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INTERNATIONAL CONFERENCE FOR BEST CARE FOR THE DYING PERSON

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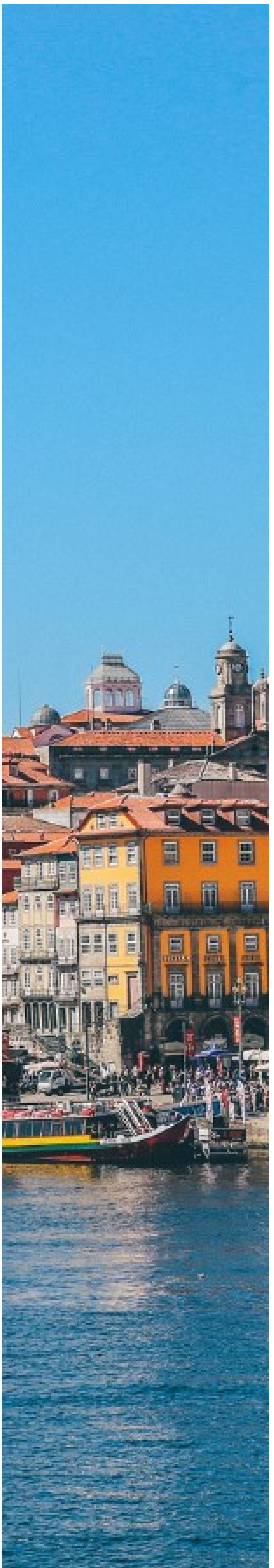
ABSTRACT BOOK

International Collaborative for Best Care for the Dying Person



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ORAL PRESENTATIONS

PC2402:	**Exploring Quality of Death in Chinese Palliative Care: Insights from Health and Social Care Professionals**
Author(s):	Mingming Cheng[1], Yuwen Cheng[1], Chao Fang[2] [1] School of Sociology and Political Science, Shanghai University, Shanghai, China; [2] Centre for Ageing and the Life Course, University of Liverpool, Liverpool, UK
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Background:	The quality of death (QoD) in palliative care is a critical yet understudied aspect of healthcare in China, influenced by complex cultural, familial, and clinical factors.
Aim(s):	This study aims to explore the components of QoD and the factors influencing it within Chinese palliative care and hospice units, drawing insights from health and social care professionals.
Methods:	A qualitative thematic analysis was conducted based on data obtained from semi-structured interviews with multidisciplinary end-of-life care professionals across China.
Results:	Three main themes emerged: (1) providing care with dignity in relationships, (2) enhancing quality of communication under family dynamics, and (3) negotiating intergenerational dilemmas. The study also identified ten subthemes, including balancing patient- and family-centered care, navigating multi-dimensional expectations, empowering patient autonomy in communication, resolving family conflicts and so on. These findings highlight the complexities healthcare professionals face in balancing patient autonomy with family expectations and cultural norms.
Conclusions:	The study underscores the importance of improving communication about life and death, enhancing understanding of palliative care concepts, and promoting public education on end-of-life matters. Addressing family dynamics and intergenerational conflicts is also crucial for improving QoD. The research suggests a need for tailored interventions that integrate Western clinical perspectives with traditional Chinese values to enhance palliative care quality. While the study provides comprehensive qualitative insights, future research is needed to include patients and their family perspectives to further investigate the interplay between cultural values and clinical practices in end-of-life care.

PC2409:	**Benchmarking quality of care at the end of life – compatibility and comparability of patient-level data from an 11 country Cohort Study, and two national datasets in Sweden and the UK**
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Background:	The Swedish Register of Palliative Care (SRPC), and the UK national programme of snapshot audits of care at the end-of-life (EOL) in hospitals (known since 2018 as the National Audit of Care at the End-of-Life: NACEL), represent the largest national datasets of care at the EOL. They provide organisations with a structured approach to measure, evaluate and improve EOL practices. The iLIVE Project, an 11-country cohort study of people at the EOL, was undertaken between 2020-2023. For people who died during the study, a healthcare professional questionnaire collected data on key indicators of care at the EOL based on the SRPC. This study presents the first mapping of the two largest national data sets of care at the EOL and shows that it is possible to compare existing data internationally and longitudinally.

Aim(s):	1. Assess compatibility and comparability of patient-level data on the quality of care at the EOL in hospitals, across all three datasets 2. Compare data from ‘matched’ variables across the 11 countries, and over time for Sweden and the UK to assess the potential for international benchmarking
Methods:	Variables from the SRPC and UK national audits were compared from 2014 (the first publicly available report), and with the iLIVE Project. Variables were compared against question wording/definition/response options to determine comparability.
Results:	Three quality indicators ‘matched’ for comparison across all three datasets, ‘communication about dying with the patient/those important to them’, ‘oral health assessment’. In Sweden and the UK, variables ‘matched’ for an additional two indicators, 'recognition of dying’ and ‘patient wishes for place of death known’. Comparisons illustrate improvements over time and variability across countries.
Conclusions:	Inconsistencies in variables used over time and between datasets limits comparability. However, comparisons such as this have the potential to drive quality improvements in EOL care on a national and international level.

PC2413:	**Humanized Technology Innovation and AI: The future of personalized palliative care in people with Amyotrophic Lateral Sclerosis**
Author(s):	Filipe Gonçalves[1], Cláudia Melo[1], Marta Pinto[1] [1] APELA - Portuguese Association of Amyotrophic Lateral Sclerosis
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Background:	Amyotrophic lateral sclerosis (ALS) presents significant challenges for patients (PALS) in suffer and their families, particularly in communication and daily care as the disease progresses, often leading to a locked-in state. Recently, innovative technologies and artificial intelligence (AI) tools have been integrated into clinical practice to enhance patient care and improve quality of life (QoL).
Aim(s):	This study aims to share how these technologies are used in real-life scenarios with PALS and their families, focusing on individualized care, communication tools, such as AI-driven language prediction, cloned voices, avatars, social interaction and immersive reality. Additionally, it seeks to explore challenges, decision-making processes, and future opportunities for more humanized day-to-day care.
Methods:	A retrospective serial-case study of 15 PALS in a community setting was conducted. All participants were introduced to augmentative and alternative communication tools integrated with AI, with further exploration as the disease progressed. Adherence rates, professional feedback, and challenges were analyzed to assess the effectiveness and limitations of these technologies.
Results:	The use of these tools with AI extensions demonstrated significant potential in improving social, intra-family, and community interactions, reducing social isolation, and providing cognitive stimulation. Avatars allowed for representation in social networks and language software, possibly leading the way to developing immersive social environments. These technologies, particularly beneficial in advanced stages like lock-in, show promise for future support. Challenges related to implementation, decision-making, and ethical considerations require further exploration.
Conclusions:	The study emphasizes the need for future investigation into practical applications and the development of affordable, humanized tools that can impact patients' life trajectories.

