Circle of Life Awards Honor Exemplary End-of-Life Care

Planning an award program to recognize excellence in end-of-life care

**SUMMARY**

Beginning in April 1998, the American Hospital Association (AHA) developed and implemented an annual awards program to recognize organizations providing exemplary end-of-life care.

AHA selected the name "Circle of Life Award: Celebrating Innovation in End-of-Life Care." The National Hospice and Palliative Care Organization (NHPCO), the American Association of Homes and Services for the Aging (AAHSA), and the American Medical Association (AMA) cosponsored the awards program.

The project was part of the Robert Wood Johnson Foundation (RWJF) national program, *Targeted End-of-Life Projects Initiative*.

The Health Research and Educational Trust (HRET), Washington, an affiliate of AHA, managed the grants.

**Key Results**

From 2000 to 2007, the last year of the awards:

- Circle of Life awards have honored 68 programs. These include 25 main award winners and 43 recipients of citations of honor.

- Honorees represent a range of end-of-life settings and approaches to care. Winners have included a hospice in a Louisiana prison that relies on a cadre of inmate volunteers (2000 winner) and a hospital-wide palliative care program for children in New York (2004 winner). Full stories of all of the award recipients appear by award year on the AHA website.
**Funding**

RWJF provided four grants totaling $1,342,416 to create and implement the awards program from 1998 to 2005. The Health Research and Educational Trust, an AHA affiliate, managed the grants.

**THE PROBLEM**

Too often, the dying process—for both the patient and family members—is uncomfortable, disappointing and frightening, noted Dick Davidson, AHA president. Christine Cassel, MD, who chaired the advisory panel that created the Circle of Life awards, noted "there are no awards for excellent care given to the dying … the feeling of professional satisfaction is not based on easing death for the hopelessly ill." AHA sought to design an award that would highlight model end-of-life programs for others to emulate and also stimulate discussion of how death is handled in the medical system.

**CONTEXT**

This project fell under RWJF's *Targeted End-of-Life Projects Initiative*, which supports solicited and unsolicited projects that advance RWJF's objective to improve care at the end of life. RWJF has pursued three strategies in its effort to improve care at the end of life:

- To improve the knowledge and capacity of health care professionals and others to care for the dying.
- To improve the institutional environment in health care institutions and in public policies and regulatory apparatus to enable better care of the dying.
- To engage the public and professionals in efforts to improve end-of-life care.

This project fit within the second strategy.

**THE PROJECT**

The American Hospital Association (AHA), with offices in Chicago, Washington and San Francisco is a national advocacy and education organization whose membership includes hospitals, health care systems and other health care providers. Under the planning grant (ID# 033600), AHA appointed a 16-member interdisciplinary advisory panel to design the awards program. Its recommendations served as the framework for an awards program proposal that AHA submitted to RWJF in December 1998 for implementation funding.
Under the first implementation grant (ID# 036337), AHA:

- Created the name and graphic design of the award.
- Tapped three organizations to cosponsor the awards (the National Hospice and Palliative Care Organization, the American Association of Homes and Services for the Aging, and the American Medical Association).
- Developed application materials.
- Mailed out calls for nominations.
- Appointed an awards selection committee.

Working with its cosponsor organizations, AHA completed four award cycles. The second and third implementation grants (ID#s 044094 and 045239) supported the awards program for four cycles.

The Circle of Life award honors programs that:

- Strive to equitably provide effective, patient-centered, timely, safe and efficient palliative and end-of-life care.
- Move the field forward and raise the standard for palliative and end-of-life care.
- Show innovation and serve as models for the field.
- Support hospitals' and health organizations' efforts to improve palliative and end-of-life care.
- Build awareness of the importance of serving patients near the end of life well and supporting those close to them.
- Work actively with other health care organizations and the community across the continuum of care.

(For details on the application process, see Appendix 1.)

AHA presents the awards and citations during a plenary session at the AHA/Health Forum Leadership Summit, the association's annual educational meetings, which brings together more than 1,000 hospital executives and other health care leaders to consider cutting edge health delivery issues. In addition, honorees can choose to have a second award presentation in local ceremonies.

AHA and the other sponsoring organizations undertake a number of activities each year to publicize the award and the winning programs, as described below.
RESULTS

- Since 2000, 25 organizations have received the Circle of Life award and 43 organizations have received Citations of Honor. Each year, three main award winners received $25,000 to be used to further their work and promote their innovations to other institutions. Up to seven additional organizations received Citations of Honor. Although only organizations providing direct patient care are eligible for the Circle of Life award, in one exception AHA presented a fourth special award in 2002 to a Colorado organization doing field-based research designed to develop best practices in end-of-life care. (The website shares full stories about the organizations, listed by year that they received the award.)

- "[E]ach year the winning organizations seem to personify a different theme that captures a critical direction for palliative and end-of-life care," the project director noted in a 2003 editorial in Innovations in End-of-Life Care. Themes have included the innovative use of volunteers, outreach to new populations and the strong collaboration between hospitals and hospices. Programs honored for their innovative and exemplary care of the dying represent a range of settings and approaches to care. (For three brief summaries and a complete list of all award winners from 2000 through 2007, see Appendix 2.)

