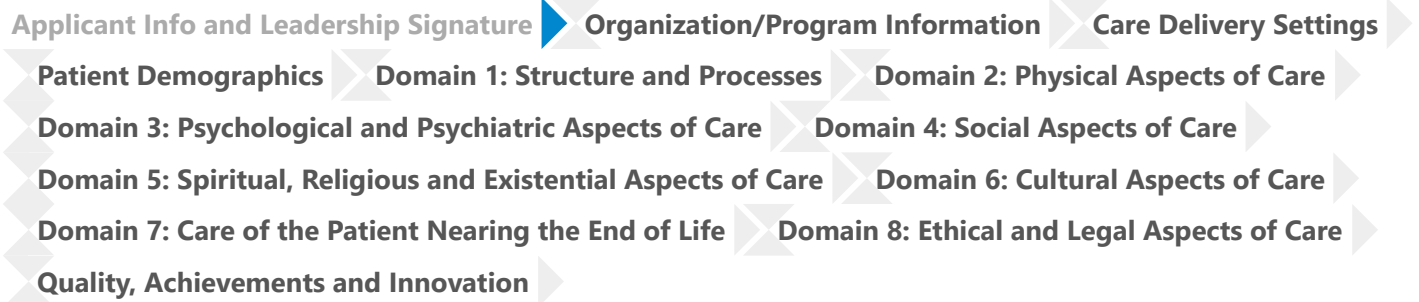


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2027 Circle of Life Award



Circle of Life Awards Instructions

Please read all instructions [here](#) before completing this application.

If you wish to download a copy of the application for your review prior to completion, please click here: [2027 Circle of Life Awards Submission Form](#).

Acknowledgement

By checking this box, I confirm that I have reviewed all instructions and requirements before beginning this application.

I confirm

Applicant Information

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

Program Name

Program Organization

(if applicable)

Hospital Name

(if applicable)

Health System Name

(if applicable)

Salutation

Program Contact Name

First name

Last Name

Program Contact Title

Degrees/Certifications

e.g. MD, MSW, MSN, MDiv, etc.

Program Contact Email Address

Program Contact Direct Phone Number

Primary Address

Street Address

Line 2

City

Country

State / Province

Zip / Postal Code

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** 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.

I agree

CEO/Director First Name

CEO/Director Last Name and Credentials

Official Title

Today's Date

Where did you learn about the Circle of Life Award?

- American Hospital Association
- American Academy of Hospice and Palliative Medicine (AAHPM)
- Catholic Health Association (CHA)
- Center to Advance Palliative Care (CAPC)
- Hospital & Palliative Nurses Association/Credentialing Center/Foundation (HPNA/HPCC/HPNF)
- National Association of Social Workers (NASW)
- Leading Age
- National Coalition for Hospice and Palliative Care (NCHPC)
- Pediatric Palliative Care Coalition (PPCC)
- Other

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1. Organization/Program Questionnaire

Questions with a red asterisk are required.

Applicant information

The applicant is (please select all that apply):

- Organization: ACO or other coordinated care model (managing risk)
- Organization: VA or other federal organization
- Organization: Hospice
- Acute care setting: Urban hospital
- Acute care setting: Rural hospital
- Acute care setting: Specialty hospital
- Acute care setting: Pediatric long-term care hospital
- Home-based care: Home health agency
- Home-based care: Geriatric home Care
- Outpatient Clinic: Disease specialty clinic with palliative care
- Outpatient Clinic: Specialty outpatient palliative care
- Community program: Residential program (group home, residential hospice)
- Community program: Senior Center
- Senior care: Nursing home, skilled nursing facility
- Senior care: Senior living
- Organization: Integrated health care system
- Organization: Home health
- Acute care setting: Academic medical center
- Acute care setting: Community hospital
- Acute care setting: Rehabilitation hospital
- Acute care setting: Pediatric hospital
- Home-based care: Home-based palliative care
- Home-based care: Hospice
- Home-based care: Pediatric home care
- Outpatient Clinic: Primary care practice with palliative care
- Community program: Shelter
- Senior care: Assisted living
- Other

Organizational Structure Diagram

Please upload a diagram that shows where the palliative care program(s) fall within the structure of the larger health care organization.

Accepted file type: PDF

Max file size: 5MB

Choose File No file chosen

Organizational Overview

Please provide a brief overview of the organization/program.

Word count: 0 / 250

Specialized Programs

Does your program have **specialized programs** to provide services to the following populations? Please select all that apply.

- 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
- None

Specialty Palliative Care Designation

Does your program have specialty care designation from the following organizations. Please select all that apply.

- 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

Palliative Care Team Clinical Program

Please upload a list of the clinicians who are members of the dedicated palliative care team.

Accepted file type: PDF

Max file size: 5MB

Choose File No file chosen

2. Frequent Diagnoses and Symptoms

Frequent Diagnoses and Symptoms Table

Provide the three most frequent diagnoses (e.g., cancer, dementia, heart failure, etc.) and related symptoms of your patients (e.g. pain, dyspnea, delirium, adjustment disorder, etc.). Must add up to 100%.

No Diagnoses and Symptoms have been added. Click on Add Diagnosis below.

Add Diagnosis

Palliative Care Plan

Please upload your palliative care plan, such as a care pathway for palliative (e.g., pain management, psychological support, grief plan, etc.) or a template of the assessment areas of palliative care and the specific areas that are managed.

