Conference Day 1: Tuesday 20th October	
9:00am	**Opening Keynote** *Culture, Connection and Voice*
	This immersive and powerful story, told by the team from the Mid North Coast Local Health District and the family involved, highlights the importance of culturally responsive, person-centred palliative care in supporting an Aboriginal man's wish to return to Country at the end of life. Through collaboration, advocacy and partnership with family and services, Ben's journey demonstrates the profound impact of honouring cultural identity, connection to Country and individual choice, ensuring dignity, comfort and cultural safety during his final days. **Storytellers** **Allison McLaughlin**, Nurse Practitioner, Palliative Care, Mid North Coast Local Health District **Cynthia Younie**, Senior Aboriginal Health Worker, Palliative Care, Mid North Coast Local Health District **Aunty Jacqueline Smith** (Ben's aunty), **Kristy Fernando** (Ben's sister), and **Renshaya Sines** (Ben's daughter), South West Rocks Figtree descendants.
11:00am	**Keynote Session** *Shaping the Future Together*
	This session will explore some of the themes that have emerged from the consultation process for the NSW Health End of Life and Palliative Care Framework 2026 - 2031, due to be released in December. To meet current and future demands, recognising challenges, identifying opportunities, and working collaboratively will be essential. How do we effectively shape the future together? Four keynote speakers followed by an expert panel will explore this theme. **Shaping the Future of Palliative Care: What the Data Tells Us and Where to Next** **Associate Professor Chris Schilling**, Health Economist and Palliative Care Economics Lead, University of Melbourne **Building End of Life and Palliative Care Capability in the NSW Health Workforce** **Dr Kate Kennett**, Senior Policy Officer, End of Life and Palliative Care, Priority Populations Unit, NSW Health **Exploring the Impact of Palliative Care Volunteering in NSW** **Dr Patricia Mackey**, Senior Lecturer and Researcher, Charles Sturt University **Public Health Approaches to Palliative Care: Strengthening Communities and Building Death Literacy** **Dr Kerrie Noonan**, Senior Research Fellow and Adjunct Associate Professor, Public Health Palliative Care Unit, La Trobe University and Director of Research, Western NSW Local Health District **Expert Panel** **Dr Meera Agar,** End of Life and Palliative Care Senior Clinical Advisor, NSW Health **Sabina Clapham,** Director, Palliative Care Outcomes Collaboration (PCOC+) **Professor Deb Parker AM**, Co-Director, UTS Ageing Research Collaborative **Charlotte Brown**, Clinical Nurse Consultant, Dementia Australia

Concurrent Sessions (1:30 – 2:55pm)				
	Stream 1 *Ionic Room* ***Supportive Care: Beyond the Hospital***	**Stream 2** *Doric Room* ***Palliative Care in Aged Care***	**Stream 3** *Tuscan Room* ***Connected Care: Models & Partnerships***	**Stream 4** *Corinthian Room* ***Complex Minds, Compassionate Care***
1:30pm (Poster Pitch)	**The Missing Piece – The Value of Palliative Care Volunteers (01)** - **Janet Pearce**, Far West Local Health District A qualitative analysis investigating the value of palliative care volunteer visits with palliative patients was created using real life narrative. Data included feedback and notes provided to the Palliative Care Volunteer Coordinator from weekly volunteer visits with the patients. Data timeline was from introduction of volunteer to patient… to death of patient. All data was de-identified. Keywords relating to emotional and social aspects of care were used to capture a qualitative analysis that was predominantly non-medical. Volunteer patient relationships are unique in nature, providing opportunity to relieve existential distress for the patient in a safe environment.	**Responding to An Ageing Population: System-Level Redesign of Palliative Care in Residential Aged Care Homes (02)** - **Susan Jenkins**, Illawarra Shoalhaven Local Health District Australia's ageing population is driving rapid growth in demand for palliative care in Residential Aged Care Homes (RACH), exposing limitations in traditional, consult-based specialist models. This Comprehensive Palliative Care in Aged Care (CPCiAC) funded project undertook a system-level scoping review to identify safe, efficient, and sustainable palliative care delivery within the Illawarra Shoalhaven Local Health District. An extensive district-wide scoping review—incorporating service data, stakeholder consultation, and workflow mapping—identified three scalable models: an Integrated Care Model, a modified Consult-Liaison Model, and a Reverse Needs Round Model. Each model aims to strengthen collaboration, reduce low-value care, support the RACH workforce, and better meet the needs of an ageing population.	**Redefining End-of-Life Care: A Clinically Supported Relational Care Model for Integrated Community-Based Systems (03)** - **Anne Kubiak**, Full Circle – End of Life Matters Despite advances in palliative care, relational, practical and navigational support can remain fragmented across services. This abstract introduces a clinically supported relational care model establishing a structured interface between clinical services, families and community-based care. Full Circle currently applies the model through an end-of-life doula workforce operating within defined governance, scope of practice and escalation pathways. The defining feature is the relational continuity function and governed interface, complementing existing clinical care while preserving clinical responsibility. The model aligns with public health palliative care principles by strengthening community capacity and continuity across settings. Evaluation will assess feasibility, integration and system-level impact.	**Bridging Mind and Body at the End of Life: Embedded Psychiatry within an Australian Palliative Care Program (04)** - **Dr Shalini Rajan**, Supportive Care for Chronic Disease, Hunter New England Local Health District Patients with life-limiting illness experience high rates of under-recognised psychiatric comorbidity, particularly those with severe mental illness (SMI). We evaluated a pilot service embedding psychiatry within a 12-week ambulatory palliative care program for patients with advanced non-malignant chronic disease, estimated to be in the last 2 years of life, in a Regional NSW tertiary hospital. Compared with the six months prior, participants demonstrated reduced emergency presentations and hospital bed days, alongside increased engagement in planned care. Patients and carers reported improved adaptation to illness. Analysis of integrated palliative outcome scale (IPOS) and EuroQol (EQ5d5L) scores across the intervention demonstrated that despite the terminal nature of disease and significant reduction in acute care use, there was no negative impact upon self-reported symptom