PC2418:	**Development of Palliative Care in the countries participating in the iLIVE Project, “Live well, Die well”. Case studies: Spain and Argentina**
Author(s):	Vilma Tripodoro[1], Eva Víbora-Martín[2], María Luisa Martín-Roselló[2], Inmaculada Ruiz-Torreras[2], Pilar Barnestein-Fonseca2, on behalf iLIVE Consortium [1] RED-in-PAL- Instituto Pallium Latinoamérica, Argentina; [2] Instituto Cudeca De Estudios E Investigación En Cuidados Paliativos, Spain

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Background:	Improving and evaluating the development of palliative care (PC) is crucial to ensure that all people have access to effective and quality services. iLIVE "Live well, Die well" is a European project (Horizon2020-GA825731) that explored the preferences of patients and their families.
Aim(s):	To describe the development of PC according to the WHO Conceptual Framework in the 10 countries participating in iLIVE project. To analyse the cases of Argentina and Spain in depth.
Methods:	The development of PC was explored through key informants in the countries according to the six WHO dimensions (Empowerment of people and communities, Health policies, Provision of integrated services, Education, Essential medicines and Research) and the 14 macro indicators.
Results:	Data were collected from 10 countries: Argentina, Germany, Iceland, Netherlands, New Zealand, Norway, Slovenia, Spain, Switzerland, United Kingdom. The cases of Spain and Argentina are presented in depth. The countries have established levels of essential medication use indicators at the highest level of development. The availability of monitoring systems to assess the quality of PC programmes is an area for improvement. Spain and Argentina with a more decentralised political organisation present opportunities for benchmarking both nationally and internationally.
Conclusions:	To further develop PCs globally, regular evaluation and monitoring is crucial. Indicator data inform policy makers about delivery challenges, informing health priorities and resource allocation.

POSTER PRESENTATIONS

PC2401:	**Exploring 'Good Death' in China: A Qualitative Study from the Perspectives of Family Members**
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Background:	The immense pressure surrounding death has prompted China to focus on the concept of 'good death'. China's developing palliative care services are inevitably influenced by the established Western models. However, fundamental differences between Eastern familism and Western individualism make it crucial to explore the meaning of a good death within the Chinese cultural context.
Aim(s):	This qualitative study aims to examine what good death means in Chinese culture from the perspective of dying patients' family members.
Methods:	A qualitative research and inductive analysis of semi-structured interviews 29 family members of deceased individuals were conducted.
Results:	Four main themes and twelve sub-themes were identified: (1) Relational autonomy; (2) Conformity to familism; (3) Significance of security; (4) Longing for multidimensional meanings of life.
Conclusions:	The family-centered concept in Chinese culture influences treatment and end-of-life decisions, prioritizing the family's well-being over the individual. This notion emphasizes the family's responsibility towards the terminally ill. However, China's uneven social security system makes achieving a good death challenging across regions and social classes, highlighting the importance of family economic security during the end-of-life stage. Additionally, this ideology enriches but also complicates the diverse belief system of the Chinese people, leading to a loss of spiritual direction. This further underscores the importance of exploring the concept of a good death within the Chinese socio-cultural context. Furthermore, research indicates that the family-centered concept adds a

	caregiving burden on families. To address this, we propose a social support system aimed at promoting a good death in China.

PC2403:	**Emergency department medical records of dementia patients in the last days of life- qualitative analysis**
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Background:	Patients with dementia frequently visit the emergency department at the end of life. Proper identification and communication of the last days of life is important to promote best care on dying.
Aim(s):	To explore what information is reported in patient's emergency department medical records regarding the last days of life identification, communication and associated measures of care.
Methods:	Retrospective content analysis of patient's medical records that visited the emergency department in their last seven days of life who died in a university hospital during 2021.
Results:	201 dementia patients, 58,7% (118) women, mean age of 86,0+-8,1y, presented to the emergency department in their last seven days of life. 83 patients had concomitant chronic organ failure (41,3%) and 20 malignancies (10,0%). References to the end-of-life situation, imminent dying, prognosis or treatment goals were absent in 55 (27,4%) of the records. Four main themes emerged from the remain records: bad prognosis and identification of the last days of life, life sustaining treatment decisions, definition of goals of comfort care and comfort assessment. Family communication on prognosis and goals of treatment, withholding and withdrawing treatments such as antibiotics, non-invasive ventilation and cardiopulmonary resuscitation and the need to refer to palliative care specialized team, arise as relevant subthemes.
Conclusions:	Emergency department medical records can include crucial information to help guide best care practice in the last days of life of dementia patients. Absence of this type of information suggests lack of attention to some aspects of end-of-life care.

PC2404:	**Home cared dementia patients: last week of life visits to Emergency Department– a retrospective analysis**
Author(s):	Vieira Silva, S[1,2]; Antunes, C[3,] Teixeira, C[4,5,6] [1]Serviço de Cuidados Paliativos, Unidade Local de Saúde de Santo António, [2]Faculdade de Medicina da Universidade do Porto, [3]Cambridge University; [4]Serviço de Anestesiologia e Cuidados Intensivos, Unidade Local de Saúde de Santo António; [5]ICBAS School of Medicine and Biomedical Sciences, [6]Centro de Investigação em Tecnologia e Serviços de Saúde (CINTESIS)/Faculdade de Medicina do Porto
Contact:	nevessp@gmail.com
Background:	Preferences about place of care and place of death are relevant, especially congruence with actual places and their determinants.
Aim(s):	Identify factors associated with Emergency Department (ED) use in the last week of life by home cared dementia patients.
Methods:	Association (chi-square test) analysis of ED visits in the last week of life of home cared dementia patients who died in a university hospital in 2021 regarding sociodemographics, number of previous visits, comorbidities and reasons of resource use.
Results:	165 patients, 57,6% (95) women, mean age of 86,1+- 6,5y, 12,7% (21) without a fulltime caregiver and 13,9% (23) previously followed by a Palliative Care hospital team presented to the ED in their last week of life. 83 (50,3%) had concomitant significant comorbidities. Average, recurrence in the last year of life was 3,1+-2,4 visits. Respiratory

	(86, 52,1%) and neuropsychiatric (39, 23,6%) symptoms were the main reasons of resource use in their last week of life. Comparing dementia patients who recurred to the ED once in their last year of life, specifically in their last week of life, they presented less comorbidities (p<0,05) and all had a fulltime caregiver (p<0,05). Also, in this subgroup,respiratory (27, 49%) and neuropsychiatric (15, 27,3%) symptoms were the main reasons of resource use.
Conclusions:	Frequent visits to the ED at the end-of-life of dementia patients cared at home are associated with unavailable fulltime caregiver and presence of significant comorbidities. Respiratory and neuropsychiatric symptoms might be associated to hospital being the place of death.