Maximum 3 single-sided pages combined into a single document.

Accepted file type: PDF

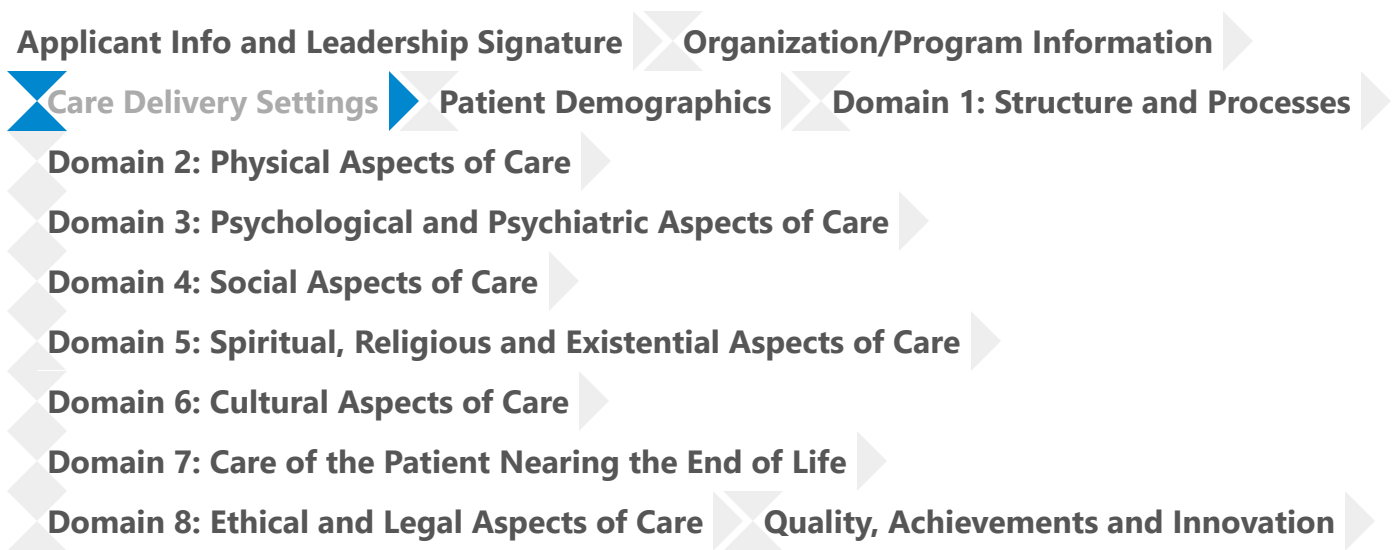
Max file size: 5MB

Choose File No file chosen



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Care Delivery Settings for Hospice and Palliative Care

Care Delivery Settings and Patients

Where do your program deliver care? Please check all that apply. Then provide the year the program began, the average length of service (number of days) and number of patients annually for each setting.

- Acute care setting
 - Long-term care
 - Home
 - Community
- For each setting selected, you will be asked to enter the year the program began, the average length of service (# of days) and the number of patients served annually.*

Total Patients Served

Please provide the sum of patients served in all the settings you selected.

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Patient Demographics

Age of Patients

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

%

%

Insurance Coverage

Rounded to the nearest %. Must add up to 100%. Enter the number 0 where not applicable.

% of patients with private/commercial insurance

% of patients with Medicare

% of patients with Medicare Advantage

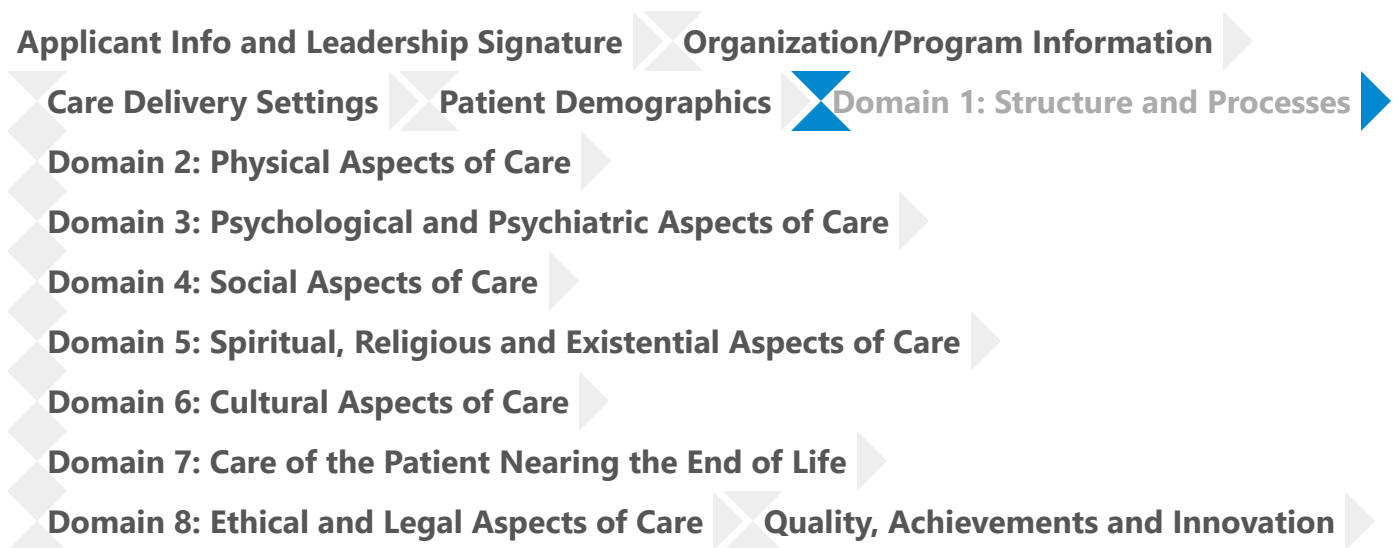
% of patients with Medicaid or other public assistance only

