Conditions](#) Developed by

## The “Yes” pathway for the Palliative Tool

1. Once everything has been installed, the Palliative toolbar should appear in the patient's chart. Click on the button called “**Palliative?**”

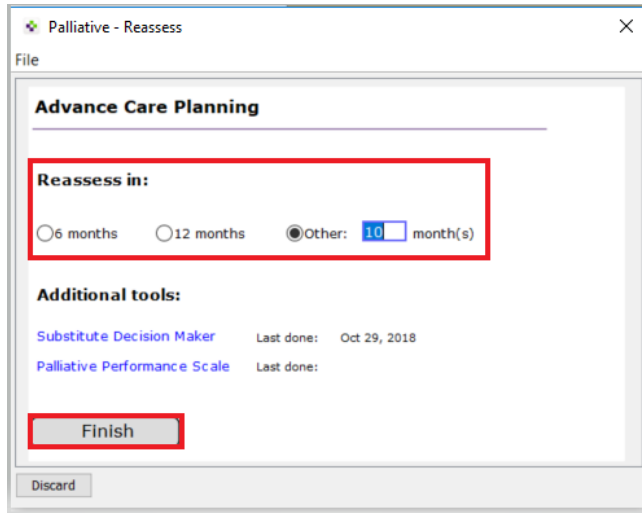


2. The Surprise Question will prompt as a pop-up and the options: **No**, **Not Sure**, **Yes** and **cancel** will appear. Pick and choose **Yes** if you are surprised about your patient.

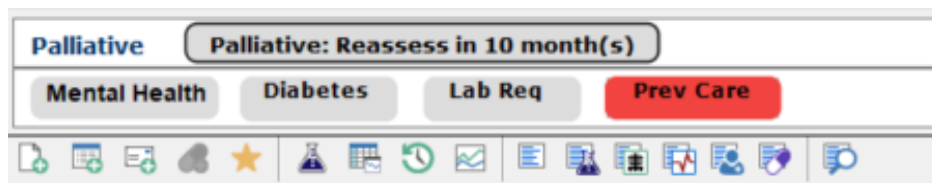




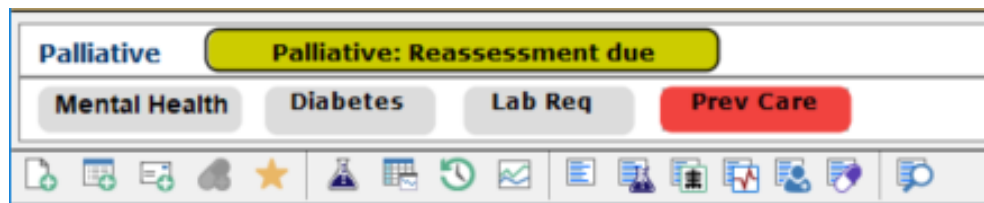
- A custom form will appear called **Palliative – Reassess**. The **Advance Care Planning** form allows the patient to be reassessed in an appropriate timeframe. Click **Finish**.



- In the toolbar section, it will display a reminder button and count down till reassessment is due.

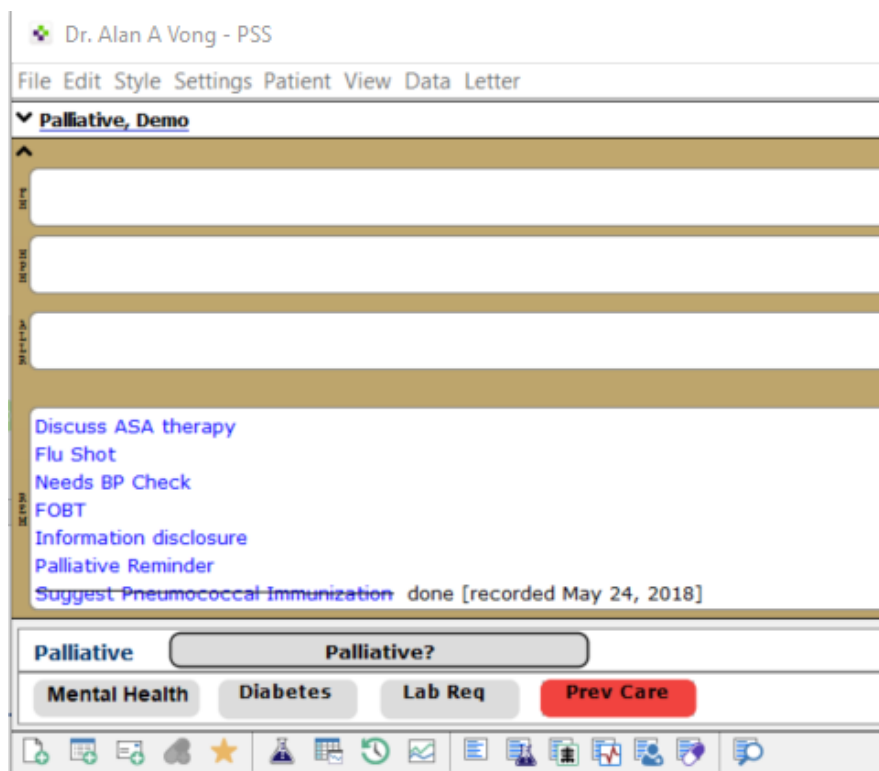


- The button will turn yellow when it is time for palliative reassessment. Click the button to answer the Surprise Question again.

