# H:\u6\glovinger\EOL Awards\colka.bmp

# 2025 CIRCLE *of* LIFE Award Application

Celebrating Innovation in Palliative and End-of-Life Care

**The Circle of Life Award: Celebrating Innovation in Palliative and End-of-Life Care** recognizes programs that care for patients with serious or life-limiting illness. In 2025, the Circle of Life Award seek to honor innovative programs and organizations of any size, location and affiliation that provide best practices and models for the field. Organizations making progress as shown in metrics and current data, in one or more of the following areas should apply:

* Advancing care that is safe, timely, efficient, effective, equitable and patient- and family-centered (STEEEP)
* Partnering with payers, other providers, community groups, faith communities and others relevant to the community served
* Developing meaningful measures and metrics to track organizational progress and/or advance the field
* Implementing nontraditional models of care delivery and payment (i.e., support for caregivers, meals, transportation, 24-hour access to experienced consultants, cost-avoidance, in-kind measures, etc.)
* Fully integrating palliative care into a system of care or a community
* Making palliative care financially sustainable long term

Up to three Circle of Life Awards will be presented annually; the Award Committee also may present Citations of Honor to other noteworthy programs*.* The awards will be presented at the 2025 AHA Leadership Summit, July 20-22, in Nashville.

**Eligibility**

All organizations, agencies or groups in the United States that provide direct care for patients with serious or life-limiting illness are eligible for the award. Applicants do not need to be AHA members.

**Why Apply for a Circle of Life Award?**

* Recognition as a national leader shaping the future of palliative and end-of-life care.
* Increased support and visibility within your organization and community for the innovative and important work you are doing.
* Increased visability of your program to grant-giving organizations.
* Opportunity to showcase your innovative model of care.
* Recognition as a role model in the wider palliative care community.
* Celebrate the hard work and accomplishments of your team and volunteers through an opportunity to reflect and look at the breadth and depth of what has been achieved and how far your organization/program has matured.

**Evaluation and Judging**

The applications are reviewed by members of the Circle of Life Awards Committee, which is composed of leading experts in palliative care and hospice medicine, social work, spiritual care, long-term care, quality improvement, management and finance. The Committee selects organizations to be site visited, participates in site visits and determines which honors are to be presented. AHA is grateful for the extensive volunteer contributions made by Committee members.

**Site Visits**

Site visits will be made to up to five programs being considered for the awards. All site visits will take place Nov. 1 – 17, 2024. Site visits are 5 hours in duration. Programs selected for site visits will be asked to provide additional information to the Award Committee in advance of the site visit.

**Requirements**

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 Award 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.

All applications become the property of the American Hospital Association and may be used in AHA’s activities to provide “best practices” and examples of different approaches to achieving the awards’ goals. In these cases, AHA will contact the organization to explore its interest in participating in an interview or case study.

# Submission of Applications

**Applications must be submitted by midnight Central Time, Wednesday, July 24, 2024,** via email to [circleoflife@aha.org](mailto:circleoflife@aha.org). Submit your application as **a single PDF** to ensure all materials are seen by the Awards Committee and to minimize possible distortion. The required CEO signature may be electronic. All applications will be acknowledged within one business day.

**Incomplete applications will not be accepted. No supplemental materials via links or in binders or special folders or video/audio materials will be accepted.**

**Additional Guidance**

Not sure if your program should apply? Please see the Readiness section at [www.aha.org/circleoflife](http://www.aha.org/circleoflife). Please remember that the strongest applications are developed by a team, rather than a single individual. In addition, Circle of Life staff ([circleoflife@aha.org](mailto:circleoflife@aha.org)) will be pleased to talk with you to answer any questions that your team may have regarding the Circle of Life Awards or the application process.

**Sponsors**

Major sponsors of the 2025 awards are the [American Hospital Association](http://aha.org/) and the [Catholic Health Association](https://www.chausa.org/). The awards are cosponsored by the [American Academy of Hospice and Palliative Medicine](http://aahpm.org/), the [Center to Advance Palliative Care,](https://www.capc.org/) the [Hospice & Palliative Nurses Association/the Hospice & Palliative Credentialing Center/the Hospice & Palliative Nurses Foundation](https://advancingexpertcare.org/), and the [National Association of Social Workers](https://www.socialworkers.org/).