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

% of patients with no insurance coverage

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1. Structure and Processes

Palliative care principles and practices can be integrated into any health care setting. Delivered by interprofessional, specialty trained (professional qualifications, education, training) palliative care specialists (clinical and administrative), care is patient- and caregiver-centered and achieved through effective assessment, communication, collaboration, and care coordination.

Staff Turnover

What is your annual staff turnover rate? Round to the nearest %.

%

Interdisciplinary Team Composition

Please provide information on your interdisciplinary team of palliative care professionals with further expansion as to the team. Include chaplains/spiritual care providers, child life specialists, nurses (all levels), physicians, physician assistants, social workers, pharmacists, rehabilitation

therapy specialists, and others who collaborate to create a palliative care plan. Select all that apply, and fill in the additional fields provided.

- Advanced Practice Registered Nurse (ARPN) NP, CNS
- Bereavement Counselor
- Counselor
- Licensed Nurse (LN, LPN, LVN)
- Nursing Assistant (NA), Hospice Aide (HA), Home Health Aide (HHA), Personal Care Attendant (PCA), Medical Assistant (MA)
- Pharmacist (Pharm, PharmD)
- Physician (MD, DO)
- Physician Assistant (PA)
- Psychologists (PhD, PsyD)
- Registered Nurse (RN)
- Spiritual Care Provider/Chaplain
- State-licensed Social Worker (SW)
- Other Social Worker
- Rehabilitation Specialist (OT, PT, SLP)
- Expressive Therapists (Art, Music)
- Volunteers
- Community Health Workers
- Other

For each team member selected, you will be asked for the number of FTEs, number of individuals filling the specified FTE and the percentage certified in palliative care.

Rehabilitation Therapists

Does your program use rehabilitation therapists? (E.g., PT/OT/SLP, rehabilitation therapists)

- Yes
- No

For rehabilitation and art therapists, you will be asked about their equivalent FTEs and specialized training.

Art Therapists

Does your program use expressive art therapists? (E.g., child life specialist, expressive therapists)

- Yes
- No

Volunteers

Does your program use volunteers?

You will be asked about the main activities of volunteers and the type of orientation they receive.

- Yes

No

Community Health Workers

Does your program use community health workers?

You will be asked about the main activities of community health workers.

Yes

No

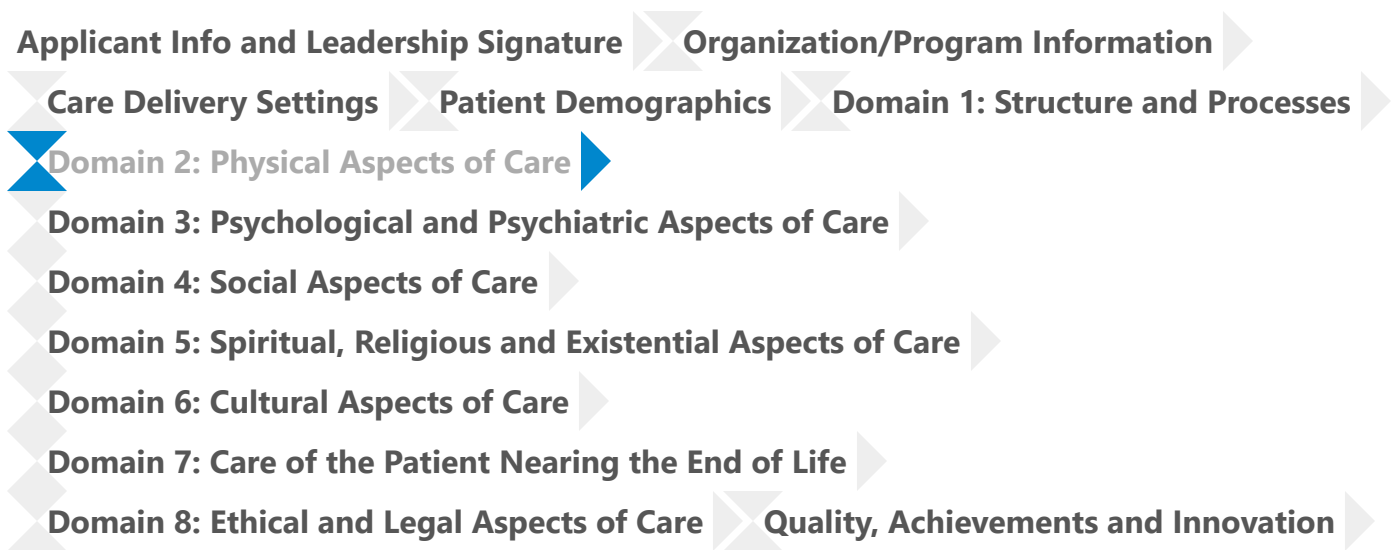
Team Well-being

Briefly describe the programs or processes you have in place to support the well-being of your team.