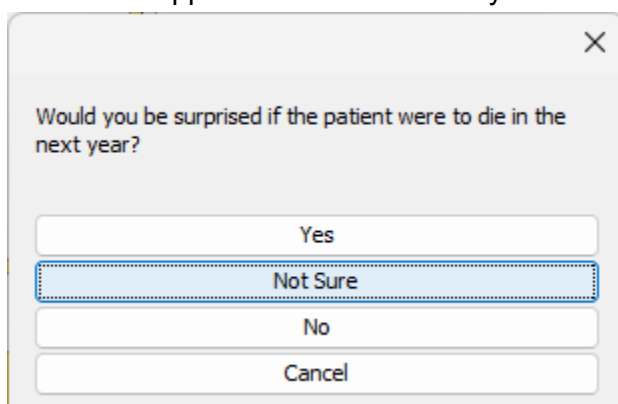


## The “Not Sure” pathway for the Palliative Tool

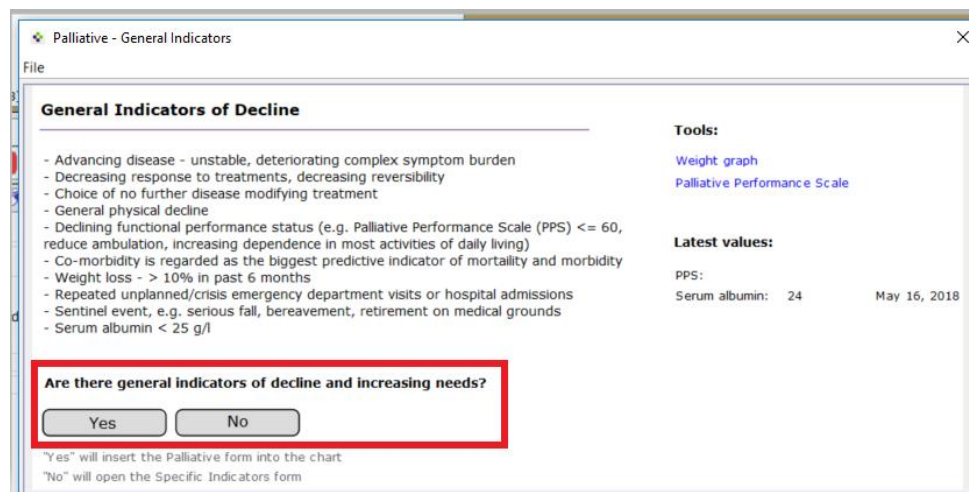
1. Once everything has been installed, the Palliative toolbar should appear in the patient's chart. Click on the button called “Palliative?”



2. The Surprise Question will prompt as a pop-up and the options: **No**, **Not Sure**, **Yes** and **cancel** will appear. Click **Not Sure** if you are not sure about your patient.



- A custom form called **Palliative – General Indicators** will display. Click **Yes** if there are general indicators of decline and increasing needs. Click **No** otherwise.



**Palliative - General Indicators**

**General Indicators of Decline**

- Advancing disease - unstable, deteriorating complex symptom burden
- Decreasing response to treatments, decreasing reversibility
- Choice of no further disease modifying treatment
- General physical decline
- Declining functional performance status (e.g. Palliative Performance Scale (PPS) <= 60, reduce ambulation, increasing dependence in most activities of daily living)
- Co-morbidity is regarded as the biggest predictive indicator of mortality and morbidity
- Weight loss - > 10% in past 6 months
- Repeated unplanned/crisis emergency department visits or hospital admissions
- Sentinel event, e.g. serious fall, bereavement, retirement on medical grounds
- Serum albumin < 25 g/l

**Tools:**

- [Weight graph](#)
- [Palliative Performance Scale](#)

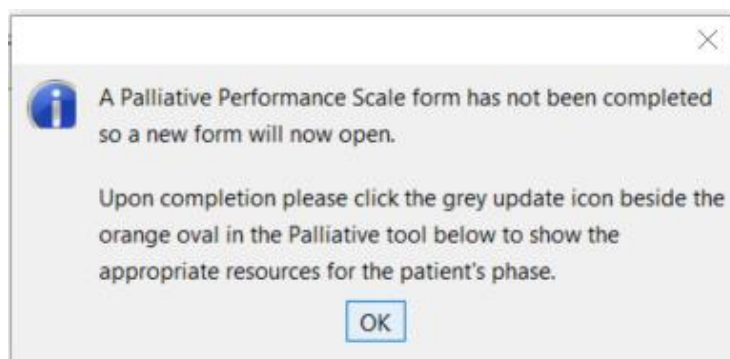
**Latest values:**

PPS:   
Serum albumin: 24 May 16, 2018

**Are there general indicators of decline and increasing needs?**

"Yes" will insert the Palliative form into the chart  
"No" will open the Specific Indicators form

- If **Yes** is clicked, a **Palliative Performance Scale** will need to be filled.



A Palliative Performance Scale form has not been completed so a new form will now open.

Upon completion please click the grey update icon beside the orange oval in the Palliative tool below to show the appropriate resources for the patient's phase.

How do I use this form?

**Palliative Performance Scale (PPSv2) version 2**

PPS Level	1 Ambulation	2 Activity & Evidence of Disease	3 Self-Care	4 Intake	5 Conscious Level
100%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity & work No evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal	<input type="checkbox"/> Full
90%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity & work Some evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal	<input type="checkbox"/> Full
80%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity with Effort Some evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full
70%	<input type="checkbox"/> Reduced	<input type="checkbox"/> Unable Normal Job/Work Significant disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full
60%	<input type="checkbox"/> Reduced	<input type="checkbox"/> Unable hobby/house work Significant disease	<input type="checkbox"/> Occasional assistance necessary	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Confusion
50%	<input type="checkbox"/> Mainly Sit/Lie	<input type="checkbox"/> Unable to do any work Extensive disease	<input type="checkbox"/> Considerable assistance required	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Confusion
40%	<input type="checkbox"/> Mainly in Bed	<input type="checkbox"/> Unable to do most activity Extensive disease	<input type="checkbox"/> Mainly assistance	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Drowsy +/- Confusion
30%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Drowsy +/- Confusion
20%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Minimal to sips	<input type="checkbox"/> Full or Drowsy +/- Confusion
10%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Mouth care only	<input type="checkbox"/> Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

- If **No** is clicked, a custom form called **Palliative – Specific Indicators** will display. This form provides specific indicators to review about patient.

Palliative - Specific Indicators

File

### Specific Indicators of Decline

Select one of the following categories to view the corresponding specific indicators.

**Main categories:**

A. Cancer - rapid or predictable decline    **B. Organ Failure - erratic decline**    C. Frailty/Dementia - gradual decline

**Sub-categories:**

Lung Disease (COPD)    Heart Disease (CHF)    **Kidney Disease (CKD)**    Liver Disease    Neurological Disease

**Specific Indicators:**

- Stage 4 or 5 Chronic Kidney Disease (CKD) whose condition is deteriorating [Learn more ...](#)
- Patients choosing the 'no dialysis' option or discontinuing dialysis (by choice or due to increasing frailty, co-morbidities)
- Patients with difficult physical symptoms or psychological symptoms despite optimal tolerated renal replacement therapy
- Symptomatic Renal Failure
- Nausea and vomiting, anorexia, pruritus, reduced functional status, intractable fluid overload

**Tools:**

[Palliative Performance Scale](#)

**Problem List:**

HTN, COPD

**Do they have Specific Indicators of Decline?**

"Yes" will insert the Palliative form into the chart  
"No" will open the Advance Care Planning form

6. Click **Yes** or **No** once determining the appropriate next step. **"Yes"** will insert the Palliative form into the chart and **"No"** will open the Advance Care Planning form.

Palliative - Specific Indicators

File

### Specific Indicators of Decline

Select one of the following categories to view the corresponding specific indicators.