PC2405:	**‘Direct Communication’ at End-of-Life: A Review of Qualitative Evidence**
Author(s):	Megan Savage Liverpool University Hospitals NHS Foundation Trust, Liverpool, UK
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Background:	‘Direct communication’ at end of life refers to the clear and honest exchange of information about prognosis, treatment options, and personal wishes between patients, their families and healthcare providers. When a patient has been recognised as dying, it facilitates informed decision-making and fosters a supportive environment for patients and those who are important to them. However, this approach is not without its challenges and complexities.
Aim(s):	Conduct a systematic review of qualitative evidence to explore advantages and disadvantages of ‘direct communication’ in the dying phase, including its impact on patient care and outcomes, and make recommendations for practice.
Methods:	Articles from the years 2005 to 2024 were identified in the Cochrane, Sage and PubMed databases using pre-defined search terms. 1,498 records were returned, with 1,276 records excluded after initial screening of the title and abstract. 222 full-text publications were evaluated for eligibility. A Meta-aggregative approach was used to synthesise the qualitative evidence.
Results:	21 studies were included. Findings suggest that ‘direct communication’ at the end of life can result in better alignment with patient values, improved decision-making and enhanced emotional support. Frameworks such as the serious illness care programme could facilitate patient-clinician rapport, promote exploration of cultural and existential values. However, studies also highlighted challenges with such communication, such as emotional discomfort, cultural sensitivities and organisational or systems barriers.
Conclusions:	There is a need to improve and develop the evidence base for ‘direct communication’ with patients at the end of life, including the use of communication frameworks such as the serious illness care programme. Research is recommended to explore how communication interventions can optimise communication and individualised care planning for patients as they approach the last days of life.

PC2406:	**End-of-life care education – hospital healthcare professional’s perspectives on relevance and needs**
Author(s):	Vieira Silva, Sara; Bertão, Manuela; Alves, Júlia; Santos, Margarida; Barbedo, Isabel; Gonçalves, Isabel; Bela, Margarida; Faria, Catarina; Pereira, Raquel; Freire, Elga Unidade Local de Saúde de Santo António, Portugal
Contact:	nevessp@gmail.com
Background:	Adequate identification, training and conditions of care are crucial for better care in the last hours to days of life of hospitalized patients.
Aim(s):	To know the perspectives of healthcare professionals on the relevance and competence on caring for patients in the last hours to days of life.

Methods:	Descriptive analysis of the perspectives of internal medicine, nephrology, haematology, and emergency room healthcare professionals on care in the last hours to days of life. Data collected prior to the education sessions on end-of-life care, through a Likert scale questionnaire on aspects of identification, conditions, and professional competence to care in this context, carried out in a university hospital from November 2021 to July 2024.
Results:	169 healthcare professionals (92 nurses, 73 physicians and 4 social workers), 78.1% women, 55.1% with >5y work experience, 47.3% (80) did not have any previous palliative care education. Most (82.8%, 140) agree to deal with patients in the last hours to days of life, although opinions differ about patients who die in considerable suffering (37.3% agree vs 56.2% disagree).36.1% (61) healthcare professionals disagree to have appropriated education on care of patients in the last hours to days of life, 34.3% (58) disagree to have multidisciplinary discussion about care in this context and almost 2 out of 3 (62.7%, 106) disagree that professionals receive appropriate support themselves.
Conclusions:	Even though they frequently care for patients in the last hours or days of life, hospital health professionals reveal scarce training and education in this context.

PC2407:	**Clinical data model for patient comfort in palliative care to support nursing decision-making**
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Background:	Patient comfort is a crucial aspect of palliative and end-of-life care, encompassing physical, emotional, social, and spiritual well-being. Ensuring patient comfort directly impacts quality of life, reduces suffering, and maintains patient dignity. Nurses are essential in assessing and managing comfort through personalized care. However, variability in comfort assessment underscores the need for a standardized clinical data model.
Aim(s):	The primary objectives are to develop a clinical data model that accurately represents the concept of patient comfort and to facilitate nursing decision-making by providing a structured framework for assessing and enhancing patient comfort in palliative and end-of-life care.
Methods:	The methodology includes conducting a literature review to identify key components of patient comfort in palliative care, gathering qualitative and quantitative data from clinical practices, and integrating findings to develop a theoretical model. Interactive feedback from clinical experts will refine the model, which will then be tested to assess its reliability and effectiveness.
Results:	The clinical data model aims to standardize and improve the assessment of patient comfort, leading to better-informed and consistent nursing interventions. The discussion will address the implications for nursing practice, acknowledge challenges and limitations faced during the development and validation process, and explore potential limitations of the model.
Conclusions:	Developing a structured clinical data model to enhance patient comfort in palliative and end-of-life care is significant. This model has the potential to positively impact nursing practice, improve patient outcomes, and elevate the overall quality of care provided in these settings.

PC2408:	**Assessing the clarity and relevance of the 10/40 Model Staff Perception Questionnaire, a pilot study**
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Background:	The 10/40 Model is an internationally agreed model of best practice in end-of-life care that is used in over 20 countries across different settings. Through the 10/40 Model, organisations are supported to develop local care plans to improve the documentation and subsequent care of dying patients. As part of continuous quality improvement, it is important to gain insight in users' perceptions of providing end-of-life care using the 10/40 Model.
Aim(s):	Pilot test a questionnaire to assess users' perceptions of providing end-of-life care using the10/40 Model and make recommendations for adjustments if indicated.
Methods:	A 54-item, self-completion electronic questionnaire was developed to test whether the questions were considered clear and relevant. This questionnaire was sent out to English speaking clinical staff in five countries (Spain, UK, Gibraltar, India and New Zealand). Results were analysed using descriptive statistics.
Results:	Thirty-five participants (response rate 70%) returned a questionnaire, comprising 6 males and 29 females, 16 nurses and 12 doctors. Most questions were considered clear and relevant for more than 90% of respondents. Four questions, regarding the outcomes of care and on how to seek specialist palliative care advice, were considered not clear and needed to be rephrased. One question was repeated and therefore not relevant. 12% of respondents found the questionnaire too long.
Conclusions:	Overall, the content of the 10/40 Model staff perception questionnaire was clear and relevant for English speaking respondents. Following the pilot, the questionnaire will be adjusted and disseminated across 10/40 user sites as part of a larger evaluation study of care provision at end of life.

