2026 CIRCLE OF LIFE AWARDS

CELEBRATING

INNOVATION

IN PALLIATIVE AND

END-OF-LIFE CARE

American Hospital Association™

ABOUT THE AWARD

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 illnesses. Supporting sponsors for the 2026 awards are the American Hospital Association and the Catholic Health Association of the United States. Contributing sponsors are the American Academy of Hospice and Palliative Medicine, the Center to Advance Palliative Care, and the National Association of Social Workers. The award is directed and staffed by the AHA's Field Engagement team. The award winners were recognized in July at the AHA Leadership Summit.

For more information about the award, visit www.aha.org/circleoflife.

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INTRODUCTION

The Circle of Life Award showcases palliative care and hospice organizations that are pioneering initiatives and approaches that make life better for the patients and communities they serve.

A pre-med student volunteering with one of this year's honorees shared how profoundly this work reshaped his understanding of health care. He learned that care is not always about saving a life; sometimes it is about helping a terminally ill patient take a shower or offering a moment of comfort. "This was a moment that made me realize that showing up for a person, no matter how big or small, has a profound impact," he said. "Compassion can be small gestures, open communication, or simply a quiet presence."

That spirit of compassion defines this year's Circle of Life Award honorees. Like palliative care and hospice teams across the country, they are small groups making an outsized impact. They work within large, fast-paced health systems, yet their focus remains steady: to create peace, comfort and dignity for people nearing the end of life. Their commitment is to continually find new ways to reach more individuals who can benefit from their care.

Please join in the Circle of Life Award celebration of compassionate and effective programs that:

- Create supportive places for individuals who cannot receive palliative or hospice care at home.
- Ensure caregivers receive the help and resources they need.
- Recognize and respond to the unique needs of patients with mental illness as they consider goals of care.
- Educate physicians about the value and impact of palliative care.
- Work tirelessly to extend comfort first care to every patient who needs it.

More information about the Circle of Life Award, complete award criteria and previous recipients is available at www.aha.org/circleoflife.

AWARD WINNER

Erie County Medical Center

Buffalo, N.Y.

At 97 and in failing health, Angie Patti of Buffalo, N.Y., needed round-the-clock care beyond what her family could continue to provide. As they scrambled to find the best option, they discovered Sloan Comfort Care Home. Staff and volunteers met Patti's needs — food, hygiene, companionship and the comfort she deserved.

Debra Robidoux, Patti's daughter, seized the opportunity to be a daughter to her dying mother instead of a caregiver to an end-of-life patient. "It was a real blessing," said Robidoux.

The Sloan Comfort Care Home is one of many innovations by Erie County Medical Center (ECMC) in Buffalo, N.Y., that show what a handful of passionate individuals can accomplish with limited resources and big dreams. ECMC's end-of-life care programs have grown organically, according to Kathleen Grimm, M.D., director of supportive care and palliative medicine at ECMC.

The medical center, a 573-bed safety net hospital and health system serving eight counties in western New York and southern Ontario, introduced palliative care on a limited basis in 2011 in response to a state mandate. Four years later, Grimm and psychiatric nurse Sandra Lauer, director of the continuum of care, launched the Palliative Medicine and Supportive Care program and have nurtured its growth.

A Transitional Care Unit at ECMC serves individuals who would like to receive hospice services at home but don't have the 24-hour caregiver support they need. The medical center designated six private rooms for these patients, allowing them to receive care from nurses trained in end-of-life care while freeing up beds in an intensive care or telemetry unit.

"It's still an acute hospital unit, but it's for folks who no longer require telemetry but are still figuring out where they will receive care," Lauer said.

About 50% of patients remain in the Transitional Care Unit until their death, while the others are discharged to home or another facility. The palliative care team checks for advanced care directives, uses the Serious Illness Communication guide to facilitate goals-of-care discussions, and supports patients and families in decision-making.

Another innovation is a palliative peer support specialist — teamed with an emotional support dog named Yogi — who engages patients with mental health and/or substance abuse issues in addition to serious physical illness. "We're a behavioral health center of excellence, so a third of our [palliative care] population are people who are living with mental illness," Lauer said. "So we knew it was important that we connect with these folks in a particular way."

Attending physicians recognize the value of a non-clinician's ability to connect with patients, and they can choose "peer support specialist" as the reason for the palliative consult.

INNOVATION HIGHLIGHTS

/ Integrated legal-clinical model supports complex patient needs.