**Main categories:**

A. Cancer - rapid or predictable decline    **B. Organ Failure - erratic decline**    C. Frailty/Dementia - gradual decline

**Sub-categories:**

Lung Disease (COPD)    Heart Disease (CHF)    **Kidney Disease (CKD)**    Liver Disease    Neurological Disease

**Specific Indicators:**

- Stage 4 or 5 Chronic Kidney Disease (CKD) whose condition is deteriorating [Learn more ...](#)
- Patients choosing the 'no dialysis' option or discontinuing dialysis (by choice or due to increasing frailty, co-morbidities)
- Patients with difficult physical symptoms or psychological symptoms despite optimal tolerated renal replacement therapy
- Symptomatic Renal Failure
- Nausea and vomiting, anorexia, pruritus, reduced functional status, intractable fluid overload

**Tools:**

[Palliative Performance Scale](#)

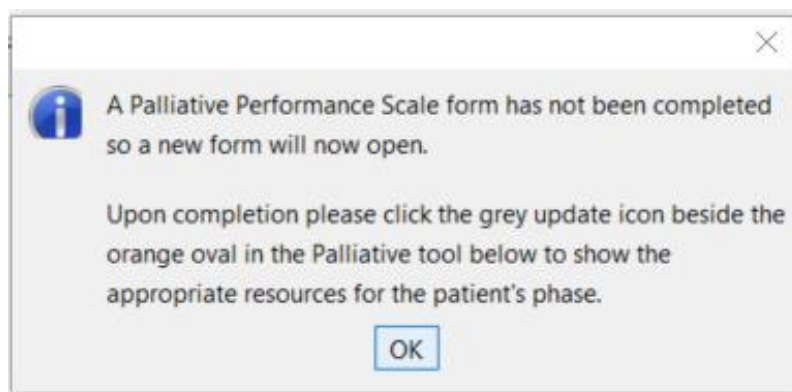
**Problem List:**

HTN, COPD

**Do they have Specific Indicators of Decline?**

"Yes" will insert the Palliative form into the chart  
"No" will open the Advance Care Planning form

7. If **Yes** is clicked, a **Palliative Performance Scale** will need to be filled.

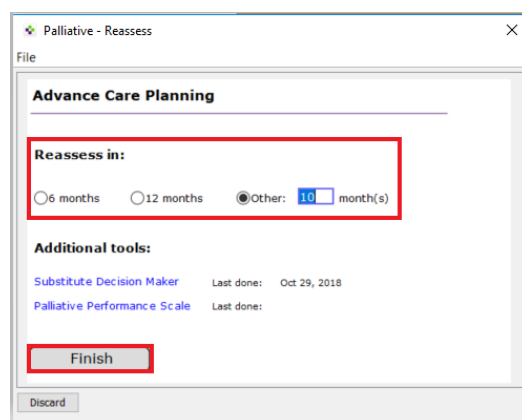


How do I use this form?

### Palliative Performance Scale (PPSv2) version 2

PPS Level	1 Ambulation	2 Activity & Evidence of Disease	3 Self-Care	4 Intake	5 Conscious Level
100%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity & work No evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal	<input type="checkbox"/> Full
90%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity & work Some evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal	<input type="checkbox"/> Full
80%	<input type="checkbox"/> Full	<input type="checkbox"/> Normal activity with Effort Some evidence of disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full
70%	<input type="checkbox"/> Reduced	<input type="checkbox"/> Unable Normal Job/Work Significant disease	<input type="checkbox"/> Full	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full
60%	<input type="checkbox"/> Reduced	<input type="checkbox"/> Unable hobby/house work Significant disease	<input type="checkbox"/> Occasional assistance necessary	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Confusion
50%	<input type="checkbox"/> Mainly Sit/Lie	<input type="checkbox"/> Unable to do any work Extensive disease	<input type="checkbox"/> Considerable assistance required	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Confusion
40%	<input type="checkbox"/> Mainly in Bed	<input type="checkbox"/> Unable to do most activity Extensive disease	<input type="checkbox"/> Mainly assistance	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Drowsy +/- Confusion
30%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Normal or reduced	<input type="checkbox"/> Full or Drowsy +/- Confusion
20%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Minimal to sips	<input type="checkbox"/> Full or Drowsy +/- Confusion
10%	<input type="checkbox"/> Totally bed bound	<input type="checkbox"/> Unable to do any activity Extensive disease	<input type="checkbox"/> Total Care	<input type="checkbox"/> Mouth care only	<input type="checkbox"/> Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

8. If **No** is clicked, a custom form will appear called **Palliative – Reassess**. The **Advance Care Planning** form allows the patient to be reassessed in an appropriate timeframe. Click **Finish**.

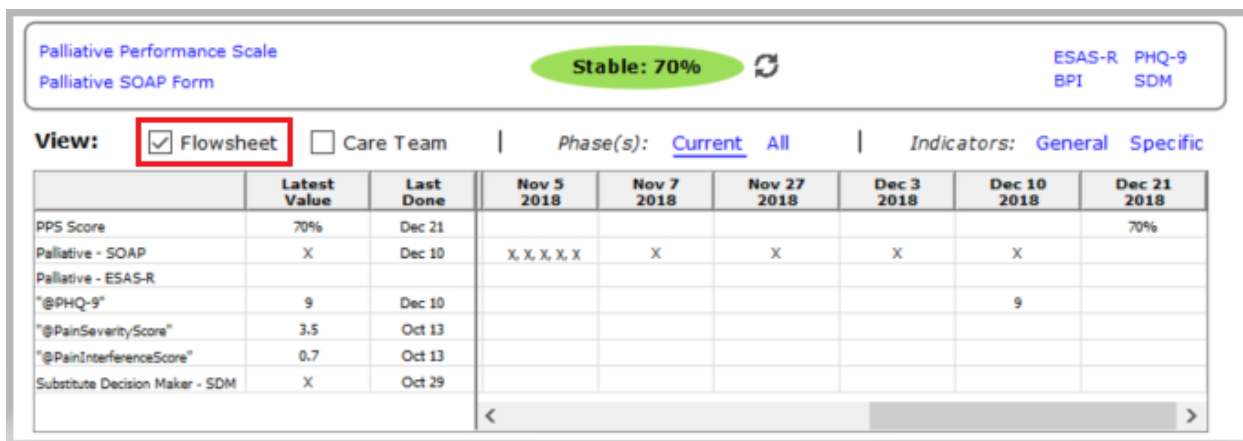


## How to use the Palliative – Main Form

### What is in the View: panel?

The **View:** panel will contain the core sections of the Palliative tool, sections with checkboxes can be unchecked to minimize space. Blue text is clickable and will direct to one of the following: website, PDF or custom form.

