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Advance care planning for patients with cancer in palliative care: A scoping review from a professional perspective

Kuusisto A, et al.

Journal of clinical nursing; Jul 2020; vol. 29 (13-14); (P2069-2082)

AIMS AND OBJECTIVES: To describe advance care planning (ACP) for patients with cancer in palliative care from professionals' perspective. **BACKGROUND:** The number of patients with cancer is increasing. Palliative care should be based on timely ACP so that patients receive the care they prefer. **DESIGN:** A scoping review. **METHODS:** A systematic literature search was conducted in January 2019. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist was used. The methodological quality of the studies was evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal tools. Data were analysed with content analysis. **RESULTS:** Of 739 studies identified, 12 were eligible for inclusion. The settings were inpatient and outpatient facilities in special and primary care including oncology, palliative and hospice care. ACP consisted of patient-oriented issues, current and future treatment, and end-of-life matters. The participants were nursing, medical or social professionals. ACP conversations rarely occurred; if they did, they took place at the onset, throughout and late in the cancer. **CONCLUSIONS:** Professionals could not separate day-to-day care planning and ACP. ACP documentation was scattered and difficult to find and use. Professionals were unfamiliar with ACP, and established practices were lacking. ACP conversations mostly occurred in late cancer. Further research clarifying concepts and exploring the significance of ACP for patients and relatives is recommended. **RELEVANCE TO CLINICAL PRACTICE:** Our results support the use of ACP by a multidisciplinary team from the early stages of cancer as a discussion forum around patients' wishes and choices. We showed the need to raise professionals' awareness of ACP. Education and appropriate data tools for ACP are important as they may reduce reluctance and promote ACP use. This paper contributes to the wider global clinical community by pointing out the importance of standardising ACP contents and practices.

"Beyond the Boundaries of Care Dependence": A Phenomenological Study of the Experiences of Palliative Care Nurses

Piredda M, et al.

Cancer nursing; 2020; vol. 43 (4); (P331-337)

Dependence is a common life experience and innate condition for human beings due to their bodily and relational essence, but in contemporary society, it has become a stressful condition. Care dependence is central to nursing, and patients with advanced cancer are often dependent on care. Understanding nurses' perceptions of care dependence can contribute to awareness of the impact it has on nurses.

OBJECTIVE: The aim of this study was to explore palliative care nurses' experiences and perceptions regarding patient dependence. **METHODS:** Sixteen nurses taking care of dependent patients in a palliative care centre in Rome were interviewed. Giorgi's descriptive phenomenological method was used. **RESULTS:** Nurses caring for dependent patients transcend the boundaries of dependence. Care dependence is an experience of powerlessness and regression. A patient's life in dependence is precarious, as they have to overcome the daily limits of life. Taking care of dependent patients requires nurses to manage the unmanageable and to know and to embrace change from within in order to build positive relations of personal closeness and reciprocal self-giving. **CONCLUSIONS:** Nurses should be aware that self-transcendence and the consequent positive relations could make the difference in the experience of care dependence and promote personal growth for both patient and nurse. Positive and transcending relationships can transform care dependence into the opportunity to find meaning and purpose in life. **IMPLICATIONS FOR PRACTICE:** The study highlights what nurses feel in caring for dependent patients. Understanding nurses' perceptions is important to delineate a proper caring for dependent patients.

The Efficacy of Medical Marijuana in the Treatment of Cancer-Related Pain

Pawasarat IM, et al.

Journal of Palliative Medicine; Jun 2020; vol. 23 (6); (809-816)