				burden or quality of life. This model demonstrates that integrating psychiatry into palliative care is feasible and associated with improved patient experience and reduced acute health service utilisation.
1:35pm	**'Fixing the Fixables'. Supportive Care and Hospital-in-the-Home (HITH) Services, Working Together (05)** - **Dr Clare Jones** and **Monita Mesuria**, St George Hospital A retrospective case study review of 17 patients (21 patient encounters) who were cared for by the Supportive Care Service (SCS) and had domiciliary input from the Hospital in the Home (HiTH) team. We will present the outcomes of these patients and explore whether the intervention helped to avoid acute hospitalisation.	**Implementing PACOP to Improve Palliative Care Outcomes in Residential Aged Care (06)** - **Renee Millen**, Palliative Aged Care Outcomes Program (PACOP) – University of Wollongong High-quality palliative care in residential aged care is still inconsistent despite national reform priorities. The Palliative Aged Care Outcomes Program (PACOP) provides an evidence-based framework to address this gap. This project translates PACOP into practice, embedding routine outcome measurement and workforce development. Staff were supported by using structured education and mentoring to integrate assessment tools into care delivery. Implementation resulted in earlier recognition of deterioration, improved staff confidence, and more responsive care planning. PACOP demonstrates a scalable, data-driven model to improve palliative and end-of-life care outcomes for older people with complex, life-limiting conditions.	**Co-Designing an Innovative Oral Health Model of Care for Palliative Care Nurses: An Australian First (07)** - **Vipin Jain**, Western Sydney University Oral health issues are common yet often overlooked in palliative care. The palliative oral health program (PALLIOH) aims to address this by enhancing specialist nurses' ability to promote oral health. Initial research, involving a global review and needs assessments with nurses and carers in Sydney, identified various issues, including a limited focus on oral health, a lack of training, unclear roles, and dental access barriers. Participants suggested practical solutions like nurse-led screening, targeted education, resources, and referral pathways, including home-based support. These suggestions were incorporated into PALLIOH to provide an acceptable and feasible model for more inclusive, effective palliative care.	**Holding Complexity: Trauma, Illness and Continuity in Care at the End of Life (08)** - **Sarah Pullen**, Hunter New England Local Health District Harley is a 40-year-old man living with advanced COPD, trauma, and significant social disadvantage. His care highlights the complexity of delivering palliative care principles in advanced non-malignant chronic disease, where physical symptoms, mental health, stigma, literacy, and geographical isolation intersect. Through a transdisciplinary supportive care model with embedded psychiatry, care was adapted to prioritise trust, safety, and continuity. Despite recurrent crises, including suicidality and overdose, engagement was sustained. Outcomes demonstrate that consistent, trauma-informed care can reduce risk, strengthen connection, and support legacy-making.

2:00pm	**Ticking Off the Bucket List – Managing Chronic Illness in the Community (09)** - **Val Maynes**, **Rebecca Thornley** and **Jacqui Burgess**, St George Hospital This is a case study of PA who was reviewed by the Supportive Care Service (SCS) between August 2024 and April 2026. PA was a 75-year-old gentleman with a long history of interstitial lung disease. He had a very supportive ex-wife and his main goal was to remain at home for as long as possible. PA had led an active life and had run his own insurance business for many years. Adjusting to living with a chronic illness had been difficult but PA continued to keep mentally busy and aimed to always have something to look forward to. This case study highlights the importance of an interdisciplinary team in caring for patients in the community who have complex non-malignant conditions. It also demonstrates how different community teams can work together for the greater good enabling person centred care and achieving patient goals.	**When Dying Isn't Dying: Reassessing Decline in Patients with Chronic Kidney Disease in Aged Care (10)** - **Natividad Miles**, Royal Prince Alfred Hospital In Residential Aged Care Facilities (RACFs), residents with chronic kidney disease (CKD) often have episodes of acute deterioration. These changes are frequently interpreted as a sign that death is imminent, which can lead to an early shift to end-of-life care. However, this assumption may miss reversible causes of decline and result in a premature reduction of active treatment.Renal supportive care (RSC) offers a structured approach that combines palliative care principles with ongoing clinical review and symptom management. It supports regular reassessment of deteriorating residents, helping clinicians make more accurate decisions about prognosis and ensuring that goals of care are based on the individual's actual clinical condition.	**'From Palm Beach to Eden' A Collaborative Partnership Enabling After-Hours Telehealth Support in Southern NSW (11)** - **Sevi Russell-Williams**, HammondCare **Brigid White**, Southern NSW Local Health District Since 2022, HammondCare has partnered with Southern New South Wales Local Health District (SNSWLHD) to provide after-hours telehealth support. Specialist palliative care nurses deliver timely, clinically appropriate care outside standard hours, working remotely. The service supports symptom management, reduces hospital presentations, reduces patient and carer distress and enhances continuity of care. By offering responsive assessment and advice, the service supports local palliative care providers and contributes to efficient use of health resources across SNSWLHD. A service case study including call data from 2025 demonstrates the impact of this mode, with 'staying in place' the most common outcome.	**Person-Centred Care in a Siloed Health System: Complexity of Mental Health (12)** - **Donna Waters**, Community Palliative Care, Illawarra Shoalhaven Local Health District Accessing timely public mental health care for palliative care patients can be difficult. Professional relationships and pathways may allow better access for patients whose complex physical and psychiatric symptoms interplay, and whose medication regimen is beyond the scope of their General Practitioner. What happens when the most distressing thing for a patient is not palliative symptoms but mental health? A recent case is discussed where direct advocacy to involve the GP and community mental health led to a mixed outcome for patient and their carers.