1. Click **Flowsheet** to view the values that are being tracked throughout time by the Palliative – Main Form.



Palliative Performance Scale  
Palliative SOAP Form

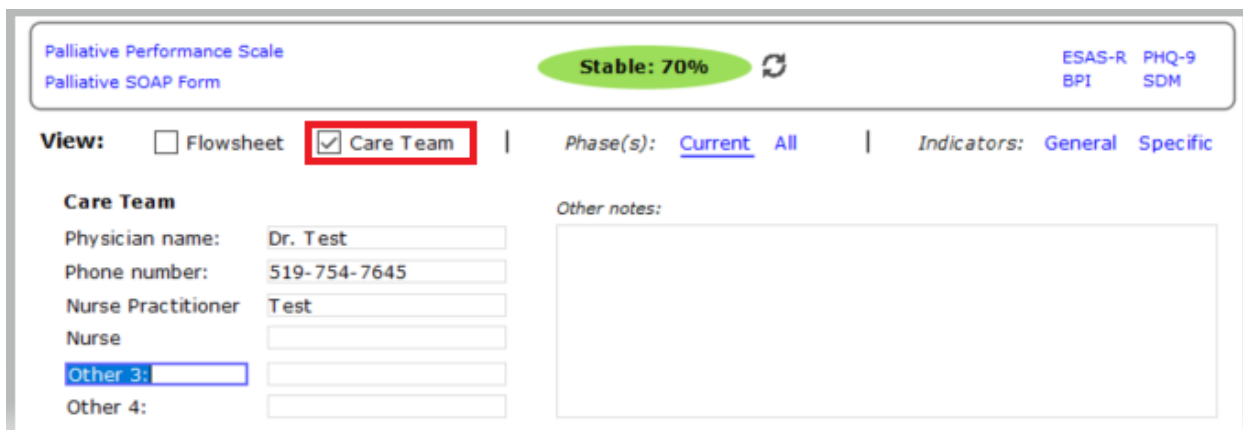
Stable: 70%

ESAS-R PHQ-9  
BPI SDM

View: ☒ Flowsheet ☐ Care Team | Phase(s): Current All | Indicators: General Specific

	Latest Value	Last Done	Nov 5 2018	Nov 7 2018	Nov 27 2018	Dec 3 2018	Dec 10 2018	Dec 21 2018
PPS Score	70%	Dec 21						70%
Palliative - SOAP	X	Dec 10	X, X, X, X, X	X	X	X	X	
Palliative - ESAS-R								
"@PHQ-9"	9	Dec 10					9	
"@PainSeverityScore"	3.5	Oct 13						
"@PainInterferenceScore"	0.7	Oct 13						
Substitute Decision Maker - SDM	X	Oct 29						

2. Click **Care Team** to view and document current providers on the patient's care team (the **Other** fields can be edited when clicked).



Palliative Performance Scale  
Palliative SOAP Form

Stable: 70%

ESAS-R PHQ-9  
BPI SDM

View: ☐ Flowsheet ☒ Care Team | Phase(s): Current All | Indicators: General Specific

**Care Team**

Physician name: Dr. Test

Phone number: 519-754-7645

Nurse Practitioner Test

Nurse

Other 3:

Other 4:

Other notes:

- Click **Current** to view the appropriate phase for the patient (based on the **Palliative Performance Scale**).

Sep 4, 2025 Palliative - Main Form SCH

Palliative Performance Scale  
Palliative SOAP Form


Stable: 80%

ESAS-R BPI PHQ-9 SDM

View: ☐ Summary ☐ Flowsheet ☐ Care Team | Phase(s): **Current** All | Indicators: General Specific

Stable Phase - 70-100%

Goals of Care/End-of-Life Planning	Resources	Date
	<b>Clinician</b>	
	<input type="checkbox"/> ACP Conversation Guide	mmm d, yyyy
	<input type="checkbox"/> OH atHome Referral for Palliative Services	mmm d, yyyy
	<input type="checkbox"/> CCO Pain & Symptom Management Guidelines	mmm d, yyyy
	<input type="checkbox"/> Serious Illness Conversation Guide	mmm d, yyyy
	<input type="checkbox"/> Spiritual Care Screening Tool	mmm d, yyyy
	<input type="checkbox"/> OMA Palliative Care Billing Guide	mmm d, yyyy
	<b>Patient/Family</b>	
	<input type="checkbox"/> Who Is My Substitute Decision-Maker?	mmm d, yyyy
	<input type="checkbox"/> ACP Workbook English	mmm d, yyyy
	<input type="checkbox"/> ACP Workbook French	mmm d, yyyy
	<input type="checkbox"/> 7 things to know about palliative care	mmm d, yyyy
	<input type="checkbox"/> 10 myths about palliative care	mmm d, yyyy
	<b>Regional *</b>	
	<input type="checkbox"/> Pt/family - Hospice Waterloo Region Client Services	mmm d, yyyy
<input type="checkbox"/> Pt/family - Hospice Wellington Client Services	mmm d, yyyy	
<input type="checkbox"/> Clinician - Services in WW Palliative Care Beds	mmm d, yyyy	
<input type="checkbox"/> Clinician - WW OH at Home Referral for Palliative Services	mmm d, yyyy	

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Under **Resources**, click on checkboxes to document the resources used with the patient. It will log the date under **Date**.

Sep 4, 2025 Palliative - Main Form SCH

Palliative Performance Scale  
Palliative SOAP Form


Stable: 80%

ESAS-R BPI PHQ-9 SDM

View: ☐ Summary ☐ Flowsheet ☐ Care Team | Phase(s): **Current** All | Indicators: General Specific

Stable Phase - 70-100%

Goals of Care/End-of-Life Planning	Resources	Date
	<b>Clinician</b>	
	<input checked="" type="checkbox"/> ACP Conversation Guide	Sep 4, 2025
	<input checked="" type="checkbox"/> OH atHome Referral for Palliative Services	Sep 4, 2025
	<input type="checkbox"/> CCO Pain & Symptom Management Guidelines	mmm d, yyyy
	<input type="checkbox"/> Serious Illness Conversation Guide	mmm d, yyyy
	<input type="checkbox"/> Spiritual Care Screening Tool	mmm d, yyyy
	<input checked="" type="checkbox"/> OMA Palliative Care Billing Guide	Sep 4, 2025
	<b>Patient/Family</b>	
	<input type="checkbox"/> Who Is My Substitute Decision-Maker?	mmm d, yyyy
	<input type="checkbox"/> ACP Workbook English	mmm d, yyyy
	<input type="checkbox"/> ACP Workbook French	mmm d, yyyy
	<input type="checkbox"/> 7 things to know about palliative care	mmm d, yyyy
	<input type="checkbox"/> 10 myths about palliative care	mmm d, yyyy
	<b>Regional *</b>	
	<input type="checkbox"/> Pt/family - Hospice Waterloo Region Client Services	mmm d, yyyy
<input type="checkbox"/> Pt/family - Hospice Wellington Client Services	mmm d, yyyy	
<input type="checkbox"/> Clinician - Services in WW Palliative Care Beds	mmm d, yyyy	
<input type="checkbox"/> Clinician - WW OH at Home Referral for Palliative Services	mmm d, yyyy	

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- Click **All** to view all the palliative care phases of the patient.