PC2411:	**Developing, implementing, and evaluating a Hospital Specialist Palliative Care Team (HSPCT)standardised triage template.**
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Background:	In an urban area of the Northwest of England, palliative care services have been transformed, by integration of hospice, community, and hospital specialist palliative care health professionals. Triage allows for the provision of safe, timely and effective care, reducing demand on services. Decisions are reliant on remote assessment by the triage nurse. To support the role, standards are being adopted to overcome barriers from legal, ethical, and regulatory concerns and should be embedded into documentation; policies; job descriptions and guidelines.
Aim(s):	To improve consistency and quality of hospital specialist palliative care triage.
Methods:	A mixed method approach was used to gather data. A retrospective case review was undertaken (2023) of 30 patient referrals to the service, to audit how well the 15 standards were met. A subsequent education intervention preceded the launch of the triage with the specialist care team. Qualitative data was obtained form the team regarding template structure and process of use. A second case review of patient referral documentation was undertaken in Spring 2024.
Results:	In this pilot study there was 30% improvement in the standards documented from the first to the second case review. One standard regarding spiritual needs, failed to show improvement. There are areas for change that can be demonstrated from both the quantitative and qualitative data.
Conclusions:	There is a paucity of research into the role of and education programmes needed to support, specialist palliative care triage. The role of triage is evolving, needing ongoing

	review and development of a bespoke education and mentor system, to ensure that all nurses who undertake triage have adequate training and support.

PC2414:	**Validation and Cultural Adaptation of the Indirect Cost and Informal Care Questionnaire in Argentina (iLIVE Project)**
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Background:	Informal caregiving plays a crucial role in palliative care. However, the indirect and informal care costs associated with caregiving, particularly in end-of-life care, are often overlooked in economic evaluations. The lack of a culturally adapted instrument in Spanish to assess these costs presents a gap in Argentina, where most caregivers are women.
Aim(s):	This study aimed to validate and adapt the Caregiver Indirect and Informal Care Costs (CIIQ) questionnaire in Argentina, focusing on patients in the last six months of life participating of the iLIVE Project
Methods:	The CIIQ was translated into Spanish following international guidelines. Two independent translations were reconciled by experts, reverse-translated, and adjusted based on a cognitive pre-test with Spanish-speaking participants. A study involving 154 caregivers in Argentina assessed the questionnaire's reliability and validity. Internal consistency was measured using Cronbach's alpha, and exploratory factor analysis (PCA) and confirmatory factor analysis (CFA) evaluated its structure.
Results:	The CIIQ demonstrated good reliability, with Cronbach's alpha of 0.802. However, the subdomain of productivity costs showed lower consistency (alpha = 0.362). PCA revealed two factors explaining 71.8% of the variance. The majority of caregivers (70.8%) were women, underscoring the gendered burden of care.
Conclusions:	The adapted CIIQ showed good validity and reliability for measuring informal care costs in Argentina. Future studies should focus on improving the consistency of productivity cost items and further exploring gender disparities in caregiving.

PC2415:	**Validation and cultural adaptation of the Attitudes towards Euthanasia (ATE) scale in seriously ill patients in Argentina (iLIVE Project).**
Author(s):	Vilma Adriana Tripodoro, Agustina Senese, Gabriel Goldraij, Débora Lema, Juan José Fernández Muñoz , Pilar Barenstein-Fonseca on behalf of iLIVE Project Consortium Pallium Latinoamérica Institute – RED-InPal, Argentina;
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Background:	Although euthanasia is an issue on the Argentinean parliamentary agenda, there is still confusion about its conceptualisation and limitations to its study. Attitudes towards euthanasia among the seriously ill remain under-researched.
Aim(s):	We aimed to validate the Attitude Towards Euthanasia (ATE) scale in Argentina by cross-culturally adapting to the Spanish-Argentine language and exploring psychometric characteristics.
Methods:	A cross-sectional study was conducted using the ATE Scale on a non-probabilistic sample of short-life expectancy patients aware of their prognosis. We selected Argentina's sample from seven healthcare centres to recruit a broad socio-demographic spectrum of patients. Inclusion criteria were patients with advanced disease, over 18 years of age, aware that the disease was probably incurable, and able to sign an informed consent form. The 10-item ATE scale was used and socio-demographic characteristics were explored (2020-2023).

Results:	The selected sample comprised 167 very ill patients. Among them, 72.5% had cancer. The average age of the participants was 68 (SD= 14.03), and 50.9% were female; 34.7% held university degrees; 58,7% reported being affiliated with a religious organisation. The scale's psychometric properties, including reliability and validity, were assessed using an exploratory and confirmatory factor analysis. The internal consistency throughout Cronbach's Alpha was 0.837. The range of items of homogeneity was from 0.179 to 0.745. The study found no significant differences in perceptions concerning euthanasia between variables such as diagnosis, gender, university studies level, and religious affiliation.
Conclusions:	The validation of the Attitudes Towards Euthanasia scale to a sample of seriously ill Argentinean patients has shown adequate psychometric properties, with some limitations.

PC2416:	**Barriers and Facilitators for Implementing an End-of-Life Care Plan in Hospital Units**
Author(s):	Moya-Fernández, Alejandro; de la Ossa-Sendra, Mª Jesús; Cazorla-González, Rosa; Lapeira-Cabello, Jose Manuel; Mateo-González, Gloria; Orellana-Rico, Belén; Azuaga-Peña, Tiffany; Morales-Asencio, Jose Miguel; Martín-Rosello, María Luisa; Barnestein-Fonseca, Pilar Cudeca Foundation, Spain
Contact:	alejandromoya@cudeca.org
Background:	The CUDECA Foundation has developed the "Cui-DAR Cudeca Care Plan" for individuals in the final stages of life and their families in Spanish context.
Aim(s):	Explore the barriers and facilitators involved in the implementation of the Cui-DAR Cudeca Care Plan in hospital units around Málaga.
Methods:	Qualitative methodology with a descriptive approach. Content analysis was conducted to identify patterns, and discourse analysis was used to examine how group dynamics influenced the discussion of concepts.
Results:	Key facilitators included the integration of multidisciplinary teams, specific training in bioethics and communication, and the empathy demonstrated by nursing staff. Identified barriers encompassed a lack of training in palliative care, time constraints, emotional challenges faced by staff, patients' resistance to analgesia, cultural and religious factors, scarcity of resources and specialized personnel, and legal and administrative challenges
Conclusions:	According to the professionals, the implementation of the Cui-DAR Cudeca Care Plan in hospital units is feasible. It is essential to assess the training needs of each department and address their specific requirements and resources, with an emphasis on education and training.

