# 2020 CIRCLE of LIFE Award ApplicationH:\u6\glovinger\EOL Awards\colka.bmp

**The Circle of Life Awards: Celebrating Innovation in Palliative and End-of-Life Care** are presented annuallyto recognize outstanding and innovative initiatives and programs. In particular, the Circle of Life Awards seek to honor programs that can be models for other health care organizations working to embed palliative and end-of-life care in a variety of settings. This includes but is not limited to programs:

* emphasizing coordinated or integrated care delivery
* engaging underserved populations
* promoting palliative care in diverse populations
* using strategies for engaging communities
* creating partnerships with other health care organizations and practitioners, and initiatives within long-term care facilities.

Up to three Circle of Life Awards will be presented annually; the awards committee also may present Citations of Honor to other noteworthy programs*.* In addition to the national presentation of awards and citations at the AHA Leadership Summit, July 19-21, 2020, in San Diego, honorees will be featured in an awards booklet and offered the opportunity to showcase their Circle of Life achievements in their communities through a local presentation of award/citation and may use the Circle of Life logo in organizational publications and websites. Honorees also will have the opportunity to film video interviews for social media and serve as faculty at educational sessions.

# Eligibility

All organizations or groups in the United States that provide palliative or end-of-life care are eligible for the award.

# Criteria

The Circle of Life Award honors palliative and end-of-life care programs that:

* Serve individuals with serious and life-limiting illness, their families, and their communities.
* Demonstrate effective, patient/family-centered, timely, safe, efficient and equitable care to patients with serious and life-limiting illness.
* Use innovative approaches to meeting critical needs and serve as sustainable, replicable models.
* Pursue quality improvement consistent with the National Consensus Project (NCP) *Clinical Practice Guidelines for Quality Palliative Car*e, NHPCO *Standards of Practice for Hospice Programs* or other widely-accepted standards, within their resources and capabilities.
* Address physical, psychosocial, spiritual, and cultural needs throughout the disease trajectory.
* Use innovative approaches to reach traditionally underserved populations.
* Actively partner with other health care organizations, education and training programs, the community, providers of care, and/or insurers.
* Use metrics that demonstrate significant impact and value for individuals, families and communities.

# Support Materials

**Please number application pages. Do not submit materials in binders or special folders or include video/audio materials.** **Please provide only those attachments directly requested in the application (up to four pages of measurement data and, if appropriate, an organization or relationship chart).** All applicants are also encouraged to provide letters of support from key stakeholders (local community organizations, providers, and partners).

# Requirements

The application has three sections. To be considered for a site visit, all three sections must be fully completed. Site visits will be made to up to eight programs being considered for the awards. Each selected program will be expected to identify key members/leaders who are instrumental to the program’s success and willing to work with AHA, the award sponsors, and the selection committee to move the field forward. Honorees are expected to participate in outreach and education to the field in conjunction with programs offered by sponsoring organizations and other groups.

# Submission of Applications

**Applications must be received by August 16, 2019; please upload the completed application file to** <http://ahaconnect.org/circle_of_life_award.php>**.** Please convert your application to a single pdf file to minimize possible distortion in graphs, charts, and layout. Support letters should be scanned and included as part of the single pdf. The required CEO signature may be electronic. All electronic applications will be acknowledged within 24 hours of receipt on a business day.

Alternatively, applications can be mailed to:

Circle of Life Award

c/o AHA Office of the Secretary

155 North Wacker, #400

Chicago, IL 60606

Please allow sufficient time for the application to arrive by the due date.

# Other Guidance

This application can also be downloaded directly from <http://www.aha.org/circleoflife>.

Not sure if your program is ready to apply? Circle of Life staff will be pleased to talk with you to help you decide if you are ready to apply for the Circle of Life Award. Please contact Circle of Life staff at 312-422-2712 or e-mail [circleoflife@aha.org](mailto:circleoflife@aha.org).

# 2020 CIRCLE *of* LIFE Award Application

|  |  |
| --- | --- |
| Organization Name |  |
| Program Name (if different than above) |  |
| Name of Program Contact |  |
| Title of Program Contact |  |
| Street Address |  |
| City, State, Zip Code |  |
| E-Mail Address |  |
| Phone |  |

The following should be read and signed (signature graphics file acceptable) by the CEO of the organization with which the program is associated. If the program is independent, it should be signed by the program’s director.

*I understand that all applications for the Circle of Life Award: Celebrating Innovation in Palliative and End-of-Life Care become the property of the Circle of Life Award. Because the goal of the award is to increase understanding and awareness of the importance and value of providing high quality care to patients with serious and life-limiting illness, descriptions of winning programs will be published, and the sponsoring organizations might use information from all applications in articles aimed at increasing awareness of the need for high-quality palliative care to patients with serious illness and providing examples of innovation in care. I also agree, if our program is one of the finalists for the award, to host a site visit as part of the final selection process. Program contacts may be asked to provide additional information.*

*I also understand that winners of the award will be expected to participate in outreach and education in conjunction with programs of sponsoring organizations.*

*I certify that the information in this application is accurate.*

*CEO/Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# 2020 CIRCLE *of* LIFE Award Application

# PART I:

1. **Nominee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **The nominee is:**

* A unit/service/program of an organization (If the program being nominated is part of a larger organization, please identify the parent organization below and **include an organization chart** showing the reporting relationships of the program/service.)