Palliative Performance Scale  
Palliative SOAP Form

Stable: 70%

ESAS-R PHQ-9  
BPI SDM

View: ☐ Flowsheet ☐ Care Team | Phase(s): Current **All** | Indicators: General Specific

**Stable Phase - 70-100%**

Goals of Care/End-of-Life Planning

- Walk more every week

Resources

Resource	Date
<input checked="" type="checkbox"/> Advance Care Planning Template	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning WW	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning Brochure	Dec 27, 2018
<input type="checkbox"/> Conversation Guides	mmmm.d.yyyyyy
<input type="checkbox"/> Referral to WWIHPC	mmmm.d.yyyyyy
<input type="checkbox"/> Services in palliative care units	mmmm.d.yyyyyy
<input type="checkbox"/> Cancer Support Centre (Hopesprings)	mmmm.d.yyyyyy
<input type="checkbox"/> Carerove WW Community Support Services	mmmm.d.yyyyyy
<input type="checkbox"/> HealthLine Services	mmmm.d.yyyyyy
<input type="checkbox"/> Pain & Symptom Guidelines (providers)	mmmm.d.yyyyyy
<input type="checkbox"/> Pain & Symptom Guidelines (patients/families)	mmmm.d.yyyyyy

**Transitional Phase - 40-60%**

Goals of Care/End-of-Life Planning

**Copy goals from previous stage**

- Walk more every week

Resources

Resource	Date
<input checked="" type="checkbox"/> Advance Care Planning Template	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning WW	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning Brochure	Dec 27, 2018
<input type="checkbox"/> Conversation Guides	mmmm.d.yyyyyy
<input type="checkbox"/> Referral to WWIHPC	mmmm.d.yyyyyy
<input type="checkbox"/> Services in palliative care units	mmmm.d.yyyyyy
<input type="checkbox"/> Carerove WW Community Support Services	mmmm.d.yyyyyy
<input type="checkbox"/> HealthLine Services	mmmm.d.yyyyyy
<input type="checkbox"/> DNR C	mmmm.d.yyyyyy
<input type="checkbox"/> CPR Decision Aid (Patients & Families)	mmmm.d.yyyyyy
<input type="checkbox"/> Hospice Waterloo Programs & Services	mmmm.d.yyyyyy
<input type="checkbox"/> Hospice Wellington Programs & Services	mmmm.d.yyyyyy
<input type="checkbox"/> Planned Death at Home (EDITH) Referral	mmmm.d.yyyyyy

- Click **Copy goals from previous stage** to copy from a previous stage. The same **Resources** can be in different stages and will be documented if selected.

Palliative Performance Scale  
Palliative SOAP Form

Stable: 70%

ESAS-R PHQ-9  
BPI SDM

View: ☐ Flowsheet ☐ Care Team | Phase(s): Current **All** | Indicators: General Specific

**Stable Phase - 70-100%**

Goals of Care/End-of-Life Planning

- Walk more every week

Resources

Resource	Date
<input checked="" type="checkbox"/> Advance Care Planning Template	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning WW	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning Brochure	Dec 27, 2018
<input type="checkbox"/> Conversation Guides	mmmm.d.yyyyyy
<input type="checkbox"/> Referral to WWIHPC	mmmm.d.yyyyyy
<input type="checkbox"/> Services in palliative care units	mmmm.d.yyyyyy
<input type="checkbox"/> Cancer Support Centre (Hopesprings)	mmmm.d.yyyyyy
<input type="checkbox"/> Carerove WW Community Support Services	mmmm.d.yyyyyy
<input type="checkbox"/> HealthLine Services	mmmm.d.yyyyyy
<input type="checkbox"/> Pain & Symptom Guidelines (providers)	mmmm.d.yyyyyy
<input type="checkbox"/> Pain & Symptom Guidelines (patients/families)	mmmm.d.yyyyyy

**Transitional Phase - 40-60%**

Goals of Care/End-of-Life Planning

**Copy goals from previous stage**

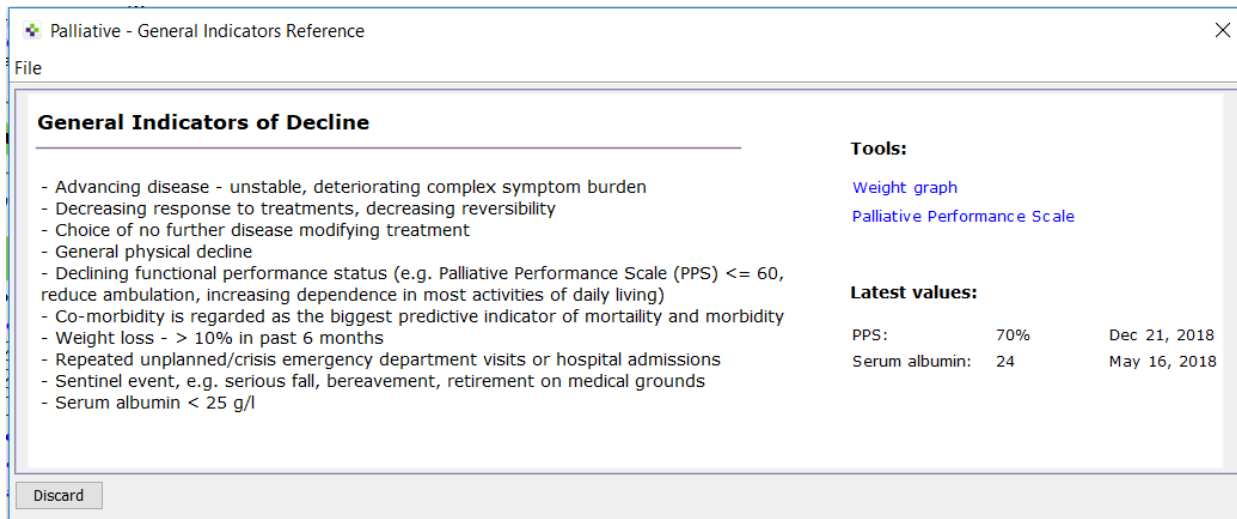
- Walk more every week

Resources

Resource	Date
<input checked="" type="checkbox"/> Advance Care Planning Template	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning WW	Dec 27, 2018
<input checked="" type="checkbox"/> Advance Care Planning Brochure	Dec 27, 2018
<input type="checkbox"/> Conversation Guides	mmmm.d.yyyyyy
<input type="checkbox"/> Referral to WWIHPC	mmmm.d.yyyyyy
<input type="checkbox"/> Services in palliative care units	mmmm.d.yyyyyy
<input type="checkbox"/> Carerove WW Community Support Services	mmmm.d.yyyyyy
<input type="checkbox"/> HealthLine Services	mmmm.d.yyyyyy
<input type="checkbox"/> DNR C	mmmm.d.yyyyyy



- Click **General** to view the **Palliative – General Indicators Reference** custom form. It will provide information about the general indicators of decline.