PC2417:	**Decision-making in a sample of palliative patients in the last months of life**
Author(s):	Pilar Barnestein-Fonseca, Eva Víbora-Martín, Inmaculada Ruiz-Torreras, Alejandro Moya-Fernández, María Jesús de la Ossa-Sendra, María Luisa Martín-Roselló, on behalf iLIVE Consortium Instituto Cudeca De Estudios E Investigación En Cuidados Paliativos
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Background:	In recent decades, the healthcare model has evolved by putting the person at the centre, being the protagonist of their disease process in which decision-making changes according to their needs, but it is essential to have a care plan.
Aim(s):	To find out how patients and relatives perceive the decision-making process of the disease process in the last 6 months of life.
Methods:	Cohort study within the framework of the European Horizon 2020 iLIVE project that analyses the preferences, expectations and opinions of patients in the last 6 months of

	life with sample collection at enrolment, at one month and in the last week of life. Variables were extracted that analysed whether the patient feels listened to by his/her team about the decisions he/she makes, whether he/she is making decisions about treatments and is asked for his/her opinion.
Results:	The cohort included 1304 patients and 593 relatives. A large proportion of patients (75.8%) reported that most of the time they perceive that they have influence in deciding where they want to live, who they surround themselves with, treatment decisions, etc., just as relatives (83.2%) report good communication with the team. However, when asked whether they prefer the doctor to make decisions for them, there is no predominant percentage (26%-13%).
Conclusions:	Patients and relatives want to be protagonists in decision making, although they trust their teams.

PC2419:	**Pain and discomfort in a sample of palliative patients in the last months of life**
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Background:	Symptom control at the end of life is one of the therapeutic objectives of palliative care teams, as pain in particular will significantly interfere with quality of life. Despite this, there is still a lack of training and knowledge to deal with it effectively on the part of healthcare professionals on some occasions.
Aim(s):	To describe the level of pain, discomfort or suffering in a cohort of patients in the last 6 months of life and at the time of death.
Methods:	Cohort study within the framework of the European Horizon 2020 iLIVE project that analyses the preferences, expectations and opinions of patients in the last 6 months of life with sample collection at inclusion, at one month and in the last week of life. Variables analysing pain, discomfort and physical suffering were extracted using the ICECAP-SCM, EurQol and ESAS tools.
Results:	The cohort recruited 1343 patients. Physical pain and distress was generally mild or moderate in most cases (55% of patients recruited). Discomfort scores were higher (61% between moderate and severe). 63.6% of patients died in pain, although 67.4% were mild-moderate.
Conclusions:	The presence of symptoms at the end may impair their quality of life and be one of their main concerns during the course of the disease, allowing them not to have a dignified end of life.

PC2420:	**Professionals' unmet needs in the palliative care field (scoping review)**
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Background:	Palliative care (PC) is oriented to improving the quality of life of patients and their families who are facing problems associated with life-threatening illness. Although it is a universal right, there are many barriers to addressing the unmet need for PC, affecting both patient and family as well as health care professionals (HCP). Many studies have highlighted the unmet needs of patients and caregivers, but it is also necessary to understand the needs of HCP in order to better develop PC.
Aim(s):	Identify all the professional's barriers and unmet needs in order to develop and guarantee universal quality PC.

Methods:	Bibliography search in relevant databases (PubMed, Cochrane Library, Trip Database) between 2018 and 2022, both included, written in English or Spanish. Articles about children or teenagers were excluded, as those related to the coronavirus disease 2019 (COVID-19) pandemic.
Results:	A total of 1,173 documents were located. Only 20 were finally included in this review. The identified unmet needs throughout the PC continuum have been categorized in three groups: diagnosis/recognition of the patient entering the PC continuum; end-of-life (EoL); and bereavement. Facilitators in PC have been identified in each category.
Conclusions:	Given the challenging nature of PC and the lack of knowledge throughout the continuum, addressing the challenges identified may result in meaningful and long-lasting results for both HCP and the patient-family unit. Training would be the answer to most of the unmet needs detected.

PC2421:	**How can we give the best palliative care, for the dying person in primary care?**
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Background:	Sjöbo is a small agricultural municipality. Roughly 23 % of the inhabitants are over 65 years. Before this improvement project Sjöbo lacked structured routines for general palliative care. To create this the management decided to implement the Swedish Palliative Care Guide (S-PCG). In addition, we also identified a need of education for improving competence in general palliative care and in using the S-PCG.
Aim(s):	To create routines of education and working methods that supports the best possible general palliative care.
Methods:	The implementation of S-PCG and a solid plan for education of the nursing staff as well as the authorized personnel. The work of implementation and education is led by a cross-professional group containing doctor, nurses, physiotherapist and occupational therapist. In addition to this an assistant nurse specialised in palliative care was hired.
Results:	Authorized personnel received education from a doctor with competence in palliative care. They also received a thorough introduction to S-PCG. The nursing staff will be educated and tutored in palliative care during the course of the coming three years. This education is held by nurses and the specialised assisting nurse and contains basic knowledge of palliative care and control of symptoms as well as an introduction to working with S-PCG.
Conclusions:	Just by starting the improvement project, palliative care is discussed to a much greater extent than before. Our knowledge, attitudes and skills are developing at all levels. A change of attitude, skills and knowledge takes time and with a solid implementation plan we are creating sustainable effect over time.

PC2422:	**Integration of nursing specialities in palliative care for patients with impaired swallowing: A case study**
Author(s):	Patricia Coelho, Luis Fernandes, Paulo Marques, Maria José Lumini Escola Superior de Enfermagem do Porto, Portugal
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Background:	Palliative care patients require a comprehensive, holistic approach to prevent and alleviate suffering. Post-stroke complications, such as dysphagia (swallowing difficulties), are common and necessitate coordinated care to address patients' specific needs and preferences.

Aim(s):	This case study demonstrates how the integration of various nursing specialties, particularly rehabilitation, helps address patients' needs and fulfil their wishes.
Methods:	The study focuses on a 77-year-old woman diagnosed with sigmoid colon cancer, receiving palliative care. After undergoing several exams in the emergency department for right hemiparesis, she was diagnosed with an ischemic stroke and subsequently hospitalized. Despite being fed via a nasogastric tube due to dysphagia, the patient expressed a strong desire to return home and a preference for oral feeding, as the nasogastric tube negatively impacted her self-image.
Results:	In response to the patient's wish to return home without the nasogastric tube, a multidisciplinary care plan was developed in collaboration with a rehabilitation nurse. The plan focused on teaching adaptive swallowing techniques to both the patient and her family. After a few days of training, significant improvement was observed. Coordination between nursing specialties emphasized compensatory swallowing techniques, education on meal preparation, food texture modification, the use of nutritional supplements, and exercises to maintain swallowing function.
Conclusions:	These interventions led to significant improvements in the patient's swallowing ability, enabling a safe and effective return home. By aligning the care plan with the patient's preferences, her autonomy was enhanced, and the impact of the stroke on her oncological condition was mitigated.