2:25pm	**What Matters Most? Transforming Care in Advanced Non-Malignant Chronic Disease (13)** - **Sarah Pullen**, Hunter New England Local Health District People living with advanced non-malignant chronic disease frequently experience crisis-driven care and have complex and often unmet physical, psychosocial, and psychiatric needs. The Hunter New England Local Health District (HNELHD) Supportive Care for Chronic Disease (SCCD) service integrates palliative care principles into outpatient chronic disease management through an allied health-led, transdisciplinary model, enhanced by embedded psychiatry. Informed by a randomised controlled trial, the model achieves sustained reductions in emergency presentations (59%), admissions (73%), and bed days (67%), without detriment to symptom burden or quality of life. This scalable model improves outcomes for patients, carers, and health services.	**Collaborative Multidisciplinary Care Enabling End of Life Care for a Patient with MND in Residential Aged Care (14)** - **Donna Berry**, Calvary Hospital Kogarah The case study describes the collaborative multidisciplinary care supporting end of life care for a person living with advanced Motor Neuron Disease (MND) in a residential aged care facility. Managing complex physical, communication and psychosocial needs that required coordinated input from Geriatric Flying Squad, Palliative care Transitional Nurse Practitioner, MND CNC, Community Palliative Care Specialist and Aged Care Staff, family. Through shared decision making, timely communication and clearly defined roles, the team enabled care that respected the patients' goals and priorities while maintaining comfort and dignity. The case highlights the critical role of cross sector collaboration in delivering person centred end of life care for people with MND in aged care settings.	**Improving Palliative Care in Aged Care Settings: Implementation of Specialist Palliative Care Needs Rounding on the Central Coast - A CPCiAC Initiative (15)** - **Megan Whittington** and **Janice Spinley**, Central Coast Local Health District Specialist Palliative Care Needs Rounding (SPCNR) is an evidence-based, collaborative model implemented within Central Coast Local Health District to strengthen early identification of palliative care needs, advance care planning, and care coordination in Residential Aged Care Homes (RACHs). The model commenced in February 2026 and has expanded to six RACHs by June 2026. SPCNR builds capability through structured multidisciplinary discussions, education, and evidence-informed tools that support person-centred end-of-life care in place. Early outcomes demonstrate improved clinical collaboration, increased staff confidence, and strengthened advance-care-planning which can contribute to hospital avoidance. This aligns with NSW Health priorities for integrated, value-based care.	**Exploring Associations Between Pain Burden and Psychosocial Distress in a Rural NSW Palliative Care Population (16)** - **Felicity Bates**, Mid North Coast Local Health District Pain is a common and distressing symptom in palliative care, yet its relationship with psychosocial distress remains underexplored, particularly in rural settings. This study examined associations between Oral Morphine Equivalent Daily Dose (OMEDD), an indicator of opioid burden, and emotional, psychological and existential distress measured using the Death and Dying Distress Scale (DADDS) in adults receiving palliative care in a rural NSW region. Higher opioid burden was associated with greater distress across all DADDS domains. These findings support routine psychosocial screening alongside pain assessment and highlight the importance of holistic, integrated palliative care for rural populations.

2:50pm (Poster Pitch)	**Integrating Palliative Care into Nephrology: A 10-Year Kidney Supportive Care Experience (17)** - **Natividad Miles**, Royal Prince Alfred Hospital Over the past decade, Renal Supportive Care (RSC) at Royal Prince Alfred Hospital has integrated palliative care into nephrology, improving outcomes for patients with advanced chronic kidney disease (CKD). This interdisciplinary model supports both dialysis and conservative pathways through hybrid care (telehealth and face-to-face), outpatient and inpatient consultations, nurse-led clinics, advance care planning (ACP), psychosocial support, and home visits. Outcomes include improved symptom control, increased ACP, reduced hospital admissions, and better patient satisfaction.	**Syringe Drivers in Residential Aged Care Facilities for Palliative Patients (18)** - **Juan IX Cabredo**, Prince of Wales Hospital Residential Aged Care Facilities (RACFs) often lack training to manage syringe drivers for palliative residents with chronic diseases and life-limiting conditions, limiting access to optimal symptom control. Continuous subcutaneous infusion via syringe driver is an effective method for managing symptoms when oral or other routes are ineffective. In 2023, only 3% of RACF residents across 15 facilities used SDs. This project aimed to increase syringe driver use to 50% by the end of 2025 through targeted education. Following 28 training sessions, syringe driver use increased by 97%, with improved clinician confidence and enhanced quality of palliative and end-of-life care in RACFs.		**Storytelling at End of Life: Evaluating the Establishment of Volunteer-Led Biography Programs in Palliative Care (19)** - **Professor Megan Best**, University of Notre Dame Palliative care aims to support quality of life at the end of life, yet psychosocial and spiritual distress often remain under-addressed. Narrative and biography approaches offer non-pharmacological ways to mitigate existential suffering, foster meaning-making, and support legacy-building. Services are increasingly opting to train volunteers to deliver biography services, yet this community-led approach has not been evaluated. Using a qualitative approach, we examined volunteer-led biography services across Australian palliative care settings through document analysis and interviews with volunteer managers. Findings encompass operational models, volunteer pathways, referral processes, and the biography journey.