Word count: 0 / 250

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Physical Aspects of Care

Physical care of seriously ill patients is goal concordant to support their physical, functional, emotional, and spiritual well-being. Comprehensive assessment and care planning focuses on relieving symptoms, improving or maintaining functional status, and quality of life through pharmacological, non-pharmacological, interventional, behavioral, integrative and complementary treatments.

Assessment

Identify processes for systematically assessing and addressing the physical aspects of care in the context of serious illness.

Word count: 0 / 150

Evidence-based Tools

Discuss the evidence-based tools used for screening/assessment.

Word count: 0 / 150

Therapies for Symptoms

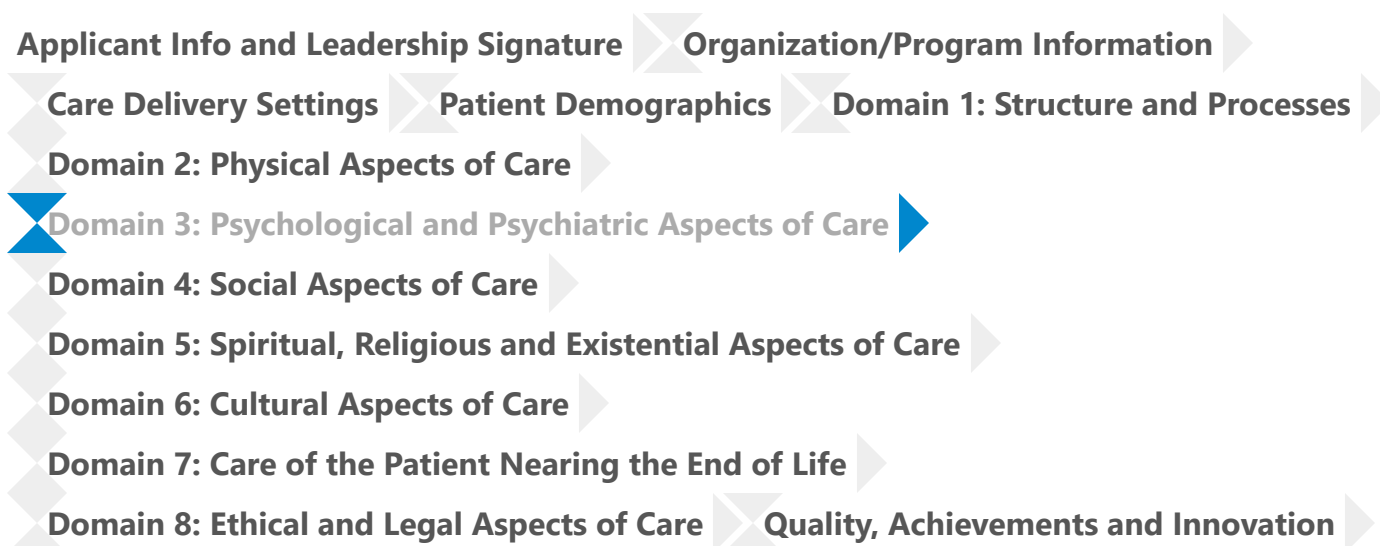
State pharmacological, non-pharmacological, and integrative therapies you use to manage physical symptoms.

Word count: 0 / 150



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Psychological and Psychiatric Aspects of Care

Interprofessional palliative care team members comprehensively and systematically assess and address psychological and psychiatric aspects of care for patients with serious illness. Care is developmentally and culturally sensitive and goal concordant from diagnosis through bereavement. The palliative care social worker is integral to care of both patients and family caregivers.

Processes

Identify processes for systematically assessing and addressing the psychological and psychiatric aspects of care in the context of serious illness.

Word count: 0 / 150

Tools

Discuss the evidence-based tools used for screening/assessment

Word count: 0 / 150

Therapies

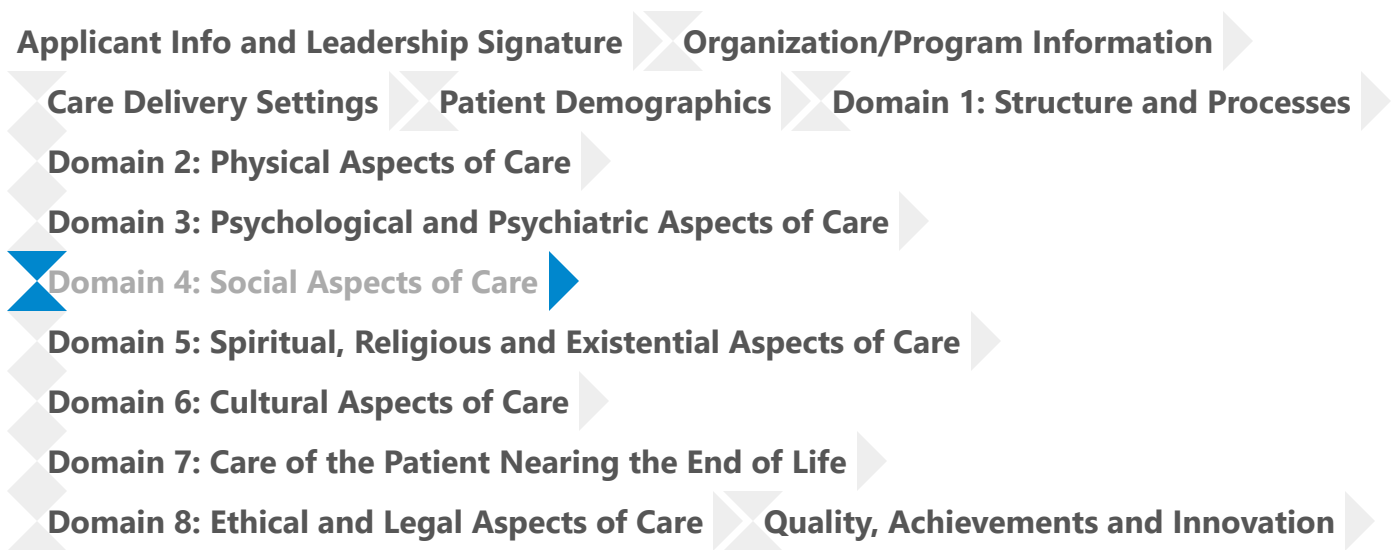
Discuss pharmacological, non-pharmacological, integrative therapies, and expressive therapies (e.g., child life, art and music therapy)