PC2423:	**Effectiveness of Nursing Teleconsultation in Palliative Care Management: Systematic Review Protocol**
Author(s):	Maria José Lumini, Cátia Moreira, Patricia Coelho Escola Superior de Enfermagem do Porto, Portugal
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Background:	Teleconsultation enables the safe and rapid sharing of information, supports communication, ensures symptom management, and maintains patient quality of life. It also facilitates effective assessments of patients and families, improving clinical efficiency and saving resources.
Aim(s):	Identify the benefits and limitations of nursing teleconsultation in Palliative Care, as well as assess the satisfaction of patients, family members, caregivers, and healthcare professionals with this approach.
Methods:	The systematic review will follow Joanna Briggs Institute guidelines, with the protocol registered in the PROSPERO® database. Documents in English, Portuguese, and Spanish will be included, following the PICOD framework (Participants, Interventions, Comparisons, Outcomes, and Study Design). The search will encompass MEDLINE® Complete, CINAHL Complete, Scopus, and Web of Science. Full-text articles published between 2012 and 2023 will be considered, including systematic reviews, randomized clinical trials, and experimental studies involving adult palliative patients (aged 18 and over) and their families caregivers. Studies focused on children, parents, or formal caregivers will be excluded.
Results:	An initial search using DeCs and MeSH descriptors will be conducted to identify keywords for constructing the Boolean search phrase. A PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Reviews) flow diagram will be developed, and results will be presented in table format.
Conclusions:	We aim to understand the benefits and limitations of teleconsultation in palliative care management, as well as the satisfaction of patients, family members, caregivers, and healthcare professionals with nursing teleconsultation in this context.

PC2424:	**A final act of altruism - auditing corneal donation discussions in the Hospice setting**
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Background:	In the United Kingdom, an estimated 2 million people are living with sight loss. Timely access to eye tissue can treat several eye conditions. A study by *National Institute for Health and Care Research* found that only 4% of eligible Hospice patients were informed of corneal donation.
Aim(s):	To audit and trial interventions promoting discussion of corneal donation with admitted hospice patients, ultimately to increase the number of corneal donations.
Methods:	The first intervention was to change the EMIS (electronic patient record) admission template to compulsorily include corneal donation discussions. Data collected between 12/01-01/02 was compared with data following the intervention (02/02-22/02), concerning the percentages of eligible patients who were offered corneal donation at admission, and within one week of admission. The rates were compared against a predefined target (90% for discussion at admission, 95% for within one week).
Results:	Rates of discussion of corneal donation did not meet the target during either period, both at the point of admission (40, then 57%) and within one week (80, then 88%). There was an improvement in discussion rates after the first intervention. The increase in discussion rates when accounting for the week following admission demonstrates that later opportunities were used, and that the responsibility has been shared beyond only the clerking members.
Conclusions:	While progress has been made, there remains scope to improve the rate of discussion of corneal donation necessitating further actions. We shall assess the impact of further changes, including implementation of corneal donation in the MDT discussions.

PC2425:	**The inner struggle of hospital nurses related to palliative care: a cross-sectional study**
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Background:	In hospitals, where care is usually aimed at treatment, cure or prolongation of life, situations concerning palliative care may pose ethical dilemmas to health care professionals involved.
Aim(s):	To gain an understanding of the frequency, severity and the nature of moral dilemmas about palliative care among nurses working in hospitals.
Methods:	A cross-sectional study was conducted among nurses in 7 hospitals using an online survey about moral distress. Intensity and frequency of moral distress was assessed using the Moral Distress Scale-Revised (MDS-R). Nurses were asked to give a short description of a moral dilemma that had impressed them the most in recent months. These dilemmas were analyzed qualitatively using content analysis.
Results:	560 nurses completed the online survey, of whom 309 (55%) reported a dilemma of which 206 (67%) concerned palliative care. The mean MDS-R score of these nurses was 45.3 (SD=28.1). 50% of the nurses reported that they frequent experience dilemmas regarding 'the initiation of extensive life-saving actions', and 'following the family's wishes to continue life support'. Qualitative analysis revealed a large variety of dilemmas concerning differences in views between patients, relatives, physicians and nurses regarding proper care and treatment, and dilemmas concerning decisions surrounding the end-of-life such as palliative sedation and the administration of pain medication.
Conclusions:	Dilemmas surrounding the end-of-life are a major source of moral distress for about 40% of all nurses working in hospitals. Structural attention for these dilemmas can contribute to better quality of end-of-life care and to the maintenance of a healthy and resilient nursing workforce.

PC2426:	**Use of the Care Program for the Dying in the Netherlands**
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Background:	In the Netherlands, the Care Program for the Dying has been a well-known tool within palliative care since 2009. However, we do not have insight in the barriers and facilitators for use of the Care Program, and whether the content is still in line with current views and needs.
Aim(s):	To gain insight in: 1. barriers and facilitators for the implementation and use of the Care Program 2. whether the content (e.g. concerning hygiene and hydration) and layout meets users' current needs
Methods:	An online, 33-item questionnaire was developed by Erasmus MC and PZNL, and distributed to home care organizations, nursing homes, residential care centers, hospitals and hospices in the Southwest of the Netherlands. Questions were asked about the use, content and perceived benefits of the Care Program. Organisations not using the Care Program were asked about potential barriers.
Results:	The questionnaire was completed for 74 organisations, of which 63 use the Care Program: 11 organisations use the paper version, 52 a digital version. 29 respondents answered that no adjustments will be needed but 21 thought so. These include a decrease in number of questions, shortening part 1 and 3 of the program, and more explanation on the meaning of questions and use of the program. 19 respondents thought that adding questions about hygiene and hydration would be desirable, whereas 28 and 29, respectively, thought such questions would not be helpful.
Conclusions:	Experiences with the use of the Care Pathway for the Dying Person indicate that some revision of its content seems desirable.