Tuesday 20th October – Concurrent Sessions (3:30 – 4:55pm)				
	Stream 1 *Ionic Room* ***Managing Complexity***	**Stream 2** *Doric Room* ***Comprehensive Care at End of Life***	**Stream 3** *Tuscan Room* ***Care Models & Outcomes***	**Stream 4** *Corinthian Room* ***Person Centred Dementia Care***
3:30pm (Poster Pitch)	**Feasibility-Testing a Co-Designed Breathlessness Episode Recovery Plan for People with COPD and their Support Persons (20)** - **Tim Luckett**, University of Technology Sydney Episodes of worsening breathlessness are common and distressing for many people with COPD. This study tested and refined the acceptability and feasibility of a co-designed, non-pharmacological breathlessness episode recovery plan and supporting resources across Respiratory, Palliative Care, and Emergency settings. Thirty patients and 12 clinicians participated. Patients and clinicians valued the structure provided by the plan, but some patients struggled to retain key information, and clinicians identified workflow challenges. Iterative refinements improved usability. Findings support acceptability and inform ongoing efforts to improve feasibility, including an 'app' version. Final resources will be available from the Lung Foundation Australia by year-end.	**Off-Site Planning: Strengthening Continuity and Service Development in Palliative Care (21)** - **Liliana D'Agostino**, Bankstown-Lidcombe Hospital The Bankstown Palliative Care Service delivers specialist care through an inpatient consultative service that works closely with a community palliative care service to support seamless transitions across care settings. Increasing service demand and post-pandemic workforce pressures reduced opportunities for shared reflection and coordinated planning. A facilitated offsite planning day was implemented to provide protected time away from the clinical environment. The initiative strengthened collaboration across inpatient and community teams, supported staff wellbeing, and enabled focused planning to improve continuity of care. Offsite planning days support integrated practice, workforce resilience, and sustainable palliative care delivery.	**'Safer at Home': Nurse Practitioner-Led Model Strengthening Community Nursing Partnerships in After Hours Palliative Care (22)** - **Carmen Sanchez**, Northern Sydney Home Nursing Service Safer at Home (S@H) is an innovative Nurse Practitioner (NP)-led, after-hours palliative care model embedded within community nursing services in Northern Sydney. Delivered by an NP and a palliative care nurse, it strengthens partnerships across primary, community, and acute care, enabling integrated, timely, goal-concordant care at home. The model provides advanced clinical care while supporting community nurses through shared decision-making and real-time consultation. S@H enhances workforce capability, reduces system burden, and improves care continuity. Early outcomes show reduced hospital utilisation, improved symptom control, and stronger integration, highlighting the value of advanced nursing roles.	**Dementia … Through a Different Lens (23)** - **Tatjana Jokic**, JK Corporate Resourcing

3:35pm	**Local Error to Statewide Change: Transforming Clonazepam Safety (24)** - **Joey Chan**, Adolescent and Young Adult Hospice (AYAH) A patient admitted to hospice care for elective respite experienced clonazepam dosing errors due to confusion between milligrams, millilitres and drops. Review of NSW Health's Incident Management System (ims+) identified similar errors across multiple NSW facilities, indicating a system-wide risk relevant to palliative care settings where clonazepam is commonly used. In response, targeted nursing education, clearer documentation, standardised pharmacy labelling, and electronic prescribing updates were implemented. Findings were published in *Australian Prescriber* and informed statewide safety communications. These changes have eliminated further incidents locally and improved safety for palliative care patients receiving clonazepam in hospital and community settings across NSW.	**Sowing Seeds of Healing: Evaluation of a Bereaved Parent Peer Mentor Program (25)** - **Naomi Mason**, LadyBird Care Foundation This presentation shares findings from the evaluation of the first cohort of Ladybird Care Foundation's bereaved parent Peer Mentor program. The program pairs newly bereaved parents (Mentees) with trained Peer Mentors who have experienced the death of a child of any age, including adulthood, and is delivered with ongoing support and oversight from bereavement care professionals. An independent qualitative evaluation explored Peer Mentor experiences before and after the mentoring process through focus groups, and Mentee experiences following completion of the 15-month program through individual interviews. Findings highlight rapid trust, meaningful connection, reduced isolation, and personal growth for both Peer Mentors and Mentees. Integrating lived experience with evidence-informed practice, the program demonstrates the value of peer support within a public health approach to bereavement care in Australia.	**PCOC Version 4: Strengthening Measurement in Palliative Care to Advance Equity and Access (26)** - **Le-Tisha Kable**, Palliative Care Outcomes Collaboration PCOC Version 4 (V4) aims to strengthen outcome measurement in palliative care by expanding data collection to better represent underserved populations. These include individuals experiencing delirium, those living in correctional facilities or group homes, people receiving care via telehealth, and those without a carer. Early implementation, led by New South Wales services, indicates strong sector support and feasibility across diverse care settings. V4 enables population-level analyses and supports more equitable data-driven improvements in palliative care delivery and outcomes.	**Unequal Burdens: Socioeconomic Disadvantage in Dementia Care and Caregiving (27)** - **Joanne Lewis**, Avondale University and University of Technology Sydney **Deborah Parker**, University of Technology Sydney **Kristin Bindley**, University of NSW and University of Technology Sydney Socioeconomic disadvantage is increasingly recognised as a key determinant of health, yet its influence on dementia care remains underexamined. Limited empirical research has examined the mechanisms through which socioeconomic disadvantage shapes inequitable care experiences and outcomes for people living with dementia and their caregivers. This study will use a Critical Interpretive Synthesis to map and synthesise evidence explaining how disadvantage operates across the care continuum. Findings will identify structural and relational mechanisms contributing to unequal care experiences and intensified caregiving demands, informing more equitable, context-sensitive dementia care and caregiver support.