Background: The opioid epidemic has spurred investigations for nonopioid options, yet limited research persists on medical marijuana's (MMJ) efficacy in managing cancer-related symptoms. **Objective(s):** We sought to characterize MMJ's role on symptomatic relief and opioid consumption in the oncologic population. **Design(s):** Retrospective chart review of MMJ-certified oncology patients was performed. Divided patients into MMJ use [MMJ (+)] versus no use [MMJ (-)], and Edmonton Symptom Assessment System (ESAS)-reported pain cohorts: "mild-moderate" versus "severe." **Measurements:** Medical records were reviewed for ESAS, to measure physical and emotional symptoms, and opiate consumption, converted into morphine milligram equivalents (MME). Minimal clinically important differences were determined. Wilcoxon signed-rank tests determined statistical significance between MMJ-certification and most recent palliative care visit. **Result(s):** Identified 232 patients [95/232 MMJ (-); 137/232 MMJ (+)]. Pain, physical and total ESAS significantly improved for total MMJ (-) and MMJ (+); however, only MMJ (+) significantly improved emotional ESAS. MMJ (-) opioid consumption increased by 23% (97.5-120 mg/day MME, $p = 0.004$), while it remained constant (45-45 mg/day MME, $p = 0.522$) in MMJ (+). Physical and total ESAS improved in mild-moderate-MMJ (-) and MMJ (+). Pain and emotional symptoms worsened in MMJ (-); while MMJ (+)'s pain remained unchanged and emotional symptoms improved. MMJ (-) opioid consumption increased by 29% (90-126 mg/day MME, $p = 0.012$); while MMJ (+)'s decreased by 33% (45-30 mg/day MME, $p = 0.935$). Pain, physical, emotional, and total ESAS scores improved in severe-MMJ (-) and MMJ (+); opioid consumption reduced by 22% in MMJ (-) (135-106 mg/day MME, $p = 0.124$) and 33% in MMJ (+) (90-60 mg/day MME, $p = 0.421$). **Conclusion(s):** MMJ (+) improved oncology patients' ESAS scores despite opioid dose reductions and should be considered a viable adjuvant therapy for palliative management.

Evaluating the Outcomes of an Organizational Initiative to Expand End-of-Life Resources in Intensive Care Units with Palliative Support Tools and Floating Hospice

Etkind SN, et al.

Dimensions of critical care nursing: DCCN; 2020; vol. 39 (4); p. 219-235

There is evidence that palliative care and floating (inpatient) hospice can improve end-of-life experiences for patients and their families in the intensive care unit (ICU). However, both palliative care and hospice remain underutilized in the ICU setting. OBJECTIVES: This study examined palliative consultations and floating hospice referrals for ICU patients during a phased launch of floating hospice, 2 palliative order sets, and general education to support implementation of palliative care guidelines. METHODS: This descriptive, retrospective study was conducted at a level I trauma and academic medical centre. Electronic medical records of 400 ICU patients who died in the hospital were randomly selected. These electronic medical records were reviewed to determine if patients received a palliative consult and/or a floating hospice referral, as well as whether the new palliative support tools were used during the course of care. The numbers of floating hospice referrals and palliative consults were measured over time. RESULTS: Although not significant, palliative consults increased over time ($P = .055$). After the initial introduction of floating hospice, 27% of the patients received referrals; however, referrals did not significantly increase over time ($P = .807$). Of the 68 patients who received a floating hospice referral (24%), only 38 were discharged to floating hospice. There was a trend toward earlier palliative care consults, although this was not statistically significant ($P = .285$). CONCLUSION: This study provided the organization with vital information about their initiative to expand end-of-life resources. Utilization and timing of palliative consults and floating hospice referrals were lower and later than expected, highlighting the importance of developing purposeful strategies beyond education to address ICU cultural and structural barriers.

Experiences of Lesbian, Gay, Bisexual, and Transgender Patients and Families in Hospice and Palliative Care: Perspectives of the Palliative Care Team

Stein GL, et al.

Journal of Palliative Medicine; Jun 2020; vol. 23 (6); (817-824)

Background: Lesbian, gay, bisexual, and transgender (LGBT) patients fear being open about their identities, not receiving equal or safe treatment, and having their family and surrogates disrespected or ignored by providers. Objective(s): To examine inadequate, disrespectful, and abusive care to patients and family due to sexual orientation or gender identity. Design(s): A cross-sectional study using an online survey. Setting/Subjects: Home and residential hospice, inpatient palliative care service, and other inpatient and outpatient settings. Subjects were 865 hospice and palliative care providers, including physicians, social workers, nurses, and chaplains. Measurements: Inadequate, disrespectful, or abusive care to LGBT patients and discriminatory treatment of family and surrogates were measured. Result(s): Among respondents, 53.6% thought that lesbian, gay, or bisexual (LGB) patients were more likely than non-LGB patients to experience discrimination at their institution; 23.7% observed discriminatory care; 64.3% reported that transgender patients were more likely than nontransgender patients to experience

discrimination; 21.3% observed discrimination to transgender patients; 15% observed the spouse/partner of LGBT patients having their treatment decisions disregarded or minimized; and 14.3% observed the spouse/partner or surrogate being treated disrespectfully. Conclusion(s): These findings provide strong evidence that LGBT patients and their families are more likely to receive discriminatory care as compared with those who are not LGBT. Disrespectful care can negatively impact the trust patients have in providers and institutions, and lead to delaying or avoiding care, or not disclosing relevant information. Partners/spouses and surrogates may be treated disrespectfully, have their treatment decisions ignored or minimized, be denied or have limited access to the patient, and be denied private time. Advocacy and staff training should address barriers to delivering respectful and non-discriminatory care.