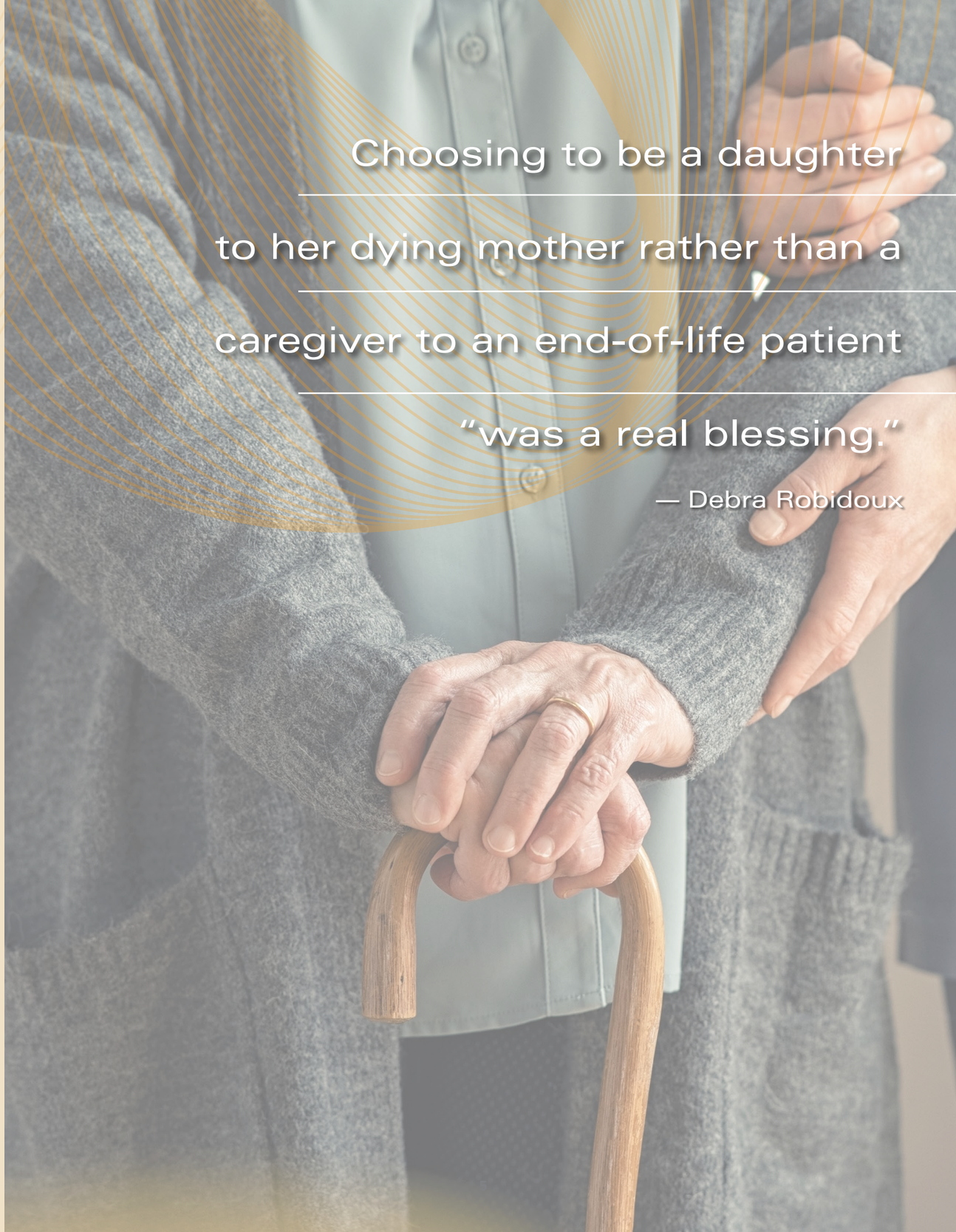
/ Transition unit strengthens care during critical health transitions.

/ Comfort care home provides patient- and family-centered end-of-life support.

As a peer rather than a clinician, the support specialist builds relationships with individuals, earning their trust so they are willing to have advanced care planning conversations and make informed decisions about their care. "The support specialist has been instrumental in helping people get the care that's right for them because they speak to individuals as human beings and not as clinicians," Grimm said.

Andrew Davis, the medical center's president and COO, highlights the MedLaw Partnership of WNY, a medical-legal partnership between the medical center and a law center that provides free legal services, as an innovation worth emulating.

The partnership was formed after Grimm and Lauer recognized that many of their vulnerable patients faced legal and social problems that made it difficult for them to focus on their health. MedLaw helps patients address issues



ECMC's palliative care team partnered with the local Area Agency on Aging to support caregivers, whose responsibilities can be so burdensome that they jeopardize their health.

ranging from elder abuse, employment rights and landlord problems to immigration status, public benefits and wills. Starting with a single attorney embedded in the palliative care team, the program has grown to include a second attorney and a paralegal, and it serves patients receiving care throughout the medical center.

"Working collaboratively with their clinical colleagues throughout ECMC as well as with key community partners at the Center for Elder Law & Justice, our Palliative Medicine and Supportive Care physicians, nurses and support staff are committed to patient- and family-centered palliative and end-of-life care that provides dignity and compassion for each patient, their families and loved ones," Davis said.