4:00pm	**Delirium-Related Distress in Palliative Care Patients, Family Carers and Health Professionals: A Qualitative Concept Analysis (28)** - **Kimberley Campbell**, University of Technology Sydney This qualitative concept analysis examined delirium-related distress across 120 interviews with people with palliative care needs (hereafter, 'patients' n=23), family carers (n=29), and health care professionals (n=68) from four palliative care units. Delirium-related distress was multifaceted: patients experienced fear and feelings of exclusion from care decisions; carers felt exhausted and worried, and staff described emotional strain and aimed for the best care among staffing shortages. Findings also highlighted the factors that led to distress, its consequences, and its protective factors. These comprehensive results should lead research towards a cohesive understanding and definition of delirium-related distress.	**Reframing What Matters: The Evidence for Palliative Rehabilitation (29)** - **Deidre Morgan**, Flinders University	**The Establishment of a New Specialist Community Palliative Care Service (30)** - **Trish Sutton** and **Charlene Casey**, Prince of Wales Hospital The establishment of a new Community Palliative Care Team within a large metropolitan teaching hospital in Sydney has involved both significant challenges and notable successes. From securing sustainable funding and recruiting a skilled multidisciplinary workforce, to navigating the complexities of separating from an existing service, each stage required careful planning and strong leadership. This case study outlines the process of building the service from inception and charts its development and growth over a two-year period. It describes key lessons learned, service innovations, and highlights the patient journey to maintain high-quality, patient-centred palliative care.	**The Art of Being With: Patient and Family Centred Care in an Adolescent and Young Adult Hospice (31)** - **Anna Blechinger** and **Sophia Melocco Hill**, Adolescent and Young Adult Hospice (AYAH) This case study highlights an innovative, person and family centred approach to caring for a 27 year old with younger onset dementia at the Adolescent and Young Adult Hospice. Facing rapidly changing cognitive and emotional needs, the team implemented flexible, multidisciplinary care with a focus on art therapy. This approach improved engagement, reduced distress, highlighted nonspeaking communication, while supporting family connections. Central to success was a collaborative team model and a willingness to adapt care in real time. The model is low cost and easily transferable, offering valuable insights for services supporting young people with complex, life limiting conditions.

4:25pm	**When Crisis Meets Compassion: Palliative Care- Emergency Services Partnership in an Unpredictable Case (32)** - **Dr Alexandra Fletcher** and **Julie Howard**, HammondCare This case examines a highly complex attempted transfer of a reluctant, bed-bound palliative patient to an acute facility for essential procedural care. Despite extensive advance planning by the community palliative care team, the transfer escalated to a six-hour, multi-agency response involving multiple ambulance crews and the fire brigade. Extreme physical complexity, pain, environmental constraints, and system limitations contributed to distress and delay. The case highlights critical gaps in current transfer pathways and underscores the need for earlier escalation, realistic contingency planning, interagency coordination, and transparent discussions with patients and families about the limits of community-based care.	**Bridging Reflexive Research and Practice: Considerations for Cultural Humility in Palliative and Bereavement Care in Western Sydney (33)** - **Nicole Winters** and **Jessie Phibbs**, Supportive and Palliative Care, Western Sydney Local Health District	**Evaluating a Tailored Model of Palliative Care for People with Intellectual Disability (34)** - **Dr Tawanwart Thipayawat**, University of NSW Sydney South Eastern Sydney Local Health District implemented a tailored model of care to address fragmented pathways and late access to palliative care for people with intellectual disability. A co-designed, mixed-methods evaluation examined impacts on person- and family-centred care, coordination and collaboration. The model improved coordination across services and strengthened palliative care literacy among support networks, facilitating more proactive and planned care. However, system constraints, including fragmented cross-sector responsibility and limited community supports, continued to shape care delivery. These findings highlight that while local service innovation can improve care, broader system reform is required to achieve equitable palliative care outcomes.	**Experiences and Benefits of Elder Clowning for Families of Persons with Dementia in Long-Term Care (35)** - **Sara-Jane Roberts**, University of Technology Sydney Elder clowning is a psychosocial intervention delivered to persons with dementia in long-term care (LTC) from which their families may also benefit. This study explored the ways families may benefit from elder clowning, from perspectives of families and LTC staff, through semi-structured interviews across four LTC homes in Australia. Interviews were analysed using Reflexive Thematic Analysis. Family (n=11) and staff (n=20) perspectives resulted in two themes: transforming the emotional experience of visiting and strengthening family connections through the shared experience. Elder clowning was found to support the psychosocial wellbeing of families of persons with dementia in LTC.