Frequency of burnout among palliative care physicians participating in a continuing medical education course

Reddy SK, et al.

Journal of Pain and Symptom Management; Jul 2020; Vol 60(1) (80-86)

Context: Palliative care (PC) physicians are vulnerable for burnout given the nature of practice. The burnout frequency may be variable and reported between 24% and 38% across different countries. Objective: The main objective of our study was to determine the frequency of burnout among PC physicians participating in PC continuing medical education course. Methods: A survey including the Maslach Burnout Inventory – General along with 41 custom questions were administered to determine the frequency of burnout among physicians attending the 2018 Hospice and Palliative Medicine Board review course. Results: Of 110 physicians, 91 (83%) completed the survey. The median age was 48 years with 65% being females, 81% married, 46% in community practice, 38% in practice for 6–15 years. PC was practiced \geq 50% of the time by 62%, and 76% were doing clinical work. About 73 (80%) reported that PC is appreciated at their work, 58 (64%) reported insurance to be a burden, and 58 (64%) reported that the electronic medical record was a burden. About 82 (90%) felt optimistic about continuing PC in future. Maslach Burnout Inventory results suggest that 35 (38%) participants reported at least one symptom of burnout. Only being single/separated showed trend toward significance with burnout ($P = 0.056$). Conclusion: Burnout among PC physicians who attended a board review course was 38%. Being single/separated showed trend toward association with burnout. Physicians who choose to attend continuing medical education may have unique motivating characteristics allowing them to better cope with stress and avoid burnout.

Grief during the COVID-19 Pandemic: Considerations for Palliative Care Providers.

Wallace CL, et al.

Journal of pain and symptom management; Jul 2020; vol. 60 (1); (e70-e76)

The COVID-19 pandemic is anticipated to continue spreading widely across the globe throughout 2020. To mitigate the devastating impact of COVID-19, social distancing and visitor restrictions in health care facilities have been widely implemented. Such policies and practices, along with the direct impact of the spread of COVID-19, complicate issues of grief that are relevant to medical providers. We describe the relationship of the COVID-19 pandemic to anticipatory grief, disenfranchised grief, and complicated grief for individuals, families, and their

providers. Furthermore, we provide discussion regarding countering this grief through communication, advance care planning, and self-care practices. We provide resources for health care providers, in addition to calling on palliative care providers to consider their own role as a resource to other specialties during this public health emergency.

Haven: Sharing receptive music listening to foster connections and wellbeing for people with dementia who are nearing the end of life, and those who care for them

Garabedian CE; Kelly F.

Dementia; Jul 2020; vol 19 (5); (1657-1671)

This paper reports on research exploring the effects of music played for 12 dyads: a care home resident ('resident') with dementia and someone closely connected to him/her ('carer'). Six individualised music interventions (3 live and 3 pre-recorded) were played by the first author on solo cello within five Scottish non-NHS care homes. All interventions were video-recorded. Semi-structured interviews with carer participants, key staff, and managers explored their responses to interventions. Thick descriptions of video recordings and interview transcripts were thematically coded using Nvivo. A key finding was that structural elements of the interventions combined with characteristics of the music played facilitated an internalised experience of 'haven'; sonically transporting listeners away from their present reality and fulfilling the basic human needs for inclusion, comfort, identity, occupation and attachment.

Living in the moment for people approaching the end of life: A concept analysis

Dönmez ÇF, Johnston B.