Word count: 0 / 150



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Social Aspects of Care

Social determinants or drivers of health influence patients with a serious illness. Palliative care addresses environmental and social factors in partnership with patient and family caregivers to maximize function, optimize quality of life, build on system strengths, and achieve patient and family goals. A social worker is an essential member of the team to focus on these issues.

Patient Screening

Discuss the evidence-based tools used for patient screening/assessment.

Word count: 0 / 150

Caregiving Screening

Discuss the evidence-based tools used for caregiver screening/assessment.

Word count: 0 / 150

Examples of Collaboration

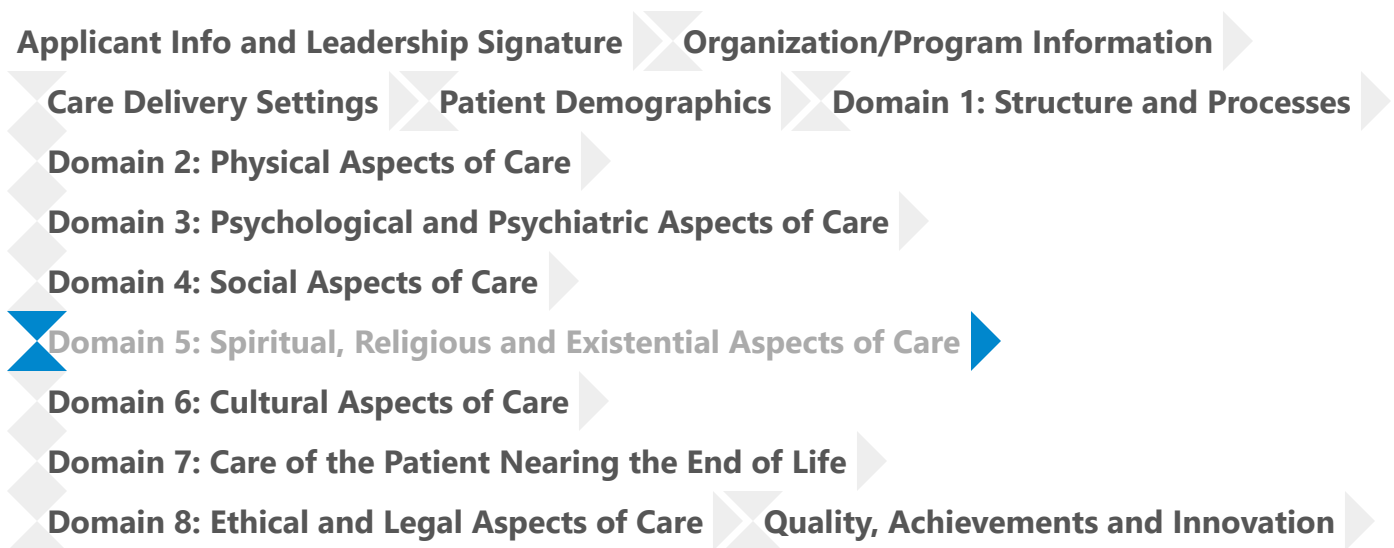
Please provide examples of collaboration within the team and the greater community.

Word count: 0 / 150

A large, empty rectangular box with a thin black border, intended for the user to provide examples of collaboration within the team and the greater community. The box is currently blank.

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Spiritual, Religious and Existential Aspects of Care

Spirituality, expressed through beliefs, values, traditions, and practices, is a fundamental aspect of compassionate, patient and family caregiver-centered palliative care. As a dynamic and intrinsic aspect of humanity through which individuals seek meaning, purpose, and transcendence, and experience, spiritual beliefs and practices are supported as per patient preferences. A spiritual provider is an essential member of the team to focus on these issues.

Spiritual Care Screening

Discuss the evidence-based tools used for spiritual care screening/assessment.