PC2427:	**Implementation of an "Acute hospice bed": Towards appropriate care near the end of life**
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Background:	Patients in the palliative-terminal phase (last three months of life) frequently visit the emergency department due to symptoms such as acute dyspnea or pain. This causes significant anxiety among patients and their caregivers leading to potentially unwanted or inappropriate hospital visits. During this phase, patients could benefit from hospice admission care or palliative care at home. However, the current lack of immediate access to these services often leads to unwanted hospital admissions.
Aim(s):	We aim to provide appropriate care for oncology patients in the palliative-terminal phase by establishing an acute bed in a hospice. To achieve this, we will pilot an alternative funding model in collaboration with the health insurer.
Methods:	The project will run for 24 months. A care pathway will be developed in collaboration between Amsterdam UMC and hospice Kuria, as part of the Network Palliative Care

	Amsterdam-Diemen. Eligible patients presenting at the emergency department will be assessed for direct transfer (within 48 hours after admission) to hospice Kuria. Following transfer, options for palliative home care or hospice care in the patient's home region can be explored. We will evaluate the experiences of both healthcare providers and bereaved caregivers through interviews.
Results:	Our primary outcome is the percentage of eligible patients to be transferred to hospice (anticipated percentage = 75%). Upon project completion of the project, an implementation guide and care pathway will be available.
Conclusions:	This model has the potential to improve end-of-life care, to be expanded to other hospices, and to include non-oncological conditions.

PC2428:	**A look at care in agony: the nurses' perspective**
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Background:	Follow a patient and their family in the last stage of life encompasses a set of unique and rich experiences in the relationship with the other, but also various difficulties inherent in caring and in the relationship that is established between carer and cared person.
Aim(s):	In order to understand the nurses' experience of caring during the last phase, we defined: "Identify the difficulties experienced by nurses in the provision of care to patients in agony".
Methods:	A qualitative phenomenographic study. The data was processed using a hermeneutic approach and categorised using the programme Nvivo, versão QSR8.
Results:	Caring in the last stage of their life encompasses a set of unique and rich experiences and can be a clearly beneficial professional activity for the well-being of nurses, although it is not without its difficulties. The exploration of the experience of caring in the agonal phase is structured around various vectors and we must look at the difficulties experienced for nurses in caring, related to 'Organisational and team', 'Including the family as a care partner', 'Intrinsic to the process of caring in the agonal phase' and 'Coping strategies in the face of difficulties'.
Conclusions:	The relationship established between the nurse and the person being cared for have a positive or negative influence on the care process and the way nurses are able to recreate their role. We believe that this study encourages reflective practice, which is extremely important to increase the therapeutic potential of nurses' actions.

PC2429:	**Humanising end of life care in critically ill patients**
Author(s):	Radha Sundaram, Jacqueline McCarthy, Jordan Neilands ,Ross Norris NHS Greater Glasgow and Clyde
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Background:	The transition from resuscitative care to end of life care is challenging in critically ill patients because of prognostic uncertainty and the patient's lack of capacity for participation in shared decision making. Critically ill patients often have an accelerated trajectory at end of life because of their dependence on organ support. They often die undignified deaths in critical care units.
Aim(s):	To make end of life care in our critical care unit patient and family centred
Methods:	We instituted a comprehensive and holistic end of life approach in close collaboration with our Palliative Care Team, Organ Donation nurses and hospital chaplaincy in 2022. Clinicians from these disciplines work in a concerted manner to recognize dying and then communicate empathetically to surrogate decision makers, the futile and often burdensome nature of therapeutic interventions. We recognise that care across the

	physical, spiritual and psychological domains is integrated to provide humane, patient and family centred care. Our approach includes a checklist at end of life with prompts (COMFRT - acronym) for consensus decision for the multidisciplinary team, organ donation to be discussed in view of the opt out legislation ,medical documentation such as anticipatory prescriptions and DNACPR, family s wishes , religious and spiritual needs and tasks post events such as keepsakes . We host COMFRT and Coffee rounds every 3 months which are a form of peer support for the staff to discuss end of life care and host a remembrance service every November.
Results:	A case note survey of all our patients in our 11 bedded district general hospital in Scotland who were at end of life in our ICU in Scotland between 31st March 2021 and 31st March 2023 to assess if the inclusion of our COMFRT tool (Consensus decision, organ Donation considered, Medical documentation such as EOL pathway and DNACPR, Family considerations , Religious considerations and Tasks for e.g. death certificate and keepsakes) had improved prescribing , documentation and organ donation referrals. 168 patients were at end of life with an additional 7 who died in another setting after discharge. The mean age was 59 years and there were 103 males and 65 females. We used the anticipatory prescribing for drugs in 57% of patients and consulted the hospital palliative care team in 8% of patients. We used the COMFRT tool in 116/168 patients and documented organ documentation decision in 69% of patients and approached families regarding tissues and corneas in 58% of patients.
Conclusions:	The introduction of the tool has improved some aspects but not all. There is room for improvement with end of life prescribing and involvement of palliative care. The changing demographics of the UK hospital population and the increasing complexity of care for patients with multi morbidity has made it imperative for teams to work together across the physical, spiritual and psychological domains to provide humane patient and family centred care.

PC2430:	**Patients with advanced disease and their relatives' perception of health and quality of life. Results from the iLIVE cohort study – Icelandic data.**
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Background:	The iLIVE project: Live well, die well is an EU-founded study with 11 participating countries, including Iceland. The target population is patients with advanced disease and limited live expectancy and their relatives. A large part of the study is a cohort study with interviews and questionnaires. In total 1425 individuals participated. Few research has been done on this population in Iceland. Results from Icelandic patients and relatives will be presented here.
Aim(s):	The aim was to explore how patients with advanced disease and their relatives perceive their health and quality of life.
Methods:	Patients at Landspitali which were identified being in their last months of life answered a questionnaire. Same applied to their relatives. Information regarding perception of quality of life and health came from three questionnaires, SF-36, EORTC QOL C15 and IPQ-R.
Results:	Data from 113 patients and 89 relatives. Mean age of patients was 75,5 years (range 50-93), 50,4% women and 72% with cancer diagnosis, 64% lived with their spouse, 45% alone. Mean age of relatives was 64,9 years, 55% were men. About half was patient´s spouse. Around 75% of patients rated their health to be very poor or poor. Nearly 80% agreed/totally agreed to have a good understanding of their health and 65% agreed/totally agreed that their health would get worse. About 22% of patients rated their quality of life to be 1-2 (1=very poor). Over 90% of relatives agreed/very much agreed to the question about understanding of loved one's health, and 86,6% agreed/very much agreed that their health would get worse. Relatives rated their own quality of life rather high, 40% 6-7 (7=very good).

Conclusions:	Results indicate that both patients and their relatives are quite well informed about the status of the illness. These circumstances have however, very negative impact on patient´s quality of life. It is important to improve health care professionals' knowledge regarding issues needing attention to enhance the wellbeing of individuals in their last months of life.