**Palliative - General Indicators Reference**

File

### General Indicators of Decline

- Advancing disease - unstable, deteriorating complex symptom burden
- Decreasing response to treatments, decreasing reversibility
- Choice of no further disease modifying treatment
- General physical decline
- Declining functional performance status (e.g. Palliative Performance Scale (PPS)  $\leq 60$ , reduce ambulation, increasing dependence in most activities of daily living)
- Co-morbidity is regarded as the biggest predictive indicator of mortality and morbidity
- Weight loss -  $> 10\%$  in past 6 months
- Repeated unplanned/crisis emergency department visits or hospital admissions
- Sentinel event, e.g. serious fall, bereavement, retirement on medical grounds
- Serum albumin  $< 25$  g/l

**Tools:**

[Weight graph](#)

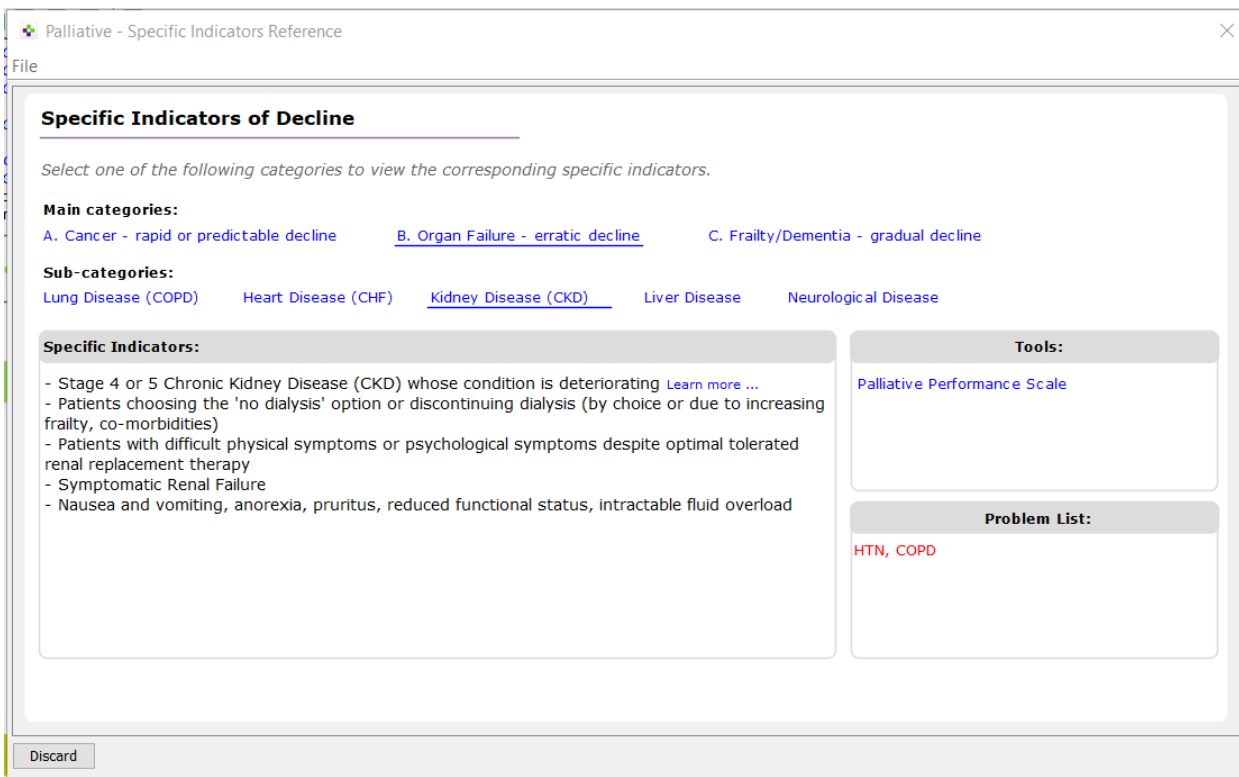
[Palliative Performance Scale](#)

**Latest values:**

PPS:	70%	Dec 21, 2018
Serum albumin:	24	May 16, 2018

Discard

- Click **Specific** to view the **Palliative – Specific Indicators of Decline** custom form. It will provide information about the specific indicators of decline.



**Palliative - Specific Indicators Reference**

File

### Specific Indicators of Decline

Select one of the following categories to view the corresponding specific indicators.

**Main categories:**

[A. Cancer - rapid or predictable decline](#)   [B. Organ Failure - erratic decline](#)   [C. Frailty/Dementia - gradual decline](#)

**Sub-categories:**

[Lung Disease \(COPD\)](#)   [Heart Disease \(CHF\)](#)   [Kidney Disease \(CKD\)](#)   [Liver Disease](#)   [Neurological Disease](#)

**Specific Indicators:**

- Stage 4 or 5 Chronic Kidney Disease (CKD) whose condition is deteriorating [Learn more ...](#)
- Patients choosing the 'no dialysis' option or discontinuing dialysis (by choice or due to increasing frailty, co-morbidities)
- Patients with difficult physical symptoms or psychological symptoms despite optimal tolerated renal replacement therapy
- Symptomatic Renal Failure
- Nausea and vomiting, anorexia, pruritus, reduced functional status, intractable fluid overload

**Tools:**

[Palliative Performance Scale](#)