Parent Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* An entire organization
* A collaboration or partnership of two or more entities not connected by ownership

C. **The applicant organization is a/an (please mark all that apply):**

|  |  |
| --- | --- |
| * Hospice * Home health agency * Residential program * Community program * Primary care practice with palliative care * Disease specialty clinic with palliative care * Specialty outpatient palliative care | * Integrated health care system * Community hospital * Academic medical center * Specialty hospital * VA or other federal organization * ACO or other coordinated care models (managing risk) |

* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Brief overview of your program and whom it serves** (maximum 300 words).

**PART II:**

1. Please tell us about:

* Your organization’s/program’s innovations in caring for individuals with serious illness
* Where your program is in its trajectory of implementing these innovations and your reasons for applying for the Circle of Life Award at this time
* How these innovations are funded and plans to make them sustainable
* How the innovations dovetail with the organization’s overall priorities/goals
* How your work raises the bar in caring for individuals with serious illness

(maximum 600 words)

1. Please describe:
2. How you ensure access to palliative care, including efforts to provide:
   * Services throughout the disease trajectory. Please include key partners and their roles.
   * Services to traditionally underserved and vulnerable populations
   * Care that is culturally and spiritually sensitive
   * Community outreach, including raising awareness of the value of palliative care and advance care planning
   * Continuing education for front-line practitioners

(maximum 400 words)

1. How you provide a coordinated seamless continuum of care when a patient is ready to move across providers or care levels (for example, hospital inpatient to home care or in-home care to inpatient hospice). Please address:

* Methods in place to coordinate transfers
* Participation in value-based care payment or delivery (for example, provider-based health plan, ACOs, case management) where your program/service/organization is responsible for continued coordination
* Your experience, both successes and challenges

(maximum 400 words)

1. How you identify and address breakdowns in care delivery
   * How and when patients and families are informed of problems and errors affecting care and how they are being addressed and corrected
   * An example of how your organization has used an event or data that pointed to an improvement opportunity to actually create process improvements

(maximum 400 words)

1. How you help your staff to:

* Effectively communicate with patients and families about diagnoses, disease trajectories, expressing treatment wishes
* Express and demonstrate compassion
* Practice strategies to achieve well-being, including promoting team and individual wellness and handling stress/moral distress

(maximum 400 words)

1. How you ensure continued and seamless leadership through staff development (including resiliency), career ladders, and leadership succession planning

(maximum 400 words)

1. How you ensure/encourage all practitioners and providers (both within your program/organization and in the greater health care community) to involve patients and their families to the greatest extent, including:

* Supporting involvement in establishing goals of care and preferences
* Supporting the family in providing in-home care, understanding disease progression, preparing for and coping with living while dying
* Supporting the patient living as well as possible with serious, life-limiting illness.

(maximum 400 words)

1. How the communities your serve (including minority groups and traditionally underserved individuals) are involved in the organization’s strategic planning

(maximum 400 words)

1. Partnerships with payers (e.g., insurers, government, businesses/employers), foundations, community coalitions, universities/other academic organizations, and other providers that promote access to or improve quality of palliative care and care of individuals with serious illness

(maximum 400 words)

1. Examples of quality improvement initiatives and how you prioritize them, including efforts to identify and ensure organization-wide implementation of evidence-based care (maximum 500 words)
2. Please provide results from at least four major outcome or process measures used to evaluate your services. One of these MUST be symptom management (include all symptoms tracked). Others can include measures of patient/family and/or provider satisfaction (no more than one), operational measures, other clinical outcomes or financial outcomes. Include for each:

* how data are collected
* external benchmarks used and organizational goals
* trend data on results for the past two years
* how you use data for quality improvement and quality improvement plans

(maximum 750 words and up to four pages of data attachments)

**PART III:**

*Information requested below is very important for the Circle of Life Award Committee as it seeks to understand your program and its maturity, reach, stability, patient impact, and community interaction. Please be as complete as possible in providing the information. Incomplete applications will not be considered.*

