

complex/highly complex, whereas three quarters of people with high CCI were non-complex situations. About 15% of all IMD patients were comanaged with PCT. Nearly one third of limited prognosis patients and two thirds of complex/ highly complex patients were followed by the PCT. All patients receiving input from the PCT were in end-of-life scenario and almost 90% had complex/ high complex palliative needs.

Conclusions: (1) When selecting patients to specialized intervention, multimorbidity should not be a sole trigger. Multimorbidity and complexity are two distinct clinical entities. The penetration rate of the PCT was 71% for complex or high complex patients.(2) Amongst the end of life patients, the PCT penetration rate was of 35%. These numbers are higher than those seen in literature, demonstrating the good level of integration of a PCT in the IMD.

Difficulties and Opportunities in Providing Care to Patients in the Last Hours or Days of Life: Focus Group

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Background: In Portugal, two thirds of deaths occur in the hospital and it is estimated that these numbers will increase considerably in the coming decades.

The proper organization of care at this stage promotes peaceful deaths and catalyzes healthy bereavements. The Project MiMI (Morte Iminente em Medicina Interna; Imminent Death in Internal Medicine) is a collaboration between the Portuguese Society of Internal Medicine, the International Collaborative for the Best Care for the Dying Person and the Institute of Health Sciences of the Portuguese Catholic University, whose ultimate goal is to create a training model adjusted to the needs identified by the health professionals involved in the care of these patients and their families

Aim(s): (1) Identification of the main difficulties and opportunities for improving the quality of care for patients with imminent death and their families hospitalized for Internal Medicine care, from the perspective of the professional care provider (doctors and nurses working in the Internal Medicine environment); (2) Identification of training needs in the various moments of monitoring patients in a situation of imminent death (diagnosis; adjustment of individual and integrated care plan; death and post-mortem care).

Methods: Qualitative methodology of response to a semi-structured script, by a group of professionals considered relevant in the contributions they can provide to the construction of a training curriculum in the area in question. Thus, a convergent discussion will be promoted with a convenience panel consisting of: two doctors with the Specialty of Internal Medicine and with responsibility for the service management, two doctors of the Specialty of Internal Medicine with at least 5 (five) years of experience and who has taken on the role of training supervisor, two Internal Medicine residents, two nurses working in the Internal Medicine environment and two members of the behavioral sciences area (Psychiatrist and/or Psychologist) with experience in supporting to Internal Medicine war.

Results: The meeting is scheduled to early September and results will be available in October

Conclusions: In the construction of the curriculum, it is essential to incorporate the elements that respond to the main difficulties regarding the diagnosis, elaboration of the care plan, communicational management and care after death.

Validation of an assessment and monitoring instrument for the care of patients in imminent death situation admitted in internal medicine wards

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Background: In Portugal, two thirds of deaths occur in the hospital and it is estimated that these numbers will increase considerably in the coming decades. The proper organization of care at this stage promotes peaceful deaths and catalyzes healthy bereavements. There is no validated instrument that supports health teams in the organization of care in the situation of imminent death syndrome.

Aim(s): We propose the validation of an instrument for organizing care for patients in the last hours or days of life in Internal Medicine wards.

Methods: We recruited an incidental sample of Internal Medicine doctors with Competence in Palliative Medicine. We will evaluate the response to a semi-structured questionnaire of the Delphi rounds type, evaluating the degree of agreement with the principles proposed by the instrument, which was already validated in

accordance with the best international practices and derived from the best scientific evidence by the International Collaborative for the Best for the Dying Person

- Results:** The Delphi rounds are underway
- Conclusions:** The validation of this instrument will be the basis for the subsequent development of a national audit on the subject and the mainstay for the construction of a training model for national Internal Medicine based on the proposed principles of action, that constitutes the main goals of the MiMI Project (Morte imminente em Medicina Interna) of the Portuguese Society of Internal Medicine.

“You died on me”: Internist narratives about the caring patients in the final hours or days of life

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- Background:** In Portugal, two thirds of deaths occur in the hospital and it is estimated that these numbers will increase considerably in the coming decades.
The Internist is, therefore, called upon to take care of patients for whom cure is not expected and whose confrontation with the limits of existence is palpable. This is a great opportunity to assume the Suffering of the Other as a therapeutic target, but also to invite reflection on the limits of science, opening space for the relationship. Narrative medicine aims not only to validate the patient's experience, but also to stimulate the physician's creativity and self-reflection and to reinforce the clinical bond.
- Aim(s):** The goal of this project is to characterize the experience of Portuguese internists in the follow-up of their patient(s) in the final phase of their life(s).
- Methods:** A semi-structured questionnaire will be used using a narrative medicine work methodology - parallel chart, focusing on a convenience panel of doctors with the specialty of Internal Medicine. The data will be analyzed in four cycles:
In the first cycle, the NVivo software will be used, which allows the analytical process of the data, not replacing the researcher's responsibility in the interpretation of the results.
In the second cycle, the analysis of parallel clinical records will be guided by the following narrative categories (and the questions that emerge from them): Voice, Characters, Time, Space and Plot.
A third cycle of analysis will follow, in which the autobiographical/personal elements will be identified in the texts; dialogic/interpersonal; socio-cultural and institutional.
The fourth and final cycle of analysis will allow the evaluation of previous cycles and the identification of contents that stand out for their novelty and/or relevance.
- Results:** The collection of records is underway.
- Conclusions:** The appreciation of the results of the reflection will lead to relevant contributions for the construction of a training model for the integral care of patients in the last hours or days of life by the national Internal Medicine, the main purpose of the MiMI Project (Morte Iminente em Medicina Interna) of the Portuguese Society of Internal Medicine.

Can we set standards for the ongoing assessment of patients using national audits of palliative care?

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- Background:** Clinical audits identify whether healthcare is being provided in line with identified standards, to assess what is being done well, and where improvements could be made. In 2007, the first national care of the dying audit was conducted in England, with subsequent audits repeated at least every two years. However, no agreed 'standards' exist for end of life care to audit care against.
This project was undertaken to review the last 5 rounds of national audits of care of the dying (2011 – 2020), to determine the potential to set 'standards' of care.
- Aim(s):** Review the content of 5 rounds of national audits of care of the dying, to assess the consistency of questions related to the ongoing assessment of the patient and family in the last days/hours of life.
- Objectives:
- Map questions across 5 rounds to assess question consistency
 - Compare consistent data over time
 - Assess potential for 'standard' setting from data collected