**Problem List:**

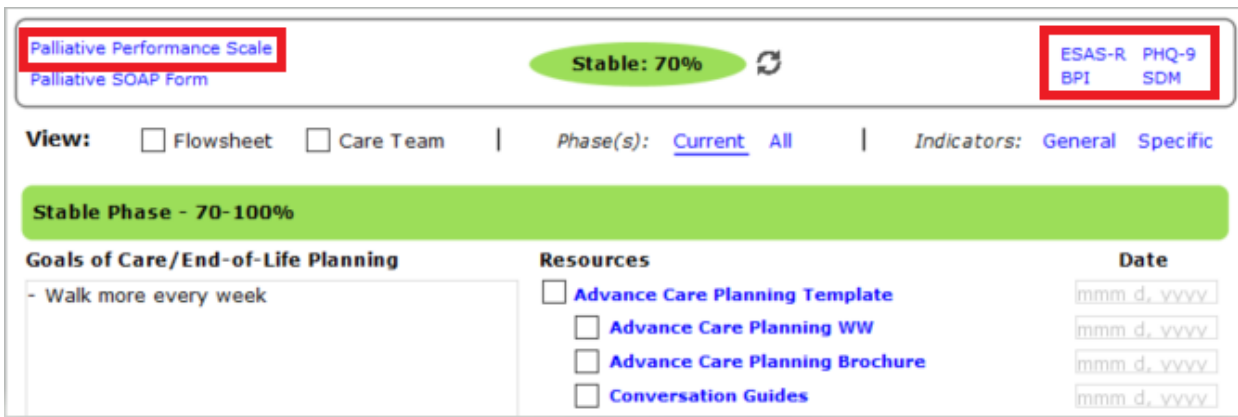
HTN, COPD

Discard

## Supporting tools in the Palliative – Main Form

### What is the Palliative SOAP form?

1. Click **Palliative SOAP Form** to view eligible billing codes and document in SOAP notes.

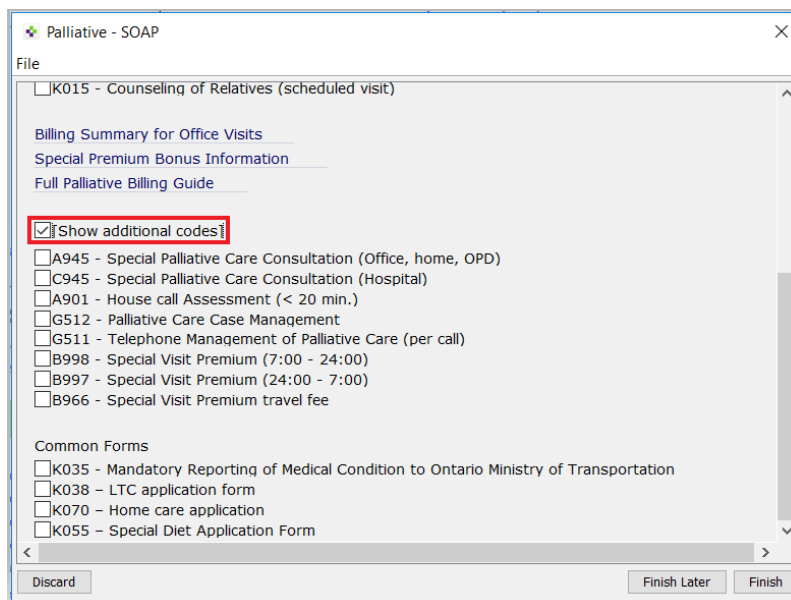


The screenshot shows the Palliative SOAP Form interface. At the top, there is a header bar with a red box around "Palliative Performance Scale" and "Palliative SOAP Form". To the right, a green oval indicates "Stable: 70%" with a refresh icon. Further right, another red box contains "ESAS-R PHQ-9 BPI SDM". Below the header, there are tabs for "View:" (Flowsheet, Care Team) and "Phase(s):" (Current, All). Indicators are set to "General" and "Specific". A green bar indicates "Stable Phase - 70-100%". The main content area is divided into three columns: "Goals of Care/End-of-Life Planning" (containing "- Walk more every week"), "Resources" (with checkboxes for "Advance Care Planning Template", "Advance Care Planning WW", "Advance Care Planning Brochure", and "Conversation Guides"), and "Date" (with input fields for "mmm d, yyyy").



The screenshot shows the "Palliative - SOAP" form. It has a title bar with a close button. The form is divided into sections: "File" (with input fields for S:, O:, A:, and P:), "Billing:" (with a note "Note: Start and stop times must be recorded if being billed" and input fields for "Start time:" and "Stop time:"), and a list of billing codes: "K023 - Palliative Care Support (>20 min.)" and "K015 - Counseling of Relatives (scheduled visit)". Below the codes are links for "Billing Summary for Office Visits", "Special Premium Bonus Information", and "Full Palliative Billing Guide". At the bottom, there is a checkbox for "[Show additional codes]" and buttons for "Discard", "Finish Later", and "Finish".

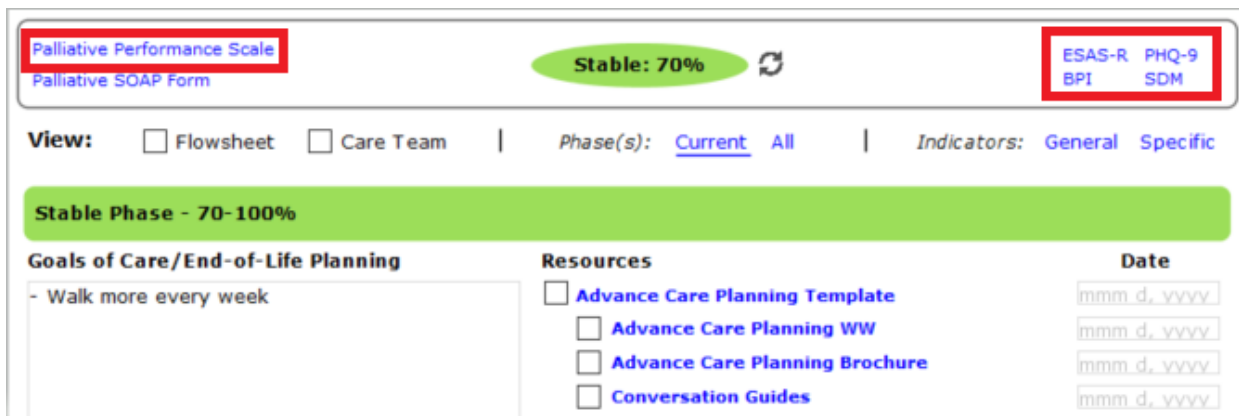
2. Click **Show additional codes** to view all the common forms attached with billing codes.



The screenshot shows a window titled "Palliative - SOAP". Inside, there is a "File" section with links: "Billing Summary for Office Visits", "Special Premium Bonus Information", and "Full Palliative Billing Guide". Below these links is a checkbox labeled "Show additional codes" which is checked and highlighted with a red box. Underneath this checkbox is a list of billing codes with checkboxes: A945 - Special Palliative Care Consultation (Office, home, OPD), C945 - Special Palliative Care Consultation (Hospital), A901 - House call Assessment (< 20 min.), G512 - Palliative Care Case Management, G511 - Telephone Management of Palliative Care (per call), B998 - Special Visit Premium (7:00 - 24:00), B997 - Special Visit Premium (24:00 - 7:00), and B966 - Special Visit Premium travel fee. Below this list is a section titled "Common Forms" with checkboxes for K035 - Mandatory Reporting of Medical Condition to Ontario Ministry of Transportation, K038 - LTC application form, K070 - Home care application, and K055 - Special Diet Application Form. At the bottom of the window are buttons for "Discard", "Finish Later", and "Finish".