PC2431:	**Use of alfentanil in a hospital palliative care team – a retrospective study**
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Background:	Alfentanil is a second-line opioid, acting as a pure μ-receptor agonist. Following the practice of several international palliative care centres and the evidence available, our hospital palliative care team implemented its use.
Aim(s):	To determine the safety and effectiveness of alfentanil for pain and/or breathlessness of patients followed by a hospital palliative team
Methods:	We identified all patients referred to our palliative care team between January and June 2024, who were prescribed alfentanil during their hospital admission, We reviewed their clinical notes to collect socio-demographic and clinical data, which were anonymously introduced to an Excel table and summarised descriptively.
Results:	Almost 1/3 (n=48) of the patients referred to the palliative care team were prescribed alfentanil. The majority (n=32) were men, and the median age was 80 years-old. Seventeen patients suffered from non-malignant diseases and 44 were in the last hours-days of life. The majority had a creatinine clearance < 30mL/min. The main symptom requiring opioid was pain (n=29), followed by breathlessness in 24 cases. The mean dose used in the 24h period was 3mg (range 0,5-20mg). The only adverse effect noticed was insufficient symptom control in eight cases, mainly in relation to end-of-life distress.
Conclusions:	Alfentanil is frequently used by our team, mainly for patients who suffer from kidney failure. In this series, it was an effective treatment for pain and breathlessness, having had an excellent safety profile.

PC2432:	**Just in Case' medicines use by ambulance paramedics Responding to End of Life Care In the Community: a multi-methods study (RELIEF)**
Author(s):	Alison Porter, Mark Kingston, Lauren Williams, Cendl Xanthe, Chris Moore Swansea University Medical School, UK
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Background:	Community End of Life Care (EoLC) is predominantly the remit of primary and palliative care teams. Following recognition that a patient has reached their last year of life, anticipatory or 'Just In Case' (JIC) medicines may be prescribed and available in the patient's home, for use by community based staff, or trained informal carers. Responding to a rise in EoLC cases in the Covid pandemic, a Welsh Ambulance Service (WAST) JIC intervention was launched in May 2020 to provide urgent medications in patient's homes. The service has expanded since, but without robust evidence regarding the impact of the service on patients, families and services.
Aim(s):	The RELIEF study seeks to explore the rationale, usage, costs and views of stakeholders (paramedics, doctors, carers) of the Welsh Ambulance Service JIC medicines intervention.
Methods:	A multiple methods study featuring: • Detailed description of the WAST JIC Medicines intervention:

	- Interviews and focus group with paramedics, doctors, informal carers, and paid carers to gather their perspectives and to support service improvement suggestions: - Quantitative analysis of routine ambulance service records to describe use of the WAST JIC Medicines intervention from April 2022 to March 2024: Health economic analysis to estimate costs and savings associated with the WAST JIC Medicines intervention.
Results:	This study is still in its early stages so no results yet available.
Conclusions:	This study, which focuses on voices of patient advocates and practitioners, has the potential to shape future provision of this and similar services in the Welsh Ambulance service and other care providers.

PC2433:	**Demonstrating Impact of the 10/40 Model on End-of Life Care Practices**
Author(s):	Dr Liz Dempsey, Dr Tamsin McGlinchey, Dr Anastasia Panoutsou, Dr Stephen Mason, Prof John Ellershaw University of Liverpool, UK
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Background:	The 10/40 Model for end-of-life care (the Model) has been implemented in many different healthcare settings worldwide. It is a continuous quality improvement programme that has been proven to transform care for the dying within a clinical environment in a measurable and sustainable way and sustainable way.
Aim(s):	To understand the Model's impact on policy, services, quality of life and patient/family experiences, and to foreground benefit in and beyond clinical settings. If we ascertain evidence of impact for the Model, we will be able to further validate its effectiveness, inform policy, optimise resources and scale up application of best practices, as well as identify gaps and areas for improvement.
Methods:	Thematic analysis applied to a series of semi-structured interviews with key stakeholders responsible for implementation and quality improvement of the Model in India, Iceland, Portugal, Norway, Argentina, Spain, Sweden, Australia and Gibraltar.
Results:	Findings revealed common benefits across a diversity of cultural and organisational settings: improved documentation and standardisation of care; enhanced confidence among less experienced staff; better continuity of care across shifts and teams; increased focus on patient and family communication; earlier recognition and discussion of end-of-life care needs; improved symptom management through anticipatory prescribing. The Model also presented challenges including cultural adaptation, integration with existing systems and resource constraints.
Conclusions:	The Model has had significant demonstrable impact on end-of-life care quality, staff confidence, and patient/family experiences. This study also highlights the Model's potential for wider adoption and its role in driving policy changes in palliative care provision globally.

PC2434:	**Quality Indicators for Palliative Care Education: Updates from the EU COST Funded CODE-YAA@PC-EDU Project.**
Author(s):	Dr Stephen Mason[1], Dr Tania Pastrana[2], Dr Anna Pedrosa[3], Dr Minna Hökkä[4], Prof Piret Paal[5]. On behalf of the CODE-YAA Working Group 1. [1] Palliative Care Unit, University of Liverpool, UK; [2] Klinik für Palliativmedizin, Universitätsklinikum Aachen, Germany; [3] University Hospital of Gießen and Marburg, Marburg, Germany; [4] Diaconia University of Applied Sciences, Oulu, Finland; [5] Dept of Ethnology, University of Tartu, Estonia
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Background:	Education of quality is one crucial element in ensuring the best end-of-life care. The CODE-YAA@PC-EDU project aims to produce a universally applicable assessment tool for

	palliative care education and provide multiple opportunities for professional development. Workgroup-1(of six) will establish quality indicators (QI) for palliative care education and training, setting a gold standard to advance palliative care delivery.
Aim(s):	To employ structured review and consensus methods to identify and agree on a set of QI for palliative care education and training, to enable the development of the CODE-YAA Assessment Tool.
Methods:	Step 1: Establishing Candidate Quality Indicators. 1a) Scoping review methodology has been employed to identify potential QI from current literature, following which an Umbrella review and individual reviews from a professional perspective (Physicians, Nurses, Psychologist, Allied Health Care Professionals); 1b) Nominal Group Technique has been engaged in a hybrid online/face-to-face meeting to generate candidate QI; 1c) Curriculum/Policy Review: A narrative review of policy and curriculum documents. Step 2: Delphi. Harmonisation of the findings from Step 1 will provide candidate indicators employed in 3-round Delphi to establish a consensus on QI for palliative care education. Step 3: CODE-YAA Assessment Tool. Identified QI will be structured in an Assessment Tool and piloted for implementation.
Results:	Findings to date. Step 1: 1a) 451 studies were identified from an initial 7613, forming a core set of literature from which Umbrella and professional grouping reviews are in progress; 1b) The two ‘Nominal Groups’ identified 37 (online) and 50 (f-2-f) candidate Indicators; 1c) Curriculum/Policy review is ongoing.
Conclusions:	Employing a considered sequential approach to the development of the QI for palliative care education should ensure that the CODE-YAA assessment tool is robust, applicable and meaningful.