4:55pm (Poster Pitch)	**Hospital in the Home for Palliative Care in Residential Aged Care Facilities (36)** - **Michelle Leung-Cheng**, Calvary Healthcare Kogarah The Community Palliative Care Team (CPCT) at Calvary Healthcare Kogarah has long utilised the Hospital in the Home (HiTH) program to deliver hospital-level care to community patients, enabling closer symptom monitoring, patient and carer support, and facilitating home death. While CPCT supports 57 residential aged care facilities (RACFs), patients from these facilities have not traditionally been included in HiTH. Following the first RACF HiTH admission in June 2025, 13 patients across 11 facilities were managed over a 5-month period. This poster presents a reflective case review and early outcomes, demonstrating the feasibility and equity of palliative care delivery.	**Enhancing Nutrition Care in Rural Palliative Care Services: A Virtual Model for Equitable Dietetic Support (37)** - **Leanne Baulch**, Murrumbidgee Local Health District Access to specialist palliative care dietetic services in rural and remote areas is often limited by workforce shortages and distance. To improve equity of access, a virtual specialist palliative care dietetic service was implemented across a large regional health district. A retrospective review of 209 patient records and Allied Health Assistant (AHA) data from July 2023 to June 2026 evaluated the model's effectiveness. Data included referral-to-consult timeframes, service delivery mode, patient location, and AHA-supported interventions. The service successfully provided timely specialist nutrition care across the 125,000 km^2 Murrumbidgee Local Health District, with patients typically seen within 4 to 7 days in their preferred location, most often at home. Consultations were delivered primarily by phone (67.5%) or videoconference (30.6%). Additionally, 29% of patients received nutrition supplements, education resources, and/or support from the AHA. This virtual model demonstrates an effective and scalable approach to delivering equitable and timely palliative nutrition care, improving access to specialist services regardless of geography.	**Pharmaceutical Society of Australia National Palliative Care Project Service Model Pilots (38)** - **Megan Tremlett**, Pharmaceutical Society of Australia Despite the known complexity of medication regimens of many patients with palliative care needs, and the associated high risk of medication-related problems, pharmacists in Australia are not funded consistently or reliably to work within community-based interdisciplinary palliative care teams. Further, there is a lack of evidence describing the role and impact of pharmacists in this setting. The Pharmaceutical Society of Australia's National Palliative Care Project 2023-2026 Service Model Pilots explored embedded palliative care pharmacist models within six community-based Specialist Palliative Care Service teams to optimise medicines use and support patients, their family/carers and the health professionals involved in patient care.	**A Quasi-Experimental Study of Supported Decision-Making Training for the Australian Aged Care Workforce (39)** - **Leila Zhu**, University of New South Wales

Conference Day 2: Wednesday 21st October	
9:00am	**Keynote Session** *Caring for Carers*
	This keynote session connects directly to Standard Three of the National Palliative Care Standards, while also acknowledging this year's National Carers Week theme, Care for a Carer: Making Carers Visible. Carers NSW will set the scene followed by unique insights from carers who have supported loved ones through palliative and end of life care. **Partners in Care: Recognising, Supporting and Partnering with Carers** **Dr Lukas Hofstaetter**, Manager Research & Development, Carers NSW **Coming of Age in Palliative Care: Burdens and Blessings of Caring for Prematurely Ill Parents** **Kelly Chan** **Our Palliative Care Story: Family, Compassion, Community** **The Hughes Family**

Concurrent Sessions (10:45am – 12:25pm)				
	Stream 1 *Ionic Room* ***Innovations in Systems and Supports***	**Stream 2** *Doric Room* ***Better Access, Better Experience***	**Stream 3** *Tuscan Room* ***Growing & Supporting the Workforce***	**Stream 4** *Corinthian Room* ***Death Literacy & Advance Care Planning***
10:45am	**Preliminary Data Regarding Equipment Supporting Palliative Patients to Live Safely at Home (40)** - **Greg Foreman**, HealthShare NSW / EnableNSW Assistive technology (equipment) is an important support for palliative patients wishing to remain at home. To date little empirical data has been available regarding equipment use for this patient group. This paper will report on progress standardising NSW Health equipment loan pools and will provide preliminary data regarding the type, purpose and usage of equipment by palliative patients. The paper will profile equipment types used, regional variations and other distinctive equipment factors for palliative patients.	**Caring Together: Co-Designing a Culturally Safe Paediatric Palliative Care Resource (41)** - **Annette Vickery**, Palliative Care Australia Families from culturally and linguistically diverse (CALD) backgrounds often face barriers accessing paediatric palliative care (PPC) information in Australia. Caring Together is a co-designed resource developed with families and health professionals to improve access to culturally safe, easy-to-understand information. The resource was adapted into Easy Read, Arabic, Vietnamese and Simplified Chinese through partnerships with communities. It provides a compassionate explanation of paediatric palliative care and supports families and health professionals to begin conversations, share wishes and hopes and make informed decisions. This project demonstrates the value of co-design and culturally responsive approaches in supporting equitable access to PPC information.	**Learning Experiences of Nursing Students in Palliative and End of Life Care (42)** - **Lisa Wong**, Western Sydney University (Paramatta South Campus) Nurses play an indispensable role in providing care to people with life-limiting illnesses and it is important to equip nursing students with essential knowledge and skills in palliative and end of life care. Little is known about the learning experience of nursing students towards this key area of clinical practice. Surveys were conducted from 2020 to 2025 with 233 nursing students and positive feedback was obtained. Over 98% of students reported that their learning were effective with staff support. Learning palliative care in students' first year of study is vital to prepare them for their first clinical placement.	**Working Together to Strengthen Death Literacy & Education in Regional and Rural Communities (43)** - **Maria Cambitzi**, HammondCare **Shannon Elwell**, Hunter New England and Central Coast Primary Health Network In 2025, Hunter New England Central Coast Primary Health Network (HNECCPHN), funded by the Commonwealth Government through the Greater Choice for At Home Palliative Care program, commissioned HammondCare (HC) to deliver the *Last Days* education program. The 2023 HNECCPHN Needs Assessment identified gaps in death literacy, end-of-life care capability, and equitable access across regional and rural communities. In partnership twenty face-to-face and two online workshops were delivered by the HNECCPHN & HC to aged care staff, carers, allied health workers, and community members. Several evaluation tools were used pre & post workshop to demonstrate success and future areas for planning.

