Page: Applicant Info and Leadership Signature

Questions with a red asterisk are required. If you cannot complete all fields, please enter 0 or NA.

Organization Name *

Program Name

(If different than organization name above)

Salutation *

Select one option

- ○ Ms
- ○ Miss
- ○ Mrs
- ○ Mr
- ○ Rev
- ○ Dr
- ○ Prof
- ○ Hon
- ○ Other

Please specify salutation

Program Contact Name *

Program Contact Title *

Degrees/Certifications

e.g. MD, RN, etc

Primary Address *

Street:

Line2:

City:

CountryCode:

State:

Zip:

Program Contact Email Address *

Program Contact Phone Number *

Acknowledgment *

The following information should be read and acknowledged by the CEO of the organization with which the program is associated. If the program is independent, it should be acknowledged 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.

Select one or more options

☐ I agree

CEO/Director First Name *

CEO/Director Last Name *

Official Title *

Today's Date *

Page: Organization/Program Questionnaire

Questions with a red asterisk are required. If you cannot complete all fields, please enter 0 or NA.

Where did you hear about the Circle of Life Awards? *

Select one option

- ○ American Hospital Association
- ○ American Academy of Hospice and Palliative Medicine
- ○ Catholic Health Association
- ○ Center to Advance Palliative Care
- ○ Hospital & Palliative Nurses Association/Credentialing Center/Foundation
- ○ National Association of Social Workers (NASW)
- ○ Other

Discovered Via: *

Select one option

- ○ AHA Newsletter
- ○ AHA Social Media-LinkedIn
- ○ AHA Social Media - X

Discovered Via: *

Select one option

- ○ AAHPM Newsletter
- ○ AAHPM Social Media

Discovered Via: *

Select one option

- ○ CHAUSA Newsletter
- ○ CHAUSA Social Media

Discovered Via: *

Select one option

- ○ CAPC Newsletter
- ○ CAPC Social Media

Discovered Via: *

Select one option

- ○ HPNA Newsletter
- ○ HPNA Social Media

Discovered Via: *

Select one option

○ NASW Newsletter
○ NASW Social Media

Please specify where you discovered the awards: *

The applicant is: *

Select one option

○ A unit/service/program of an organization.
○ An entire organization.
○ A collaboration or partnership of two or more entities not connected by ownership.

If the program being nominated is part of a larger organization, please identify the parent organization and include an organizational chart that shows the reporting relationships of the program/service.

Parent Organization

Organizational Chart Upload

Accepted file types: pdf, jpg, jpeg, png, gif

Max file size: one single-sided page up to 15MB

[File Upload]

The applicant organization is a/an: *

Please select all that apply.

Select one or more options

☐ Academic medical center
☐ ACO or other coordinated care model (managing risk)
☐ Assisted living
☐ 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
☐ Other

Please specify what this organization is *

Specialized Programs *

We have **specialized programs** to provide services to the following populations (select all that apply):

Select one or more options

☐ Individuals with behavioral health or substance use disorders
☐ Individuals with an intellectual, cognitive or functional disability
☐ Individuals experiencing homelessness
☐ Individuals with HIV
☐ Individuals who are uninsured/underinsured
☐ Veterans
☐ Individuals with a history of incarceration
☐ Other

Please specify your specialized program *

Page: Interdisciplinary Care Structure and Processes

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. Programs and initiatives must be operational for at least 18 months. Use the domains from the Clinical Practice Guidelines for Quality Palliative Care (please highlight only those aspects that apply to your organization/program).

Questions with a red asterisk are required. If you cannot complete all fields, please enter 0 or NA.

Please provide a brief overview of the organization/program you are nominating. *

Does your program have specialty palliative care designation from the following organizations? *

Please select all that apply

Select one or more options

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

Frequent Diagnoses Table *

Provide the **three most frequest diagnoses among your patients**, along with the percentage of your total patient population for each.

Diagnoses

Additionally, please include any psychological and psychiatric diagnoses. *

Palliative Care Plan *

Outline the **palliative care assessment and care plan** utilized by your organization, along with the specific systems and processes for palliative care. Additionally, please provide related metrics and current data to demonstrate progress.

Additionally, if you wish to provide a more detailed care and assessment plan, there is an **optional** file upload field provided below.

Palliative Care Plan File Upload

Optional upload of up to three single-sided pages combined into one document.

Accepted file type: PDF

Max file size: 5MB

[File Upload]

Psychological and psychiatric aspects of 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.

Delivery settings for hospice/palliative care *

When describing a program within a larger hospital/health care system, hospice, or agency, report data only for patients directly impacted by the program (e.g., the number of patients served by your inpatient palliative care program, not the total number of hospital patients).

**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.*

Please select all that apply and fill out the additional fields that appear. You will be asked to provide the total of all completed "# of Patients Served Anually" fields of this section, below.