International journal of nursing studies; Aug 2020; vol 108 (P03584)

BACKGROUND: 'Living in the moment' is an essential part of dignity-conserving practice in end-of-life care settings. Although living in the moment is important for care at the end of life, from the perspective of both the person and their family, there is no clear conceptual understanding of what it represents. **OBJECTIVE:** To explore the concept of 'living in the moment' in the context of dignity-conserving care at the end of life. **DESIGN:** A concept analysis. **DATA SOURCES:** The databases of Medline, CinAHL, PubMed, Web of Science, PsycINFO, SocINDEX and Cochrane were searched for studies published between 1941 and 2019, and searches of dictionaries and grey literature, as well as hand-searching were conducted, to yield qualitative, mixed methods and systematic reviews published in English, related to the term 'living in the moment'. **METHOD:** The methods of Walker and Avant were used to identify antecedents, attributes and consequences of the concept of 'living in the moment'. **RESULTS:** The literature review generated a total of 37 papers for this concept analysis. The attributes identified were (1) simple pleasure, (2) prioritising relationships, (3) living each day to the fullest, (4) maintaining normality, and (5) not worrying about the future. The antecedents were (1) awareness of dying, (2) living with life-threatening illness, (3) positive individual growth, and (4) living with an uncertain future. The consequences were (1) a good quality of life, (2) preserving dignity, and (3) coping with the uncertainty of life. **CONCLUSIONS:** A universal definition and conceptual model of the main concept, including theoretical relationships between its antecedents, attributes and consequences, was developed. The definition and proposed conceptual model can allow instruments to be developed that measure the effects, existence or attributes of the concept, and

identify a theoretical model, and can also lead to new perspectives and strategies for implementation by nurses to improve dignified person-centred care at the end of life.

Living in the mo(ve)ment: An ethnographic exploration of hospice patients' experiences of participating in Tai Chi

Bradshaw A, Phoenix C, Burke SM.

Psychology of Sport & Exercise; Jul 2020; vol. 49 (101687)

Tai Chi is increasingly being used as a complimentary therapy in hospice care to help patients self-manage multiple and complex health needs. However, currently there is limited understanding of Tai Chi from patients' perspective, including what participation in this mindfulness based movement (MBM) exercise means to their experiences of living with an advanced, incurable disease. The purpose of this study was to explore outpatients' lived experiences of hospice-based Tai Chi in relation to mindfulness. 19 participants (15 females; 4 males, aged between 50 and 91 years old) with a range of advanced, incurable diseases (cancer, COPD, pulmonary fibrosis, pulmonary arterial hypertension) who attended day therapy at a local hospice took part in Tai Chi sessions. Using a focused ethnographic approach, multi-methods including 17 semi-structured interviews (averaging 40 min), participant observations (equating to 200 h spent in the day therapy unit), and informal conversations were used to collect data over a 6 month period. Data was analysed using a thematic framework approach. Four main themes were constructed that demonstrated participants' lived experiences of mindfulness during participation in hospice-based Tai Chi sessions. Main themes included: (1) mind-body respite; (2) being present with others; (3) tranquil and therapeutic atmosphere and; (4) physical limitations. Tai Chi may be an important therapeutic strategy for helping patients with advanced, incurable disease experience mindfulness. The findings of this study support the use of MBM exercises such as Tai Chi as a non-pharmacological adjunct to conventional treatments within palliative care settings. • Tai Chi helped hospice patients to experience mindfulness by grounding their minds and bodies in the present. • Mindfulness helped patients experience temporary relief from illness-related physical and psychosocial distress. • Tai Chi is a valuable adjunct to conventional treatments in helping patients experience improved health and well-being.

Optimising compassionate nursing care at the end of life in hospital settings

Robinson J, et al.

Journal of Clinical Nursing; Jun 2020; vol. 29 (11-12); (1788-1796)

Background: An urgent need to improve palliative care in hospital has been identified. Moreover, service users consistently report care delivered by nurses in hospital as lacking compassion. Compassion is a fundamental component of nursing care, and promoting compassionate care has been identified as a policy priority in many countries. To help address this within the hospital context, we recently completed research exploring bereaved family experiences of good end of life care in hospital. We found that family accounts of good care aligned with Nolan and Dewar's compassionate care framework and subsequently extended the framework to the bi-cultural context of Aotearoa, New Zealand. Aims and objectives: In this discussion paper, we explore synergies between our newly developed Kapakapa Manawa Framework: a bi-cultural approach to providing compassionate care at the