ECMC's palliative care team partnered with the local Area Agency on Aging to support caregivers, whose responsibilities can be so burdensome that they jeopardize their health. A palliative care social worker screens caregivers near the time of the patient's discharge. If the intensity-of-caregiving score meets a certain threshold, social workers from the Erie County Department of Senior Services will follow a caregiver in the community for a year, connecting the individual to resources that can offer support.

"It's not just a piece of paper suggesting a resource," Lauer said. "They are getting a real connection with people in the community."

Perhaps the most ambitious outside-the-box initiative is the creation of the Sloan Comfort Care Home, owned by a nonprofit organization founded by Grimm, Lauer and colleagues. "It was built off the side of our desks at ECMC, and ECMC is supportive," Lauer said.

Over the past five years, the home has served more than 120 individuals — called "guests"—who needed a place to live while receiving hospice care during the last few weeks or months of life. Hospice services are provided by another organization.

Sloan volunteers, including medical students, physician assistant students and undergraduates planning clinical careers, are trained as "mercy doulas" who provide emotional and social support to Sloan guests.

One of many social model hospice homes around the country, Sloan allows its guests to have a true home-like setting, unrestrained by federal hospice regulations. Guests can, for example, smoke, enjoy a glass of wine or share their bed with their dog. Sloan's model of care lets a terminally ill patient's comfort take precedence over good health habits. "When you're dying in your home, you may make a different choice," Grimm said.

PAST CIRCLE OF LIFE AWARD WINNERS

2025

- Bristol Hospice–Hawaii, Honolulu
- Gilchrist, Hunt Valley, Md.

2023

- Center for Hospice Care, Mishawaka, Ind.
- Palliative Care Program, Johns Hopkins Bayview Medical Center, Baltimore

2020

- Caring Circle of Spectrum Health Lakeland, St. Joseph, Mich.
- Choices and Champions, Novant Health, Winston-Salem, N.C.

2019

- UC Health Palliative Care–Anschutz Medical Campus, Aurora, Colo.
- University Health System Palliative Care Team, San Antonio
- Hospice of the Western Reserve Navigator Palliative Care Services, Cleveland

2018

- Hospice of the Valley Palliative Home Care Program, Phoenix
- Penn Wissahickon Hospice and Caring Way, Penn Medicine, Bala Cynwyd, Pa.
- Western Connecticut Medical Group (now Nuvance Health Medical Practice), Palliative Care, Danbury, Conn.

2017

- Bluegrass Care Navigators, Lexington, Ky.
- Providence TrinityCare Hospice and TrinityKids Care, Providence Little Company of Mary Medical Center Torrance, and Providence Institute for Human Caring, Torrance, Calif.

2016

- Bon Secours Palliative Medicine, Richmond, Va.
- Cambia Palliative Care Center of Excellence at UW Medicine, Seattle
- Susquehanna Health Hospice and Palliative Care, Williamsport, Pa.

2015

- Care Dimensions, Danvers, Mass.

2014

- OACIS/Palliative Medicine, Lehigh Valley Health Network, Allentown, Pa.
- Baylor Scott & White Supportive & Palliative Care, Dallas
- Yakima Valley Memorial Hospital, Yakima, Wash.

2013

- The Denver Hospice, Denver
- Lilian and Benjamin Hertzberg Palliative Care Institute, Mount Sinai Health System, New York City
- UnityPoint Health, Iowa and Illinois

For more information on previous winners, visit www.aha.org/circleoflife.

AWARD WINNER

Orlando VA Healthcare System

Orlando, Fla.

During his 23-year career in the U.S. Army, Charles A. Holland III was a helicopter pilot who was shot down repeatedly and exposed to Agent Orange, and he earned a Bronze Star Medal for his service in Vietnam. Later, he worked in security directly under Gen. Norman Schwarzkopf during Operation Desert Shield and Desert Storm. When he died last November in the hospice unit of the Community Living Center (CLC) of the Orlando VA Healthcare System, his family took comfort in knowing he was in the right place.

"My dad was a very independent man up until his last breath," said Leslie Rick, his daughter. "That he still had control over his situation was very important to him and was very comforting to him."

The care he received alleviated his breathing problems, providing physical relief. The staff recognized him as a military hero and treated him with dignity and respect that honored his sense of self.

The 15-bed hospice unit is part of a comprehensive continuum of palliative and hospice services that has expanded in response to Orlando VA's aging patient population. "We have seen the path we're on, and we were really intentional about projecting what our future was going to look like," said Tim Cooke, medical center director and CEO.