Select one or more options

☐ Acute hospital
☐ Assisted living or retirement community
☐ Home — hospice care
☐ Home — palliative care
☐ Hospice inpatient unit or residential
☐ Independent or group practice, clinic or physician practices
☐ LTAC/rehabilitation hospital
☐ Nursing home
☐ Skilled nursing facility
☐ Other

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

Other Delivery Setting *

# of Patients Served Annually* *

Year Program Began *

Average Length of Service (# of days) *

Total patients served by hospice/palliative care programs across all settings (add patients served for each setting) *

From the "Delivery settings for hospice/palliative care" section above, please provide the sum of all "# of Patients Served Anually" fields you completed, here.

What is your annual staff turnover rate? *

Rounded to the nearest %

Interdisciplinary Team *

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. Select all that apply, and fill in the additional fields provided.

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 (APRN, RN, pediatric RN, and nursing assistant) and to administrators. Social worker certification is available from the Social Work Hospice & Palliative Care Network and the National Association of Social Workers/National Hospice and Palliative Care Organization. Palliative care and hospice advanced chaplain certification is available from the Association of Professional Chaplains and the National Association of Catholic Chaplains. Counseling certification is available from the Association for Death Education and Counseling. Physician assistant certification is available through the National Commission of Certification of Physician Assistants.

Please enter any requested % to the nearest decimal point.

Select one or more options

☐ Advanced Practice Registered Nurse (ARPN)
☐ Bereavement Counselor
☐ Licensed Nurse (LN, LPN, LVN)
☐ Personal Care Attendant/Nursing Aid/Medical Assistant/Community Health Worker
☐ Pharmacist
☐ Physician (MD,DO)
☐ Physician Assistant (PA)
☐ Psychologist/Counselor
☐ Registered Nurse (RN)
☐ Spiritual Care Provider/Chaplain
☐ State-licensed Social Worker (SW)
☐ Other Social Worker
☐ Other

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

Please describe the discipline *

(e.g. PT/OT/SLP Rehabilitation Therapist, Child Life Specialst, Expressive Therapist)

#FTE *

 # Individuals filling the specified FTE *

% certified in palliative care *

Does your program use volunteers? *

Select one option

○ Yes
○ No

What are the equivalent FTEs?

Volunteer Activities and Training

What are the main activities of volunteers? What type of orientation and training do they receive?

Rounded to the nearest %

Percentage of patients with private insurance *

Percentage of patients with Medicare *

Percentage of patients with Medicaid or other public assistance only *

Percentage of patients with Medicare/Medicaid (or other public assistance) dual eligible *

Percentage of patients with no coverage *

The following four fields **must** total 100%

Pediatric *

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

---

Adults *

21-65 years old

Older and senior adults *

65-80 years old

Elderly *

80+ years old

Page: Care and Process Summaries

Questions with a red asterisk are required. If you cannot complete all fields, please enter 0 or NA.

Aspects of Holistic Care *

Please describe your organization's care approach to assessing and addressing patient and family social support needs. Explain the screening process and your approach to addressing unmet spiritual, religious, and existential aspects of care. Finally, please share how your patient population influences care delivery and the experience the patient and family have from diagnosis through death and bereavement.

Please support with related metrics and data from at least 18 months ago to demonstrate progress. Remember, metrics should be a mix of structural, process, and outcome measures.

End-of-Life Considerations and Processes *

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, and regulatory and legal considerations. Incorporate ethical principles and processes that support patient autonomy.

Please support with related metrics and data from at least 18 months to demonstrate progress. Remember, metrics should be a mix of structural, process, and outcome measures.

Quality of Care *

Please include the following in your response:

- How do you define quality of care?

- Please define the improvement methodology you use to measure and improve the services provided.

- What metrics do you use to evaluate the quality of care provided by your organization or program? Please provide up to two pages (one table/chart per page) of supporting data if needed.

Quality of Care Supporting Data

Provide up to two single-sided pages of supporting data, one table or chart per page, merged into a single document.

Accepted file type: pdf, jpg, jpeg, png, gif

Max file size: 15MB

[File Upload]

AHA recognizes that innovation may vary across palliative and end-of-life care programs based on size, capacity, resources, etc. Therefore, for the purpose of this application, innovation is defined on a spectrum. Innovation can be defined as a novel idea(s) transforming the delivery of care with significant impact or it can be defined as incremental improvements to an existing product or service, or process by addressing specific problems or needs more efficiently.

Please describe and share examples of your organization's/program's major innovation(s) in palliative and end-of-life care, specifically for your patients and their families and/or your community using the domains from the Clinical Practice Guidelines for Quality Palliative Care as a guide when describing your achievements (max word count: 325 per each innovation). The innovation must be operational for at least 18 months.

- Include the innovation(s) implementation timeline of your organization/program.

- Describe your efforts to create sustainable innovations.

- Share how the innovations(s)align with the organization's overall priorities and goals.

- Describe the measurable impact using current data on those you serve.

Table of Innovations *

Innovations

Innovations in Care Supporting Data

For each innovation, provide up to two single-sided pages of supporting data, one table or chart per page, merged into a single document.

Accepted file type: pdf, jpg, jpeg, png, gif

Max file size: 15MB

[File Upload]

Please describe and share examples of **up to three** of your organization's/program's major innovation(s) in palliative and end-of-life care. 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 domains from the Clinical Practice Guidelines for Quality Palliative Care as a guide when describing your achievements.

Major Achievement and Summary *

Major Achievements