Word count: 0 / 150

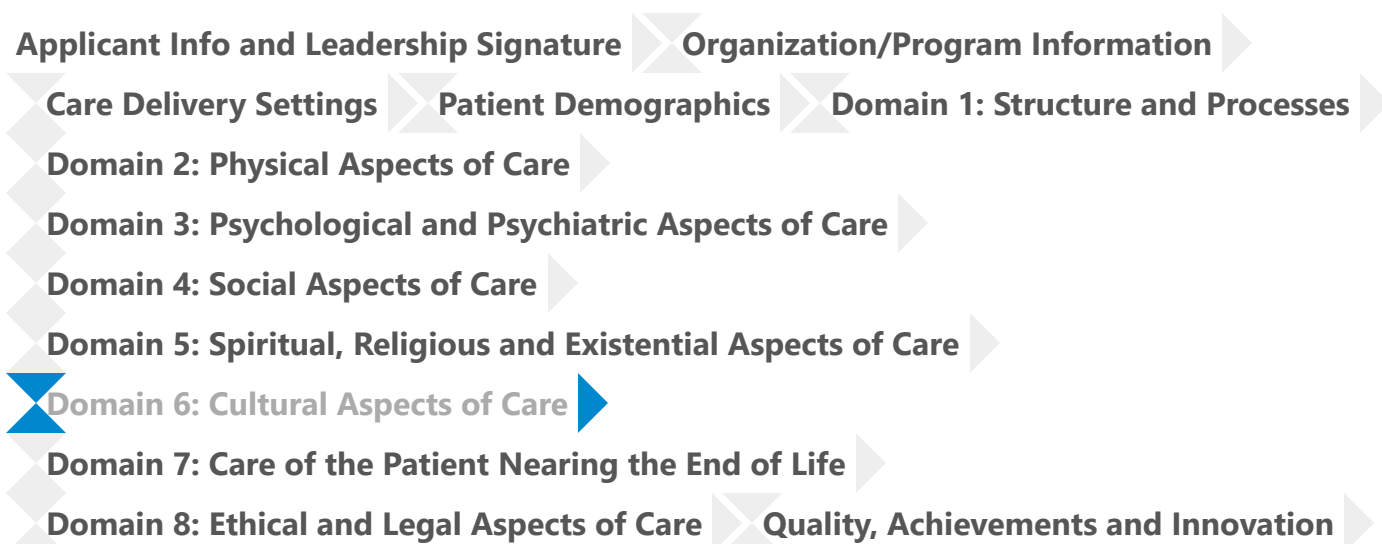
Examples of Collaboration

Please provide examples of collaboration within the team and the greater community.

Word count: 0 / 150

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Cultural Aspects of Care

Assessing, acknowledging, and respecting values, beliefs and traditions related to health, illness, family caregiver roles and decision-making is incorporated in a culturally sensitive care plan from diagnosis through death. Populations at risk are treated appropriately. Palliative care team members obtain continued cultural education, cultural sensitivity, and cultural awareness.

Understanding the Community

Please describe how have you come to understand your community or the people you serve.

Word count: 0 / 250

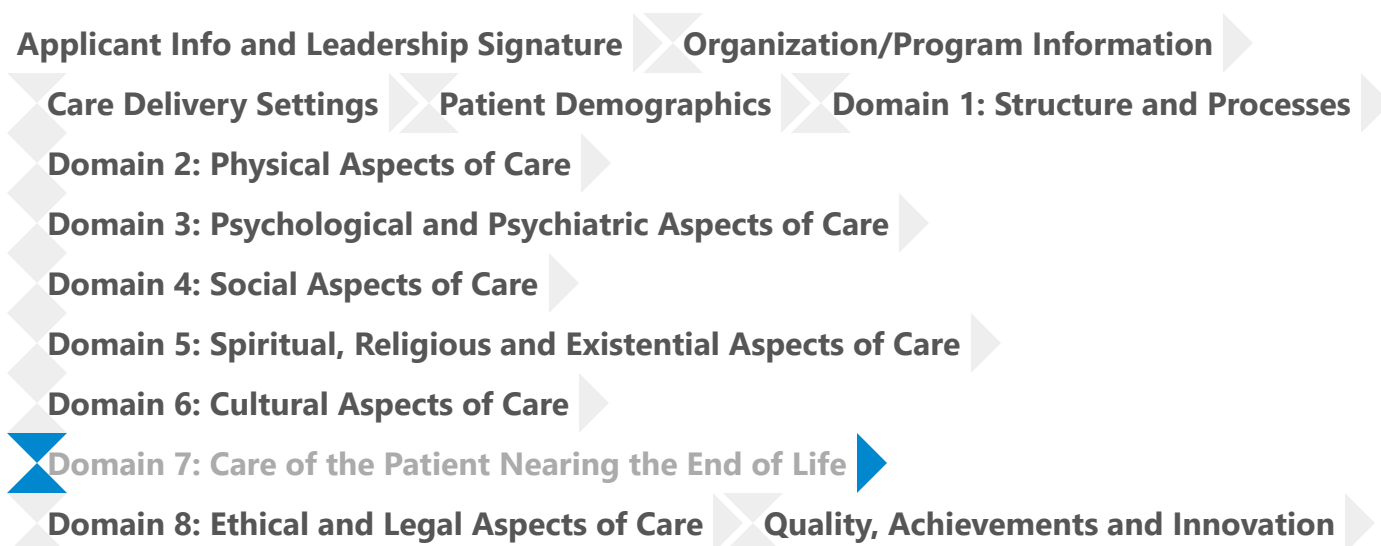
Community Assessment

Discuss the process of a community assessment and their needs.

Word count: 0 / 250

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Care of the Patient Nearing the End of Life

Meticulous, comprehensive, interprofessional assessment, and management of pain and other symptoms with attention to the social, spiritual, existential, psychological, and cultural aspects of care is the focus near end of life. Care includes developmentally appropriate education about what to expect near death and immediately following the patient’s death.

