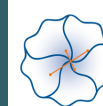


# Evaluation of the Implementation of the 10/40 PAMPA Model in Palliative Care: Audit in Two Argentine Institutions – A Benchmarking Initiative

International Collaborative  
for Best Care  
for the Dying Person



INSTITUTO  
PALLIUM  
LATINOAMÉRICA  
MEDICINA PALIATIVA



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## INTRODUCTION

The 10/40 PAMPA Model aims to ensure quality at the end-of-life palliative care by identifying **opportunities for improvement in patient care and documentation**. This study presents the results of audits and benchmarking in two Argentine institutions.

Caring in the final days is a process

Gender	Frequency	n	Gender	Frequency	n
Male	41%	41	Male	46%	46
Female	59%	59	Female	53%	53
<b>Age</b>					
Range from/to	31	103	Range from/to	32	96
Median	82		Median	74	
<b>Diagnosis</b>					
Cancer	72%	70	Cancer	88%	88
Non-cancer	29%	29	Non-cancer	11%	11
<b>No. of hours supported by Individualised Care for the Dying Person Care Plan</b>					
Range from/to	2	312	Range from/to	3	240
Median	36		Median	35,5	

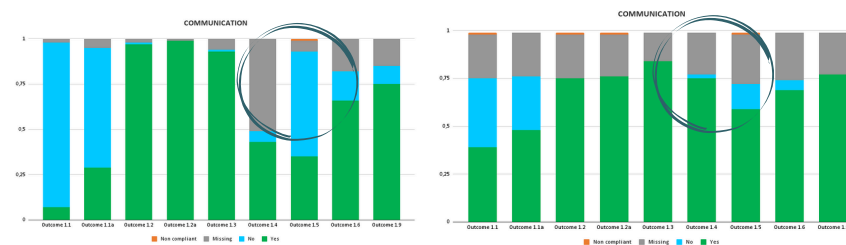
## METHODOLOGY

A retrospective audit (Oct. 2023 – Nov. 2024) was conducted in two Argentine institutions: home care (Córdoba) and inpatient care (Mar del Plata). Two hundred cases were analyzed using key PAMPA indicators: patient identification, program access, communication, medication prescription, continuous evaluation, team support, and documentation.

Cordoba			Mar del Plata		
MDT Assessment	Frequency	n	MDT Assessment	Frequency	n
There was documentation of the MDT recognition that the person was dying	96%	96	There was documentation of the MDT recognition that the person was dying	79%	79
At the time of the MDT recognition of dying, the person was:					
Conscious	6%	6	Conscious	18%	18
Semi-conscious	55%	55	Semi-conscious	26%	26
Unconscious	36%	36	Unconscious	23%	23
A full MDT reassessment was made at least every 48 hours	2%	2	A full MDT reassessment was made at least every 48 hours	81%	81
The decision to commence the Individualised Care for the Dying Person Plan was documented and signed by the senior doctor responsible for the person's care	84%	84	The decision to commence the Individualised Care for the Dying Person Plan was documented and signed by the senior doctor responsible for the person's care	81%	81

"The first step toward improvement is recognizing what's missing — and documenting it."

"Gaps in documentation are significant: over 50% of key data on emotional support are missing."



## RESULTS

**Enrollment in the 10/40 Model:** In Mar del Plata, initial patient identification was low (30%) but improved to 100% after training and protocol updates. In Córdoba, 72% of cases were identified on time, though documentation of enrollment decisions varied.

**Continuity of Care:** Lack of weekend coverage highlighted the need for an on-call system to ensure timely access to the model.

End-of-Life Situation (EoL) Unified Criteria is not recognized.

•Lack of specialized training in EoL

EoL is recognized but not enrolled.

•Lack of a person responsible for enrollment.

Patient is enrolled in EoL, but it is the weekend or a holiday.

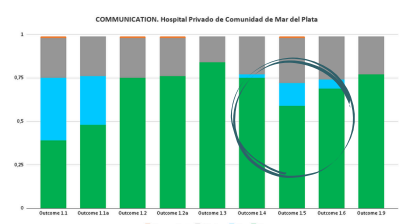
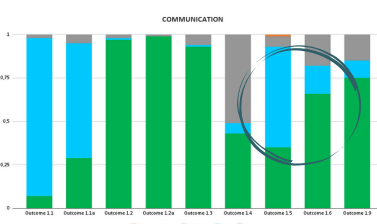
• Lack of formal on-call team coverage during weekends and holidays.  
•Lack of PAMPA training in other departments.

There are no accessible forms for enrolling the patient in PAMPA.

•Lack of designated personnel for managing forms

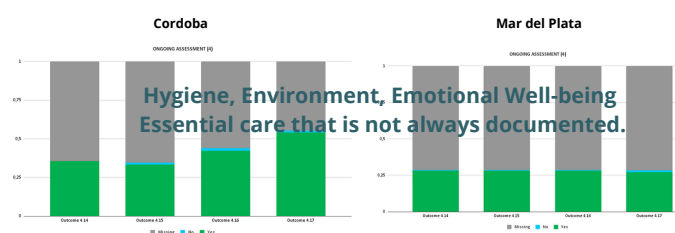
Training transforms: from 30% to 100% in identifying the dying process.

**Psychosocial and Spiritual Support:** In Córdoba, only 35% of patients and 66% of family members received documented spiritual care, revealing a gap in comprehensive support.



## RESULTS

**Team Training:** Both institutions showed the need to improve training in identifying, decision-making, and documenting the final days.



Hygiene, Environment, Emotional Well-being Essential care that is not always documented.

How can we know if there was relief... if it wasn't documented?

**Clinical Documentation:** High rates of missing data were due to checklist-style records without detailed justification.



Lack of symptom documentation

Lack of symptom documentation

"What is not measured, is not relieved."

## CONCLUSION

The audits identified key areas for improvement in the implementation of the 10/40 PAMPA model. Enhancements in training, documentation, and psychosocial and spiritual support are essential for comprehensive and equitable palliative care. The evaluation across institutions highlighted how to identify intervention areas, drive continuous improvement, and raise care standards.

"Compare to improve. Evaluate to transform."