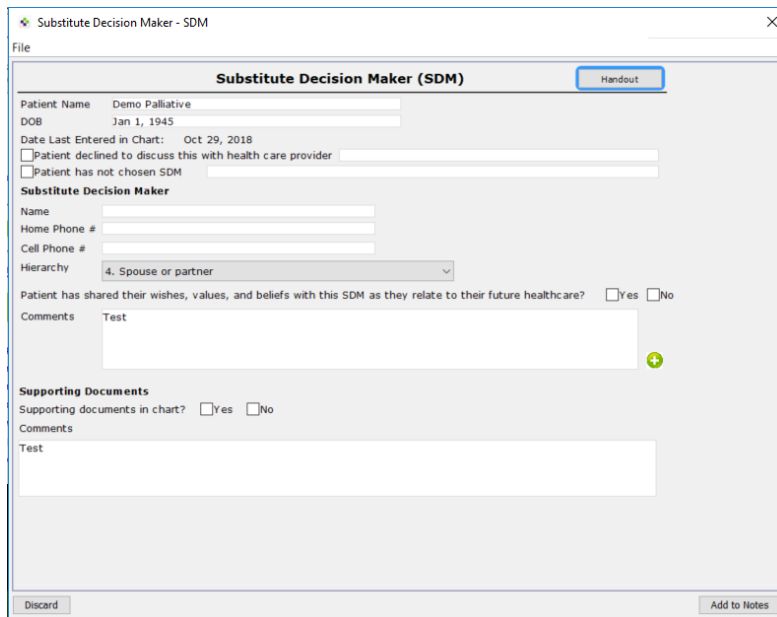
## Other helpful supporting tools in the Palliative – Main Form

1. Click the highlighted box for resources that helps support palliative care.



The screenshot shows the "Palliative Main Form" interface. At the top left, there is a red box highlighting "Palliative Performance Scale" and "Palliative SOAP Form". In the center, there is a green oval with the text "Stable: 70%" and a refresh icon. At the top right, there is a red box highlighting "ESAS-R PHQ-9 BPI SDM". Below these elements, there is a "View:" section with checkboxes for "Flowsheet" and "Care Team", and a "Phase(s):" section with "Current" and "All" options. To the right of these is an "Indicators:" section with "General" and "Specific" options. Below this is a green bar with the text "Stable Phase - 70-100%". Underneath this bar, there is a table with three columns: "Goals of Care/End-of-Life Planning", "Resources", and "Date". The "Goals of Care/End-of-Life Planning" column contains the text "- Walk more every week". The "Resources" column contains a list of resources with checkboxes: "Advance Care Planning Template", "Advance Care Planning WW", "Advance Care Planning Brochure", and "Conversation Guides". The "Date" column contains date input fields with the placeholder "mmm d, yyyy".

2. Click **SDM**. This is an example of a resource to use with patients. Fill out the patient's substitute decision maker information. Click **Add to Notes**.



Substitute Decision Maker - SDM

File

**Substitute Decision Maker (SDM)** Handout

Patient Name: Demo Palliative  
 DOB: Jan 1, 1945  
 Date Last Entered in Chart: Oct 29, 2018  
☐ Patient declined to discuss this with health care provider  
☐ Patient has not chosen SDM

**Substitute Decision Maker**

Name:   
 Home Phone #:   
 Cell Phone #:   
 Hierarchy: 4. Spouse or partner

Patient has shared their wishes, values, and beliefs with this SDM as they relate to their future healthcare? ☐ Yes ☐ No

Comments: Test

**Supporting Documents**

Supporting documents in chart? ☐ Yes ☐ No

Comments: Test

Discard Add to Notes

## Updating/Changing resources

Resources in the palliative main form are organized by Clinician, Patient/family, and Regional categories. Resources in the Clinician and Patient/Family categories are more generalized and applicable to most regions. Items in the Regional category can be tailored specific to regional care pathways and resources. If you would like to adjust these resources you can:

\*please note you or someone at your site may need to have access and knowledge in custom form editing. All edits must be done in the custom form editing mode of your EMR.

1. Use the built in instructions to add new resources – instructions can be found when opening the form in the custom form editor mode

**Add Your Own Resources Guide**

**Samples Resources:**

<b>Handout:</b>	<a href="#">Conversation Guides</a>	For each of the sample resources, look at the `Click Event` and `Resource` properties as a guide to configure your own resource.
<b>Web Link:</b>	<a href="#">Advance Care Planning WW</a>	
<b>Custom Form:</b>	<a href="#">ACP Template</a>	

**Checkbox(es):** *These checkboxes have been setup but still need the `Resource Name` and `Name` to be configured*

☐
<-- Pre-configured for stable phase

☐
<-- Pre-configured for transitional phase

☐
<-- Pre-configured for end-of-life phase

1. Choose a common `Resource Name` for each checkbox. E.g. MyResource
2. For each checkbox, set the `Name` field in this specific way:
 

chk + (Resource Name) + (phase)  
 e.g. chkMyResourceS

Phase naming: S = stable, T = transitional, E = End-of-life
3. The `Event Triggered` event should be `processCheck` for each checkbox

**Date Field(s):** *These date fields have been setup and only need the Name to be configured*

<-- Pre-configured for stable phase

<-- Pre-configured for transitional phase

<-- Pre-configured for end-of-life phase

1. For each date field, set the `Name` field in this specific way:
 

date + (Resource Name) + (phase)  
 e.g. dateMyResourceS

Phase naming: S = stable, T = transitional, E = End-of-life

2. Use our pre-built resource library – items in this section can be swapped into applicable sections of the main form.

**Resource Library** - If you would like to use these resources move them to the appropriate section. You can always add your custom resources using the instructions above

Stable phase	Transitional Phase	End of life phase
<input type="checkbox"/> Hospice Room Pamphlet (Rotary club of Kapuskasing)	<input type="checkbox"/> Hospice Room Pamphlet (Rotary club of Kapuskasing)	<input type="checkbox"/> Hospice Room Pamphlet (Rotary club of Kapuskasing)
<input type="checkbox"/> Understanding Medical Assistance in Dying (MAID)	<input type="checkbox"/> Understanding Medical Assistance in Dying (MAID)	<input type="checkbox"/> Understanding Medical Assistance in Dying (MAID)
<input type="checkbox"/> FMPE - MAID handout	<input type="checkbox"/> FMPE - MAID handout	<input type="checkbox"/> FMPE - MAID handout
<input type="checkbox"/> Ontario Caregiver Starter Kit	<input type="checkbox"/> Ontario Caregiver Starter Kit	<input type="checkbox"/> Ontario Caregiver Starter Kit
<input type="checkbox"/> Choosing Wisely - Serious Illness Conversation Guide	<input type="checkbox"/> Choosing Wisely - Serious Illness Conversation Guide	<input type="checkbox"/> Choosing Wisely - Serious Illness Conversation Guide
<input type="checkbox"/> Spiritual Assessment Tool - FICA	<input type="checkbox"/> Spiritual Assessment Tool - FICA	<input type="checkbox"/> Spiritual Assessment Tool - FICA

If you have questions or feedback, please feel free to reach out to [EMRtools@amplifycare.com](mailto:EMRtools@amplifycare.com).