end of life and the Fundamentals of Care. We argue that our framework can be used to support the implementation of the relational component of the Fundamentals of Care and the delivery of compassionate nursing practice in hospitals in Aotearoa, New Zealand. Design: Discussion paper. Methods: Review of relevant literature and construction of two vignettes describing good end of life care from the perspectives of bereaved family – one Māori and one non-Māori. The vignettes provide practical examples of how the values of the Kapakapa Manawa Framework can be enacted by nurses to provide compassionate care in alignment with the relationship component of the Fundamentals of Care. Conclusions" Whilst the Kapakapa Manawa bi-cultural compassionate care framework has grown out of research conducted with people nearing the end of their lives, it has the potential to improve nursing care for all hospital inpatients. Relevance to clinical practice: Addressing the wider policy and health system factors detailed in the Fundamentals of Care will support its implementation in the clinical setting.

Oral morphine drops for prompt relief of breathlessness in patients with advanced cancer-a randomized, double blinded, crossover trial of morphine sulfate oral drops vs. morphine hydrochloride drops with ethanol (red morphine drops)

Aabom B, et al.

Supportive Care in Cancer; Jul 2020; vol. 28 (7); (3421-3428)

Purpose: Episodic breathlessness is frequent in palliative cancer patients. Opioids are the only pharmacological agents with sufficient evidence in treatment. In Denmark, the main recommendation is red morphine drops (RMD), an off-label solution of morphine, ethanol, and red colour (cochenille) described since 1893 (Pharmacopoea Danica). In 2015, the Danish Medicines Agency increased focus on off-label medicines and recommended registered morphine drops without ethanol instead. However, our palliative patients told us that RMD was better. For that reason, we conducted a clinical trial to clarify any perceived difference between the two types of drops. Method(s): We conducted a randomized, double blinded, crossover trial. Patients were asked to perform standardized activity (2-min walk) aiming to provoke breathlessness. Primary endpoint (breathlessness NRS) and secondary endpoints (saturation, pulse, respiratory frequency) were measured before (t = 0) and after test medicine at t = 1, t = 3, t = 5, t = 10, and t = 20 min. After 2-4 days (washout period), the patients repeated the test, receiving the alternative drops in a blinded setup (crossover). Result(s): In the first 3 min, the relative drop in breathlessness for morphine drops with ethanol (RMD) was significant more than for morphine drops without ethanol. We found no significant difference in secondary endpoints. Conclusion(s): A conclusion could be that ethanol might facilitate morphine absorption in the mouth. Our results needs further research of opioid absorption in the mouth as well as trials, testing morphine vs. more lipophilic opioids. The RMD drops are cheap, easy to use, and non-invasive and keep the patient independent of health care professionals.

Palliative care needs and utilization of specialist services for people imminently dying with dementia: A national population-based study

Ding J, et al.

International Journal of Nursing Studies; Sep 2020; vol. 109

Background: There is a growing emphasis on the importance of availability of specialist palliative care for people living with dementia. However, for people

imminently dying with dementia, we still have little knowledge about their palliative care needs and utilization of different specialist services. Objective(s): To (i) assess palliative care needs and other clinical and social characteristics of people imminently dying with dementia on their last admission in the context of community and inpatient palliative care services before death; (ii) compare care needs between patients requiring community-based and inpatient services; (iii) determine how and whether such care needs affect utilization of different palliative care services. Design(s): Observational study using data from the Australian Palliative Care Outcomes Collaboration. Setting(s): Specialist palliative care services across Australia registered in the Palliative Care Outcomes Collaboration. Participant(s): A total of 3361 people who required specialist palliative care principally for dementia (including Alzheimer's disease and other dementias), and whose death occurred between 1 January 2013 and 31 December 2018. Method(s): Five validated clinical instruments were used to collect point-of-care outcomes on each individual's function (Resource Utilisation Groups - Activities of Daily Living & Australia-modified Karnofsky Performance Status), symptom distress (Symptoms Assessment Scale & Palliative Care Problem Severity Score) and other clinical characteristics (Palliative Care Phases). We fitted multivariate logistic regression models to examine the association between these clinical outcomes and utilization of different specialist palliative care services. Result(s): The majority of people imminently dying with dementia had absent or mild levels of symptom distress but experienced high levels of functional decline and needed substantial assistance with basic tasks of daily living in their last days of life. Large disparities in symptoms distress and functional decline between inpatient and community groups were not observed although differences in assessment scores were often statistically significant. Poor functional outcomes (odds ratio = 1.77, 95% confidence interval: 1.24-2.52) and "non-stable" palliative care phases (odds ratio =24.51, 95% confidence interval: 12.03-49.96) were positively associated with use of inpatient versus community palliative care, whereas there was no clear association between the majority of symptoms and use of different care services. Conclusion(s): The majority of people imminently dying with dementia could potentially benefit from greater access to supportive services in the community. Development of a dementia-specific palliative care pathway is needed to promote needs-based palliative care delivery models. Tweetable abstract: the majority of people imminently dying with dementia could potentially benefit from greater access to supportive services in community.