Over the past 15 years, the Orlando VA hospice and palliative care team has grown from a single physician to four physicians, two nurse practitioners and three social workers. The team's dedicated chaplain and psychologist join the CLC staff huddles every morning to get up to date on each patient. "By being present every day, we are fully integrated into the team throughout the day and night," said chaplain Mark Jurowski, who also serves patients receiving palliative care in the medical center's inpatient units. "While I work during the day, I can hand off to the night chaplain, explaining exactly what's going on so they can be prepared for any passing or tough family issues."

INNOVATION HIGHLIGHTS

/ Veteran-centered, integrated palliative care continues through bereavement.

/ Data-driven, whole person approach meets the full spectrum of needs.

/ Community partnerships and home support tools expand care and strengthen community impact.

The CLC also has a psychiatrist in-house to integrate mental and physical care. "Our veterans have certain situations that civilians may not have — maybe PTSD, maybe moral-related injury — and our providers are particularly trained to address those things," said Padma Vedantam, M.D., CLC medical director. "We believe in treating the veteran as a whole person."

Orlando VA physicians use a care assessment need (CAN) score, which identifies patients at the highest risk for 90-day readmission or one-year mortality, to help determine which patients are appropriate for palliative evaluation. While all patients with a CAN score of 97 or higher are automatically eligible, physicians increasingly refer patients with lower scores because they recognize the benefit of a goals-of-care discussion.

"I think the education of our physicians has been the biggest reason we are receiving so many referrals," said Loloma Legg-Rodriguez, a social worker on the palliative care and hospice team.

In some cases, physicians can refer a patient for a same-day consultation. "We set up a clinic for goals-of-care discussions so other specialties, for example, the heart failure, oncology and pulmonology clinics, can easily access us," Vedantam said.

Nearly 50% of CAN-score-eligible Orlando VA patients now have a life-sustaining treatment order and have completed a goal-of-care discussion. Meanwhile, the percentage of eligible veterans accessing hospice and palliative care has increased from 10% in 2022 to more than 19% this year, Legg-Rodriguez said.

In addition to physician awareness, she attributes the increase to a process change that makes it easier for inpatient service physicians to access a patient's CAN score. Although the information had been available via physician dashboards, it was cumbersome to retrieve and underutilized until 2024, when the electronic med-

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ical record system was updated to automatically generate and enter the metric into a patient's medical record upon admission. The CAN score is now included in the history and physical note.

The Orlando VA palliative and hospice team has pioneered the use of a risk assessment to help veterans make informed decisions about surgery. "Even though the procedure may appear to be low-risk, if the veteran is very frail, no surgery is low-risk," Vedantam said. "They are going to end up with complications, and that's where the palliative care goals-of-care discussion and alternate options come into play."

Indeed, research shows that as many as 1 in 3 frail veterans die within six months of surgery. Because of this, Orlando VA surgeons use the Risk Assessment Index (RAI), a validated tool that uses variables including age, functional status and comorbidities to identify patients who may be at high risk for surgical complications.

Veterans awaiting surgery whose RAI score indicates a high risk of complications are referred to a multidisciplinary frailty clinic that includes physical therapists, nutritionists and a member of the palliative and hospice team. "We have a three-month period to optimize the patient's condition — their physical function, nutrition, or to align any social issues they may need," said Maria Ramos-Soto, a nurse practitioner.

During that time, the palliative care team ensures the patient's advanced care directives are up to date and that the veteran is clear about the goals of care. "I discuss with them if they have any concerns and ask for their impression of what's going to happen," Ramos-Soto said. "'Post-surgery, what's your goal?'"

For example, when she met with a patient awaiting an esophagectomy, she explained that he was at risk of losing his ability to speak. "He was very social, and being around people was so important to him," she said. "I said, 'Is that something that is OK for you?' And he decided not to go through with it."

More than 500 Orlando-area veterans were referred to the multidisciplinary frailty clinic between August 2023 and June 2025, and 75 declined surgery in favor of more conservative treatment.

Having seen Orlando VA's palliative and hospice services up close gives Rick, who is also a veteran, some peace of mind about her own future. "When you know that folks do the work like they do, it certainly makes contemplating your own mortality a little easier," she said.

THANK YOU TO OUR WINNERS

In their everyday interactions with patients and their caregivers, these inspiring organizations provide dignity and comfort at the special time that is the end of one's life. Simultaneously, they are creating ways to expand access to life-giving geriatric and palliative care services so that patients can feel as well as possible for as long as possible.

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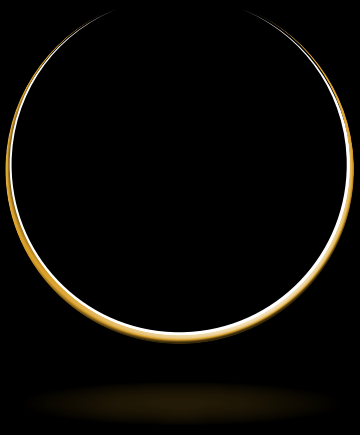

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