CONCEPT

Palliative Care Services Management: Hospice Models, Referral Pathways and Bereavement Support

20 – 24 September 2027
Barcelona - Eixample district four-star



Palliative Care Services Management: Hospice Models, Referral Pathways and Bereavement Support

Ref: 762_19630 **Date:** 20 – 24 September 2027 **Location:** Barcelona - Eixample district four-star **Fees:** 23500 SAR

Introduction:

Palliative and end-of-life care services management decides whether patients with life-limiting illness are referred early, die in their preferred place and leave families supported, yet many hospitals still meet dying patients through emergency admissions, late referrals and unplanned conversations. This Core Concept course gives healthcare managers, nurse leaders and service planners the methods to assess palliative need, choose between consult team, inpatient unit, home and hospice models, set referral pathways, organise advance care planning and bereavement follow-up, and measure service quality. Participants produce a Palliative Service Development Plan for a case hospital.

Course Objectives:

- Estimate the palliative care need of a hospital catchment population using the WHO definition, disease trajectories and a needs assessment worksheet
- Select and configure a palliative service model, from hospital consult team and inpatient unit to home palliative care and hospice, with the staffing mix each requires
- Design referral criteria, triggers and a palliative care pathway that move patients from acute wards to the right setting without delay
- Organise advance care planning, goals-of-care family meetings and bereavement follow-up as routine service processes with documentation and owners
- Build a palliative quality indicator set and audit cycle covering symptom scores, place of death, avoidable admissions and family experience
- Prepare a costed Palliative Service Development Plan with funding options, volunteer roles and a phased implementation roadmap

Target Audience:

- Managers responsible for hospital, oncology, internal medicine or chronic disease services where patients reach the last phase of illness
- Nurse leaders who supervise ward, community or home nursing teams caring for patients with life-limiting conditions
- Service planners and commissioning staff who decide where palliative capacity is added across hospital and community settings
- Heads of social work, chaplaincy and patient and family support units who organise non-clinical palliative support
- Hospice and home health care managers who coordinate admissions, teams and volunteers

Course Outline:

Day 1: Palliative Care Concepts, Population Need and the Current Service Baseline

- WHO Definition of Palliative Care and the Shift from End-Stage to Early Integration
- Illness Trajectories in Cancer, Organ Failure and Frailty and Their Service Implications
- Palliative Needs Assessment Worksheet: Catchment Deaths, Diagnoses and Place of Death Data
- Physical, Psychosocial and Spiritual Domains of Palliative Need
- Current Palliative Provision Baseline Review: Referral Volumes, Gaps and Late Referrals

Day 2: Palliative Service Models, Referral Criteria and Care Pathways

- Hospital Palliative Consult Team Model: Scope, Response Times and Co-Management Rules
- Inpatient Palliative Care Unit Model: Admission Criteria, Bed Capacity and Discharge Planning
- Home-Based Palliative Care and Hospice Models: Visiting Schedules, Respite and Out-of-Hours Cover
- Referral Triggers and Eligibility Criteria Checklist for Acute Wards and Outpatient Clinics
- Palliative Care Pathway Mapping from Emergency Department to Home, Unit or Hospice

Day 3: Advance Care Planning, Serious Illness Conversations and Family Support

- Advance Care Planning Process: Advance Directives, Surrogate Decision-Makers and Record Keeping
- Goals-of-Care Family Meeting Structure Using the Ask-Tell-Ask Framework
- Breaking Difficult News and Handling Prognosis Questions: Conversation Role-Play with Feedback
- Carer Support and Respite Plan for Families Caring at Home
- Bereavement Follow-Up Programme: Risk Screening, Contact Schedule and Referral for Complicated Grief

Day 4: Hospice Workforce, Volunteers, Quality Audit and End-of-Life Ethics

- Interdisciplinary Palliative Team Composition: Physicians, Nurses, Social Workers, Chaplains and Allied Staff
- Hospice Volunteer Programme Design: Recruitment, Role Boundaries, Training and Supervision
- Palliative Quality Indicator Set: Edmonton Symptom Assessment System Scores, Place of Death and Avoidable Admissions
- End-of-Life Ethical Dilemmas Overview: Withholding Treatment, Futility Disputes and Capacity Questions
- Staff Resilience Measures: Debriefing After Deaths, Clinical Supervision and Burnout Monitoring

Day 5: Case Hospital Work: Palliative Service Development Plan

- Case Hospital File Analysis: Mortality Data, Late Referral Pattern and Family Complaints
- Palliative Service Option Appraisal Matrix: Consult Team, Unit, Home Service or Hospice Partnership
- Palliative Funding Model and Cost Case: Staffing, Beds, Home Visits and Avoided Admissions
- Palliative Service Development Plan Drafting with Phased Roadmap and Indicators
- Plan Defence Before a Mock Hospital Board and Peer Review Panel

Skills You Will Gain:

- Palliative Needs Estimation
- Palliative Service Model Selection
- Referral Pathway Design
- Goals-of-Care Meeting Facilitation
- Bereavement Programme Organisation
- Hospice Volunteer Management
- Palliative Quality Audit
- Palliative Service Business Case Writing

Why Attend This Course:

- Leave with a Palliative Service Development Plan for a case hospital, tested by a mock hospital board
- Reduce late referrals and unplanned deaths in acute wards by applying clear triggers and pathways
- Practise goals-of-care and family meeting conversations with structured feedback from peers
- Compare palliative service experience with managers from hospitals, hospices, home health providers and charities

Conclusion:

Palliative and end-of-life care services work when referral, conversation, family support and measurement are organised as one service rather than left to individual clinicians. The week moves from palliative need and illness trajectories, through consult team, inpatient unit, home and hospice models with referral criteria and pathways, to advance care planning, goals-of-care meetings and bereavement follow-up. It then covers the interdisciplinary team, volunteers, quality indicators and ethical dilemmas, and closes with a Palliative Service Development Plan for a case hospital.