Palliative Care Pandemic Pack: A Specialist Palliative Care Service Response to Planning the COVID-19 Pandemic

Ferguson L, Barham D.

Journal of pain and symptom management; Jul 2020; vol. 60 (1); (e18-e20)

Specialist palliative care services (SPCS) have a vital role to play in the global coronavirus disease 2019 pandemic. Core expertise in complex symptom management, decision making in uncertainty, advocacy and education, and ensuring a compassionate response are essential, and SPCS are well positioned to take a proactive approach in crisis management planning. SPCS resource capacity is likely to be overwhelmed, and consideration needs to be given to empowering and supporting high-quality primary palliative care in all care locations. Our local SPCS have developed a Palliative Care Pandemic Pack to disseminate succinct and specific information, guidance, and resources designed to enable the rapid upskilling of non-

specialist clinicians needing to provide palliative care. It may be a useful tool for our SPCS colleagues to adapt as we face this global challenge collaboratively.

A systematic review of interventions for family caregivers who care for patients with advanced cancer at home

Ahn S, Romo RD, Campbell CL.

Patient education and counselling; Aug 2020; vol.103 (8); (1518-1530)

OBJECTIVE: To examine the characteristics of interventions to support family caregivers of patients with advanced cancer. **METHODS:** Five databases (CINAHL, Medline, PsycINFO, Web of Science, and the Cochrane Library) were searched for English language articles of intervention studies utilizing randomized controlled trials or quasi-experimental designs, reporting caregiver-related outcomes of interventions for family caregivers caring for patients with advanced cancer at home. **RESULTS:** A total of 11 studies met the inclusion criteria. Based on these studies, the types of interventions were categorized into psychosocial, educational, or both. The characteristics of interventions varied. Most interventions demonstrated statistically significant results of reducing psychological distress and care-giving burden and improving quality of life, self-efficacy, and competence for care giving. However, there was inconsistency in the use of measures. **CONCLUSIONS:** Most studies showed positive effects of the interventions on caregiver-specific outcomes, yet direct comparisons of the effectiveness were limited. There is a lack of research aimed to support family caregivers' physical health. **PRACTICE IMPLICATIONS:** Given caregivers' needs to maintain their well-being and the positive effects of support for them, research examining long-term efficacy of interventions and measuring objective health outcomes with rigorous quality of studies is still needed for better outcomes for family caregivers of patients with advanced cancer.

Transitional palliative care interventions for older adults with advanced non-malignant diseases and frailty: a systematic review

Sezgin D, et al.

Journal of Integrated Care; 2020 e-pub ahead of publication

Purpose: To identify transitional palliative care (TPC) interventions for older adults with non-malignant chronic diseases and complex conditions. **Design/methodology/approach:** A systematic review of the literature was conducted. CINAHL, Cochrane Library, Embase and Pubmed databases were searched for studies reporting TPC interventions for older adults, published between 2002 and 2019. The Crowe Critical Appraisal Tool was used for quality appraisal. **Finding(s):** A total of six studies were included. Outcomes related to TPC interventions were grouped into three categories: healthcare system-related outcomes (rehospitalisation, length of stay [LOS] and emergency department [ED] visits), patient-related outcomes and family/carer important outcomes. Overall, TPC interventions were associated with lower readmission rates and LOS, improved quality of life and better decision-making concerning hospice care among families. Outcomes for ED visits were unclear. **Research limitations/implications:** Positive outcomes related to healthcare services (including readmissions and LOS), patients (quality of life) and families (decision-making) were reported. However, the number of studies supporting the evidence was limited. **Originality/value:** Studies examining the effectiveness of existing care models to support transitions for those in need of palliative care are limited. This systematic literature review identified and appraised interventions aimed at improving transitions to palliative care in older adults with advanced non-malignant diseases or frailty.

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