# 2025 CIRCLE *of* LIFE Award Application

Cover Page

|  |  |
| --- | --- |
| 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 (electronic signature is 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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# 2025 CIRCLE *of* LIFE Award Application

**Organization/Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you learn about the Circle of Life Award?**

|  |  |
| --- | --- |
| 🞏 American Hospital Association (AHA)  🞏 Newsletter 🞏Social Media (e.g. LinkedIn) 🞏 Center to Advance Palliative Care (CAPC) | 🞏 Hospital & Palliative Nurses Association/Credentialing Center/Foundation |
| 🞏 Catholic Health Association of the United States (CHAUSA) | 🞏 American Academy of Hospice & Palliative Medicine (AAHPM) |
| 🞏 National Association of Social Workers (NASW) |  |
| 🞏 Other: | |

**1.** The **applicant** 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

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

|  |  |
| --- | --- |
| * Academic medical center * ACO or other coordinated care model (managing risk) * Community hospital * Community program * Disease specialty clinic with palliative care * Home-based palliative care * Home health agency * Hospice | * Integrated health care system * Nursing home, SNF or assisted  living facility * Primary care practice with  palliative care * Residential program * Specialty hospital * Specialty outpatient palliative care * VA or other federal organization * Assisted living |

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

|  |  |
| --- | --- |
| * Individuals with behavioral health or substance use disorders * Individuals with an intellectual, cognitive or functional disability * Individuals experiencing homelessness * LGBTQ+ Individuals * Individuals with HIV | * Individuals who are uninsured/ underinsured * Veterans * Individuals with a history of incarceration * Others (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3.** We have **specialized programs** to provide services to the following historically marginalized populations:

The information requested in this application is very important for the Circle of Life Award Committee as it seeks to understand your program. **Please be as complete as possible in providing the information, related metrics and current data to demonstrate progress. Remember metrics should be a mix of structural, process and outcomes measures.** **Submit pages one through seven of the application plus a maximum of six double-spaced pages and four pages of data in response to the sections below. Note that word counts are maximums and not suggestions.** Use the domains from the [Clinical Practice Guidelines for Quality Palliative Care](https://www.nationalcoalitionhpc.org/ncp/) (please highlight only those aspects that apply to your organization/program).

**I. Domain 1: Structure and Processes of Care, Domain 2: Physical Aspects of Care, and Domain 3: Psychological and Psychiatric Aspects**

Consider the composition of the interdisciplinary team including the professional qualifications, education, training, and support needed to deliver optimal patient- and patient-centered care. Additionally define the elements of the palliative care assessment and care plan, as well as systems and processes specific to palliative care. Identify processes for systematically assessing and addressing the psychological and psychiatric aspects of care in the context of serious illness. **Please support with related metrics and current data to demonstrate progress. Remember metrics should be a mix of structural, process and outcomes measures.**

1. Please provide a **brief overview of the organization/program** you are nominating (max word count: 300)
2. Does your program have **specialty palliative care** designation from the following organizations?Please check all that apply:

* Community Health Accreditation Partners (CHAP)(community programs)
* Accreditation Commission for Health Care (ACHC) (community programs)
* The Joint Commission (hospital and community programs)
* DNV (hospital programs)
* Not applicable

1. Please share a copy of the **assessment tool you use** and demonstrate how the tool covers the key elements covered in Domains 1, 2, 3, 4, 5 and 6.
2. Please list the **three most common diagnoses of your patients** and the percentage of your total patient population with each of these diagnoses. Also include those with psychological and psychiatric diagnoses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Delivery settings for care**

If you are describing a program that is part of a larger hospital/health care system/  
hospice/agency, please only report data for patients who are directly impacted by the program you are nominating in this application (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. **If chart is incomplete at time of submission, application will not be reviewed.**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.*

**f. Staffing:**

1. What is your annual percentage of staff turnover? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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. **If chart is incomplete at time of submission, application will not be reviewed.**

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

Physician certification is available from the [American Board of Medical Specialties](https://www.abms.org/board-certification/) or the [American Osteopathic Association](https://certification.osteopathic.org/). Nursing certification is available from the [Hospice and Palliative Credentialing Center](https://advancingexpertcare.org/certification) (APRN, RN, pediatric RN, and nursing assistant) and to administrators. Social worker certification is available from the [Social Work Hospice & Palliative Care Network](https://www.swhpn.org/aphsw-certification) and the [National Association of Social Workers/National Hospice and Palliative Care Organization](https://www.socialworkers.org/Careers/CredentialsCertifications). Palliative care and hospice advanced chaplain certification is available from the [Association of Professional Chaplains](https://nam03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbcci.professionalchaplains.org%2Fcontent.asp%3Fadmin%3DY%26pl%3D42%26sl%3D42%26contentid%3D45&data=02%7C01%7Cjjeffries%40aha.org%7C26dcc33fecc345d7e69608d7c45cd71d%7Cb9119340beb74e5e84b23cc18f7b36a6%7C0%7C0%7C637193775343445904&sdata=iU%2Fz2HWs0gr%2BtZJA1EU6cVL3Xg0FQqWhGKsPFS3Htkc%3D&reserved=0) and the [National Association of Catholic Chaplains](https://nam03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nacc.org%2Fcertification%2Fpalliative-care-and-hospice-advanced-certification%2F&data=02%7C01%7Cjjeffries%40aha.org%7C26dcc33fecc345d7e69608d7c45cd71d%7Cb9119340beb74e5e84b23cc18f7b36a6%7C0%7C0%7C637193775343455900&sdata=rgmnXFblgCrZc0GITIUN2bg0OMsgyAgHKDSIJbnEjAo%3D&reserved=0). Counseling certification is available from the [Association for Death Education and Counseling](https://www.adec.org/page/Earn_Certification). Physician assistant certification is available through the [National Commission of Certification of Physician Assistants](https://www.nccpa.net/specialty-certificates/#palliative-medicine-hospice).