11:10am	**Nanga Mai – End of Life Care in Campbelltown Emergency Department (44)** - **Dr Katie Maclean** and **Kayla Gloss**, Campbelltown Hospital EOLC is part of the core business of the Emergency Department (ED), yet we know that when EOLC patients present to Emergency, the busy environment of the ED does not always lend itself to optimal care. With our move to a new department in 2022 we designed a dedicated EOLC room, Nanga Mai. This room has allowed us to develop and work on many of our models of care for EOLC patients in the ED. We will talk about the development of this room and explore some of the models of care we have introduced at Campbelltown.	**Analysis of Patients' Experiences in Community Palliative Care Using the ConsideRATE Tool (45)** - **Maree Montgomery**, Murrumbidgee Local Health District – Palliative Care This study explored the use of the ConsideRATE tool to capture the experiences of patients and carers receiving community palliative care across a large rural and remote setting. Findings highlighted the importance of timely and compassionate communication, participation in care planning and continuity of care, demonstrating the value of systematically capturing people's voices to understand what matters most and inform person-centred service improvement.	**Empowering Aged Care Nurses to Deliver High Quality Palliative and End of Life Care (46)** - **Nikita Cunningham**, NSW Health – South Western Sydney Local Health District Palliative Care Service This project addresses gaps in palliative care knowledge and confidence among Residential Aged Care Home (RACH) nurses across South Western Sydney. A targeted education package, based on the End of Life Directions for Aged Care framework, was developed and delivered by a Clinical Nurse Educator alongside the Specialist Palliative Care in RACH service. Across 65 sessions and webinars, 679 nurses participated, with strong engagement and strengthened knowledge. Outcomes show improved confidence in managing generalist palliative care, with the specialist team supporting more complex cases. This initiative strengthens workforce capability and supports quality end of life care for residents within the RACH.	**From Awareness to Action: Advancing Care Planning in Practice (47)** - **Debra Clark**, Sydney North Health Network **Kelly Arthurs**, ANDCare

11:35am	**The Sutherland Hospital Emergency Department & Geriatric Flying Squad Pathway – The Right Care, at the Right Place, at the Right Time, for the Right Person (48)** - **Sandhya Chand**, Sutherland Hospital, South Eastern Sydney Local Health District A geriatrician- and nurse-led consult service in The Sutherland Hospital's ED, delivered by the Geriatric Flying Squad, aimed to reduce unnecessary hospital use among residential aged care residents. Expanded staffing enabled a weekday pathway from June 2024, later extended to seven days during winter 2025. Integrated into ED handovers, the team supported early assessment, discharge planning, and admission decisions. In its first year, ED presentations fell by 7% and hospital admissions by 30%. The model demonstrates effective, data-driven hospital avoidance, enabling residential aged care home residents to receive appropriate care in their preferred location.	**Listen to Me. Voices of Domestic Violence Impacting on Palliative Care (49)** - **Joan Ryan OAM**, Royal Prince Alfred Hospital	**The Lived Experience of Registered Nurses Providing Palliative Care in the Community: A Phenomenological Study (50)** - **Emily Weston**, Australian Catholic University / Western Sydney University In the Australian healthcare system, community nurses play a vital role in the arena of palliative care in the home through the promotion of individual choice that forms the foundation for person-centred care. Given the reduced on-call assistance and the responsibility of working independently, the community setting is different to inpatient palliative care and yet, little is known about this area. The aim of this study was to explore the lived experiences of nurses providing palliative care in the community. Sixteen Australian Registered Nurses were interviewed, and a descriptive phenomenological methodology was utilised to reveal the essence of their experiences.	**Planning for a Death with an Addiction (51)** - **Sarah Blakemore** and **Dr Aarti Ganapathi**, Drug and Alcohol Services, South Eastern Sydney Local Health District People who use drugs and alcohol experience significant inequities in access to advance care planning (ACP) and palliative care, often engaging late and during crisis. This model embeds ACP early within routine D&A practice, supported by established therapeutic relationships and familiar care environments. The model was developed through a collaborative initiative with D&A services, the Aboriginal Supportive and Palliative Care team, and the Palliative Care team in South Eastern Sydney Local Health District (SESLHD). A key feature of the model is training clinicians on transference and counter transference which gives clinicians the tools to have difficult conversations and practice reflexively.