Considerations and Processes

Please discuss how you focus on the symptoms and situations that are common in the final days/weeks of life. 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.

Site of Death

What is the most common site of death?

Word count: 0 / 100

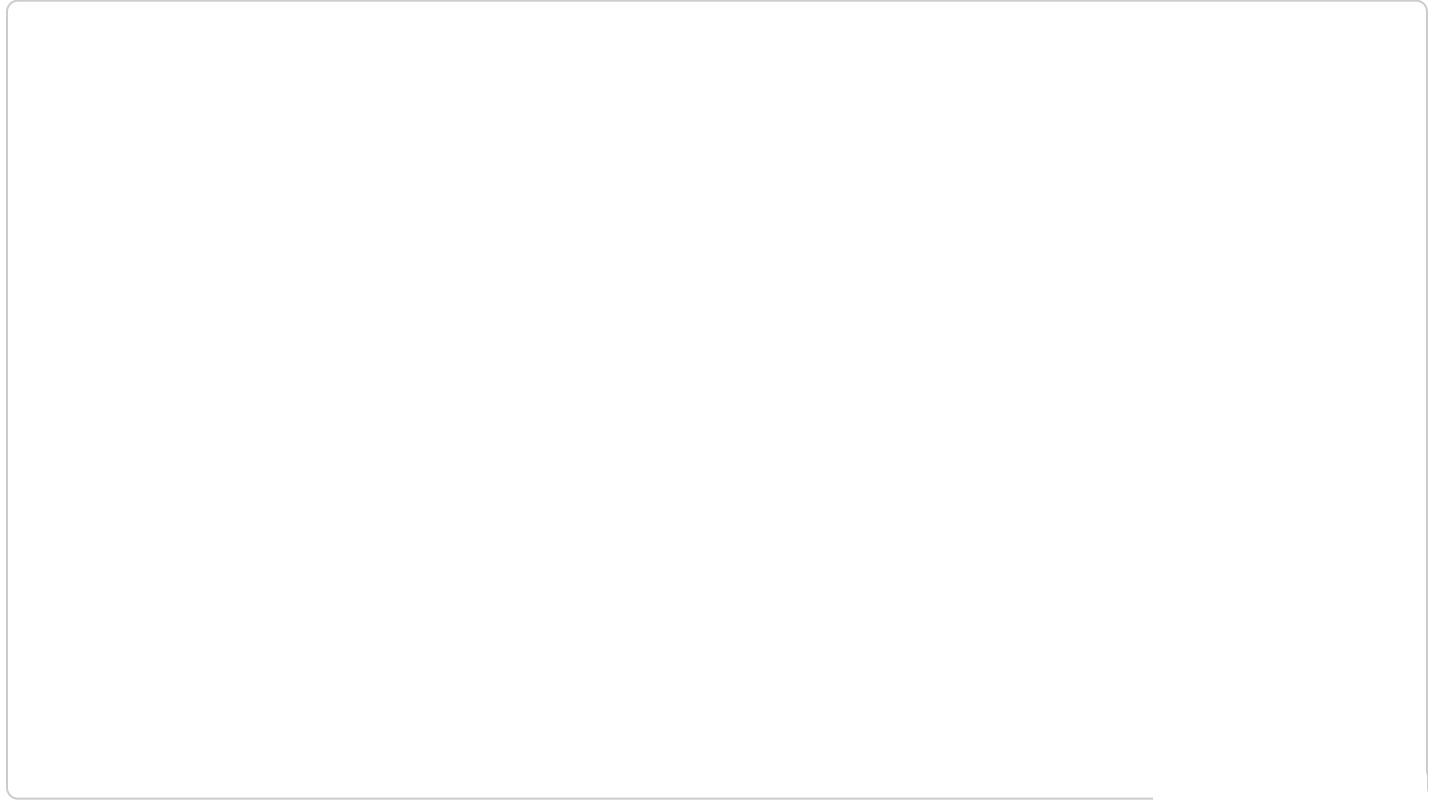
Bereavement Care

Describe your bereavement care.

Word count: 0 / 250

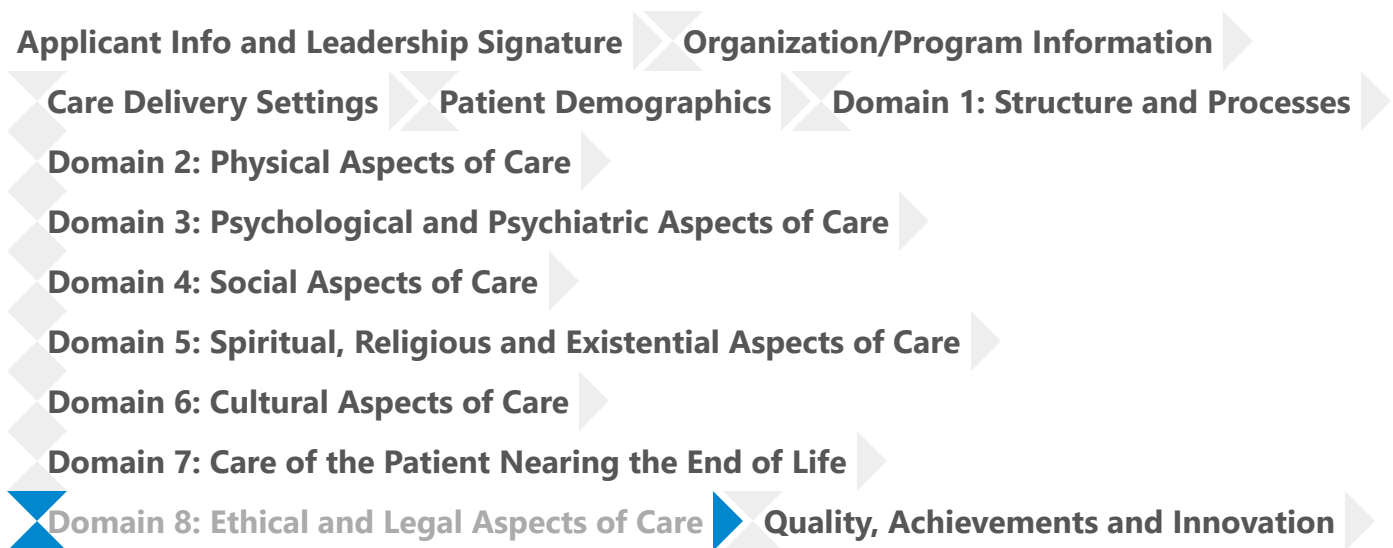
Who are your partners to support patients and families and how you collaborate?