**g. Volunteers:**

1. Does your program use volunteers? \_\_\_\_\_\_\_\_\_\_\_\_ Equivalent FTEs? \_\_\_\_\_\_\_\_\_\_\_\_
2. What are the main activities of volunteers? What type of orientation and training do they receive?

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

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

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

**h. Patient demographics:**

Percentage of patients with no financial 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 (65-80) \_\_\_\_\_\_\_\_%
* Elderly (80+) \_\_\_\_\_\_\_\_%

**II.** **Domain 4: Social Aspects of Care, Domain 5: Spiritual, Religious and Existential Aspects of Care, and Domain 6: Cultural Aspects of Care**

Please address your care approach to assessing and addressing patient and family social support needs. Address the screening process and your approach for addressing unmet spiritual, religious and existential aspects of care. Finally, please discuss how the culture of your population influences care delivery and the experience the patient and family have from diagnosis through death and bereavement. **Please support with related metrics and current data to demonstrate progress. Remember, metrics should be a mix of structural, process and outcomes measures.**

1. **Racial/Ethnic Demographics**

Data on patients, clinical and nonclinical staff, and volunteers should be for the organization/program nominated in this application 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. **If chart is incomplete at time of submission, application will not be reviewed.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Overall number | Percent  American Indian or Alaska Native | Percent  Asian | Percent  Black or African American | Percent  Hispanic, Latinx, Latino or Latina | Percent Native American or Other Pacific Islander | Percent Middle Eastern (i.e., South West Asian) or North African | Percent White |
| Service area |  |  |  |  |  |  |  |  |
| Patients |  |  |  |  |  |  |  |  |
| Clinical staff |  |  |  |  |  |  |  |  |
| Nonclinical/ administrative staff |  |  |  |  |  |  |  |  |
| Volunteers |  |  |  |  |  |  |  |  |
| Executive  staff |  |  |  |  |  |  |  |  |
| Governing body |  |  |  |  |  |  |  |  |

Find your service area’s demographics here: <https://www.census.gov/quickfacts/fact/table/US/PST045221>. In the search box, type the name of the county. Then, in the All Topics drop-down menu, select “Race and Hispanic Origin” to see the county’s racial/ethnic breakdown.

1. If the demographics of patients, volunteers, staff or administrative leadership do not match your service area demographics, please describe efforts to address this disparity.

**III. Domain 7: Care of the Patient Nearing the End of Life, and Domain 8: Ethical and Legal Aspects of Care**

* 1. Please discuss how you focus on the symptoms and situations that are common in the final days/weeks of life. Share tools/processes regarding handling advance care planning, surrogate decision making, regulatory and legal considerations. Include ethical imperatives and processes to support patient autonomy. **Please support with related metrics and current data to demonstrate progress. Remember metrics should be a mix of structural, process and outcomes measures.** (max word count: 500)

**IV. Quality of Care** (max word count: 500)

1. How do you define quality of care?
2. Please define the improvement methodology you use to measure and improve the services provided.
3. What metrics do you measure to determine the quality of care provided by your organization/program? Please provide supporting data. Dashboards, charts and graphs should be utilized.

**V. Innovations in Care** (max word count: 500)

a.Please describe your organization’s/program’s major innovation(s) in palliative and end-of-life care, using the domains from the [Clinical Practice Guidelines for Quality Palliative Care](https://www.nationalcoalitionhpc.org/ncp/) as a guide when describing your achievements. (max word count: 300 per each innovation)

1. Please include the timeline of your organization/program in its trajectory of implementing these innovations.
2. Please describe your efforts to create sustainable innovations.
3. How do the innovations dovetail with the organization’s overall priorities/goals?
4. What measurable impact did the innovation(s) described have on those you serve? Please include supporting data. How does the innovation(s) described raise the bar in palliative care and end-of-life care? **Please provide examples.**

**VI. Other Major Achievements** (max word count for each innovation: 300)

* + - * 1. Please describe your organization’s/program’s other major achievements. These may include outreach to medically marginalized populations; financing and sustainability; collaborations that improve care, reduce administrative burdens and/or increase organizational effectiveness; etc. Please use the following domains from the [Clinical Practice Guidelines for Quality Palliative Care](https://www.nationalcoalitionhpc.org/ncp/) as a guide when describing your achievements.