1. **Please tell us about the nominated program.** If your program is part of a larger hospital/health care system/hospice/agency, please only report data for patients who are directly impacted by the nominated program (e.g., indicate the number of patients served by your inpatient palliative care program, not total number of patients served by the hospital). Indicate NA if not applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| Delivery Setting for Hospice/Palliative Care | # of patients served annually\* | Year program began | Average length of service |
| Acute hospital |  |  |  |
| LTAC/rehabilitation hospital |  |  |  |
| Skilled nursing facility |  |  |  |
| Nursing home |  |  |  |
| Assisted living or retirement community |  |  |  |
| Home — hospice care |  |  |  |
| Home — palliative care |  |  |  |
| Hospice inpatient unit or residential |  |  |  |
| Independent or group practice, clinic or physician practices |  |  |  |
| Other (please describe) |  |  |  |
| Total patients served by hospice/palliative care program across all settings |  |  |  |

*\*Patients who receive care in multiple settings should be counted multiple times. For example, a patient who is first seen by an inpatient consult service and is then transitioned to home-based palliative care should be counted for both the inpatient service and the home-based palliative care service.*

1. Annual percentage of cases that end in death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of patients who die in preferred site \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list the three most common diagnoses of your patients and the percentage of your total patient population with each of these diagnoses.

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1. Patient demographics:

Percentage of patients with no coverage: \_\_\_\_\_\_\_\_%

Percentage of patients with Medicaid: \_\_\_\_\_\_\_\_%

Age of patients by percentage:

Pediatric \_\_\_\_\_\_\_\_%

(0-21 years or older if being treated for   
condition diagnosed   
in childhood/adolescence)

Adults (21-65) \_\_\_\_\_\_\_\_%

Older and senior adults (over 65) \_\_\_\_\_\_\_\_%

1. Racial/Ethnic Demographics
2. Data on patients, staff and volunteers should be for the nominated part of the organization/program only. For programs that are part of a larger organization and do not have their own governing body or executive staff, please provide that information for the overall organization.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Overall number | Percent  Caucasian | Percent  African-American | Percent  Hispanic/  Latino | PercentAsian | Percent  Native American | Other (please specify) |
| Service area |  |  |  |  |  |  |  |
| Patients |  |  |  |  |  |  |  |
| Governing body |  |  |  |  |  |  |  |
| Executive staff |  |  |  |  |  |  |  |
| Clinical staff |  |  |  |  |  |  |  |
| All staff (Please include all employed by the organization) |  |  |  |  |  |  |  |
| Volunteers |  |  |  |  |  |  |  |

1. If the demographics of patients you serve do not match your service area demographics, please describe efforts to respond to this discrepancy.
2. Traditionally underserved populations for whom you have **organized programs** to provide services (describe programs in Section IIB):

* Developmentally disabled
* Elderly disabled
* Persons living with HIV
* Homeless
* LGBT
* Psychiatric diagnoses
* Substance use disorder
* Uninsured/underinsured
* Veterans
* Others (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Staffing:

### What is the annual percentage of staff turnover? \_\_\_\_\_\_\_\_\_\_

### Please provide information on your interdisciplinary team of palliative care professionals, including physicians, nurses, social workers, pharmacists, spiritual care counselors, and others who collaborate with primary health care professionals.

|  |  |  |  |
| --- | --- | --- | --- |
| Discipline | #FTE | # Individuals filling the specified FTE | Percent Certified in Palliative Care |
| Physician (MD, DO) |  |  |  |
| Advanced practice registered nurse (APRN) |  |  |  |
| Registered nurse (RN) |  |  |  |
| Physician Assistant (PA) |  |  |  |
| State-licensed Social Worker (SW) |  |  |  |
| Other social worker |  |  |  |
| Spiritual care provider/chaplain |  |  |  |
| Psychologist/  Counselor |  |  |  |
| Personal care attendant/aide |  |  |  |
| Bereavement counselor |  |  |  |
| Pharmacist |  |  |  |
| Other (rehabilitation therapist, child life specialist, expressive therapist — please describe) |  |  |  |

*Physician certification is available from the American Board of Medical Specialties or the American Osteopathic Association. Nursing certification is available from the Hospice and Palliative Credentialing Center (HPCC) (APRN, RN, pediatric RN, and nursing assistant) and to administrators. Social worker certification is available from the National Association of Social Workers/National Hospice and Palliative Care Organization and the Social Work Hospice & Palliative Care Network. Chaplain certification is available from the Association of Professional Chaplains, the National Association of Catholic Chaplains, the National Association of Jewish Chaplains and the Spiritual Care Association. Counseling certification is available from the Association for Death Education and Counseling.*

H. How many volunteers does the nominated program use? \_\_\_\_\_\_\_\_\_\_\_\_

### What are the main activities of volunteers?

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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1. Please list your program’s accreditations or certifications, including those from The Joint Commission (TJC), DNV, Accreditation Commission on Health Care (ACHC), Community Health Accreditation Program (CHAP), and other accrediting bodies.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Appendixes and Attachments:

* Organization/Relationship Chart (if appropriate)
* Process and Outcome Measures (up to four pages)
* Other, if appropriate (up to four pages)
* Letters of Support (not included in the maximum number of pages for appendixes)