Word count: 0 / 250



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Ethical and Legal Aspects of Care

Ethical principles guide care of patients with serious illness and their caregivers, legal proxies, or surrogate decision-makers to honor and represent patient preferences and best interests. Familiarity with local and state laws is essential regarding advance care planning, life-sustaining treatments and evolving treatments (e.g., medical cannabis, psychedelics, assisted death) is essential.

Tools and Processes

Please describe the tools, processes and frameworks regarding handling advance care planning, surrogate decision-making and goals of care conversations.

Word count: 0 / 250

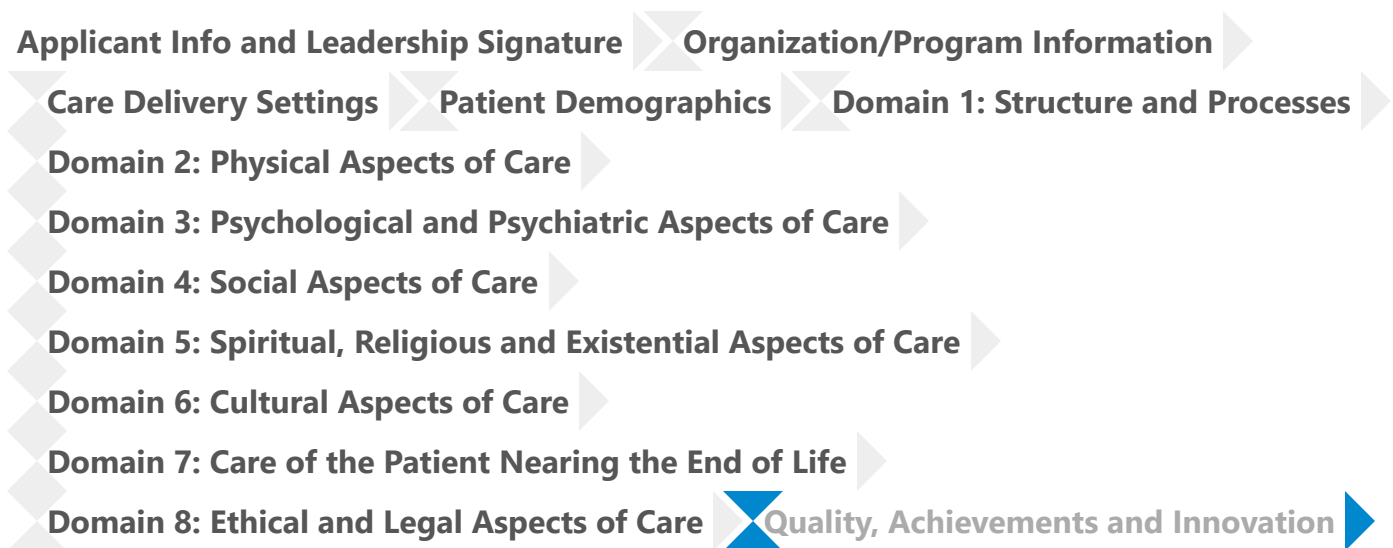
Collaborations and Partnerships

Please describe your collaborations and partnerships within the community.

Word count: 0 / 250

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Quality of Care

Please respond to the questions below with related metrics and data from a minimum of 2 years of data to demonstrate progress of Domains 2 - 8. Remember, metrics should be a mix of structural, process, and outcome measures.

1. How does your organization/program define quality of care?
2. Define the improvement methodology you use to measure and improve the services provided.
3. What metrics do you use to evaluate the quality of care provided by your organization or program?

Word count: 0 / 500

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.

Choose File No file chosen

Major Achievements

Please describe and share examples of **up to three** of your organization's/program's major achievements 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.

Achievement and Summary

Major Achievements	Action
No Major Achievements have been added. Click on Add Major Achievement below.	

Add Major Achievement

Innovations in Care

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 up to 3 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 innovation. The innovation must have a minimum of 2 years of data at the time of submission to support your success and sustainability.

- 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.

Innovations

Innovations	Action
-------------	--------

No Innovations have been added. Click on Add Innovation below.

Add Innovation

When you have completed the application, click Save and Finalize to submit it.

Save and Finalize