12:00pm	**But Will They Come Back to Us: Discharging Safely from Specialist Palliative Care (52)** - **Nicola Farrer**, Murrumbidgee Local Health District The MLHD Specialist Palliative Care Team recognised inconsistencies in clinical care provide to patients deemed to the in the Stable Phase (PCOC). Current estimates on future demand for palliative care highlight the need to develop a consistent equity-based approach to manage and discharge this patient cohort. A multi-faceted and quality driven approach was applied to this issue, utilising the available evidence, surveying current district practice, researching discharge procedures in other localities and consulting key stakeholders underpinned clinical practice standardisation. Developing a procedure, standardising care and discharge for patients deemed stable ensures that stable patients receive quality care and safe discharge.	**Co-Developing the CALD-PC Navigator Program for NSW Palliative Care Services (53)** - **Dr Jessica Lee**, Concord Centre for Palliative Care, Concord Hospital **Dr Rayan Saleh Moussa**, University of Technology Sydney This study represents the first of a two-phase research program, the CALD Palliative Care (CALD-PC) Navigator Program, focused on adapting and evaluating the implementation of patient navigation to improve outcomes within palliative care among Arabic- and Chinese-speaking communities. In collaboration with two local health districts in Sydney, Australia, the initial phase utilises Participatory Action Research (PAR) involving clinicians, service providers and consumer advocates to co-develop the program. Two co-development workshops were conducted in February and March 2026, providing foundational insights that directly informed the design and scope of the navigator role and the methodology for the pilot implementation phase.	**The Power of Storytelling: Connection and Growth Through Schwarts Rounds (54)** - **Lara Johnson**, The Sutherland Hospital Schwartz Rounds at Sutherland Hospital provide a safe, structured space for staff to reflect on the emotional and relational aspects of their work. Since launching in 2023, the program has grown steadily, with 12 sessions held in 2024–2025. Feedback highlights renewed compassion, strengthened connection, and deeper appreciation of the human experience in healthcare. As a palliative care clinician and three-time panellist, sharing stories has allowed me to honour patients, support colleagues, and experience significant personal growth. Storytelling continues to shape our practice, enhance wellbeing, and strengthen connection across the organisation.	**Who Gets a Say at the End? LGBTQ+ Voices in Community End-of-Life Care (55)** - **Zoe Hinton**, ACON The LGBTQ+ community face barriers to accessing equitable palliative care often due to a mistrust of institutional systems. Mainstream knowledge gaps around LGBTQ+ cultural specificities, or widespread lived experiences of discrimination inform perspectives that identifying as LGBTQ+ may worsen care or endanger them when accessing palliative care. LGBTQ+ specific 'Death Cafes' positively engage community members to share concerns, ideas, and preferences; while offering an opportunity to share regionally specific palliative care information in a LGBTQ+ autonomous space. By taking these 'Death Conversations' across NSW, ACON reports positive experiences from attendees and increased comfortability in engaging with end-of-life decision making.

1:15pm	Learning Labs (1:15 – 2:10pm)			
	Stream 1 *Ionic Room*	**Stream 2** *Doric Room*	**Stream 3** *Tuscan Room*	**Stream 4** *Corinthian Room*
	Improving Recognition and End-of-Life Planning in Dementia: Integrating the Functional Assessment Staging Tool (FAST) with the End of Life Care Assessment Tool for Dementia (EoLC ATD) in Aged Care Settings (56) - **Dr Carolyn Bourke**, Palliative Aged Care Network (PACN) **Jon San Martin**, University of Technology Sydney **Lara McIntyre**, Catholic Healthcare By the end of this learning lab, participants will be able to recognise the older person with dementia's functional level using the FAST staging tool, apply FAST level to prompt/support application of the EoLC ATD, and use the guidance document to identify the person's holistic end of life needs. Key learning outcomes include being able to recognise and support personhood through person centred care planning and communication and building confidence to engage older people with dementia, their families/carers and decision makers in care discussions.	Advancing End of Life Communication at Campbelltown and South Western Sydney Local Health District – SHAPES EOL Communication (57) - **Dr Katie Maclean**, **Kayla Gloss** and **Richard Cracknell**, Campbelltown Hospital **Daniela Quiroz** and **Rachael Williams**, South Western Sydney Local Health District Breaking bad news and discussing goals of care are core clinical responsibilities, yet many clinicians receive limited formal training in end of life communication. In 2021, Campbelltown Hospital, introduced a 2-hour end of life communication workshop which allowed a safe place to begin to explore how and when to have these conversations, allowed opportunities to practice these conversations and afforded time to explore possible barriers. These workshops have been extremely well received and have now been rolled out across SWS. In this learning lab we will review the program we have introduced, explore the logistics and discuss future goals and ideas, with lots of interactive moments along the way.	Supporting Person- and Family-Centered Quality of Life Across the Paediatric Palliative Care Journey (58) - **Natalie Hudson** and **Dr Maggie Mei Ki Winters**, Sydney Children's Hospitals Network, The Children's Hospital at Westmead A unique opportunity to improve your understanding of paediatric palliative care and to enhance your skills in caring for a child and their family. This learning lab will cover the definition of paediatric palliative care, quality of life care along the patient's journey: home, hospice, hospital, and decision-making in advance care planning. By the end of this session, you will be able to understand the distinguishing features of paediatric palliative care, the role of the multidisciplinary team approach in a child's palliative care journey, and the clinical and ethical considerations in advance care planning in children and young people.	Caring Without Barriers: Reducing Inequities in Palliative Care for People with Intellectual Disability (59) - **Maria Heaton**, South Eastern Sydney Local Health District **Meredith Laina** and **Usha Gurung**, Calvary Health Care Kogarah This learning lab explores the unique palliative care needs of people with intellectual disability and examines practical strategies to promote equitable, person-centred care across health, disability, and community services. Participants will gain a deeper understanding of systemic barriers, supported decision-making principles, inclusive communication approaches, and the importance of collaborative care planning. Through case studies and discussion, the workshop highlights opportunities to improve access, quality, and outcomes for people with intellectual disability and their families throughout their palliative care journey.

2:15pm	**Closing Keynote Speaker** *Nadine Champion*
	Nadine is a martial arts expert, author & mindset coach. She has dedicated almost 40 years to studying martial arts, discovering practical tools for strengthening the mind, developing resilience and building courage. Her academic background as a Social Scientist specialising in Criminology ignited her fascination with the power of mindset - to limit our potential or motivate us to be our best. She is also passionate about palliative care, following several personal experiences in her life that have been positively impacted by the support of palliative care. Nadine is excited to be closing our 2026 State Conference. This is going to be an energetic, dynamic and uplifting presentation that you won't want to miss. *Nadine is exclusively represented by Saxton*.