LESSONS LEARNED

1. Get buy-in and support from other organizations when launching an awards program. Having four large organizations behind the awards program allowed project staff to get the word out to the field. (Project Director)

2. Choose advisory committee members with prestige in the field—but who also have time to devote to the project. Leaders in end-of-life care are a small and much-sought-after group. Be careful to select committee members who actually have time to devote to your project. (Project Director)

3. Have a combination of well-known leaders and front-line workers on your awards committee. The front-line people know the difficult and practical aspects of creating an exemplary program. (Project Director)

4. Make the awards process as simple as possible so as not to overburden project staff. For example, having a separate Call for Nominations appears unnecessary, as organizations tended to nominate themselves. Simply announcing the award via the Internet and allowing organizations to download the application form would serve just as well. (Project Director)

5. Choose a prestigious venue to present the awards so as to give them maximum visibility. Presenting the awards at one of AHA’s major national meetings helped send the message: "This is important for everybody to be doing. You can learn from these winning organizations. Let this be an inspiration and a model for you." (Project Director)
6. **Awards programs have value for non-winning, as well as winning organizations.**
Care providers reported that the self-examination process required to apply for the award helped them see what steps they needed to take to improve their programs. (Project Director)

7. **Awards build credibility.** Nonhospital award recipients, in particular, reported that a major award from a hospital association increased their credibility with local hospitals. In some cases, program staff at winning organizations were able to develop working relationships with acute care providers that had previously not been receptive. Those providing end-of-life care within hospitals commented that the award raised their profile and support with the institution. (Project Director)

8. **Cash awards are not the primary benefit of an awards program.** Winning organizations noted that they benefited more from the prestige and recognition that the award conferred than the cash award. As cash awards are a major expense, awards programs may want to consider whether to give money—and how much. The Circle of Life program provided $25,000 cash awards in each of the first six years, but has lowered the award to $10,000 in the 2006 award cycle. (Project Director)

9. **Find dedicated champions if you want to sustain a project within a large organization.** AHA is a large advocacy organization with a broad agenda, and without firm support, important projects may not be sustained. Fortunately, the Circle of Life award has several strong supporters in the organization. (Project Director)

10. **If you begin an awards program, be prepared to continue it.** "Palliative care is still not available in all hospitals," says Lovinger. "If there is an awards program for two or three years and then it disappears, you're sending the message that it is no longer important. You have to keep going until you reach your goal." (Project Director)

11. **A large organization should support only a small number of awards programs, so as not to dilute the impact of each.** AHA sponsors five major awards programs; the Circle of Life being one of them sends an important message about what the organization values. (Project Director)

AHA publicizes the annual Circle of Life winners through the AHA website, AHA publications, press and video news releases and news conferences. Each year AHA produces a commemorative booklet describing the award winners and distributes approximately 12,000 copies to members of AHA and the award co-sponsors. While it was in existence, *Innovations in End-of-Life Care*, the on-line journal of RWJF's *Last Acts* national program, highlighted lessons from the winning programs; in addition, the July/August 2003 issue provided extensive interviews and stories on the three 2003 award recipients.
The annual awards and the award-winning programs have garnered significant media coverage over the years, including on National Public Radio, PBS television and on news programs in major markets, including New York, San Francisco and Boston.

**AFTERWARD**

The AHA has committed to continuing the annual Circle of Life awards after RWJF ended its support. The 2008 awards are announced on its [website](#), and the booklet including stories of award winners is also available [online](#).

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Program area: Quality/Equality
APPENDIX 1

Eligibility, Application and Selection Process

All organizations or groups that provide care to patients at the end of life are eligible for the Circle of Life award, including but not restricted to hospitals and hospital systems. Each year, project staff put out a call for nominations to all members of the AHA, American Association of Homes and Services for the Aging, the American Organization of Nurse Executives, the American Society of Directors of Volunteer Services, the Society for Healthcare Consumer Advocacy, the Society for Healthcare Strategy and Market Development and the Society for Social Work Leadership in Healthcare (27,000 people in all). Some 19 other organizations announce the application for the award through e-mail, publications, online newsletters and websites.

The application has evolved from primarily a narrative description to narrative answers in response to specific questions. All applicants are encouraged to provide letters of support from other local community organizations and providers. Applicants not part of a hospital or health system are requested to include letters of endorsement from hospital or health system executives in the community.

In each award year, AHA staff members conduct a preliminary review of the applications to eliminate the ineligible and weakest applications. The awards selection committee participates in two more review rounds before meeting to select the applicants to be site visited for further review and ranking (see Appendix 2 for list of committee members). Each of nine to 10 finalists receives a site visit from a team that, in most cases, consists of an AHA staff member and one or two awards committee members. Following the site visit, the team submits a report to the full committee, which selects the winners.

Winning programs are evaluated on:

- Creativity and insightful approaches to critical needs.
- Demonstrable, significant impact.
- Replicability.
- Proven sustainability.
- Responsiveness to critical need(s) or problem(s).
- Effective and efficient use of resources.
- Basis in solid knowledge/research/expertise and demonstrated use of insights from other organizations and institutions, including integrating research findings into clinical practice.
Focus on meeting in a timely fashion expressed and latent needs of patients near the end of life and those around them, including those who are often impacted by racial, ethnic, and gender disparities.

Demonstration of continual evaluation and improvement.

Evaluation/measurement on a population-based level.

Internal and external collaboration.

Incorporation of palliative and end-of-life care into education and training program.

Adherence to principles of safety, including availability (timeliness and completeness) of clinical information needed to effectively manage patient care among sites, clarity of patient care management plans, including handoffs and coordination of communication with patient/family.

APPENDIX 2

Circle of Life Award Winners, 2000–2005

Following are short descriptions of three Circle of Life award winners excerpted from the program’s annual commemorative booklets:


The maximum security prison in Angola, La., is known as "the graveyard"—an estimated 85 percent of its inmates will die while incarcerated, usually alone in a prison hospital. But a chance meeting has changed that sad scenario. At a one-day workshop on AIDS, hosted by the prison in the mid 1990s, warden Burl Cain met representatives of Louisiana hospice organizations and wondered aloud if his prison could get some help for its dying.

With no dedicated funding, Cain and his staff began cobbling together an end-of-life program, overcoming a long list of barriers and issues. When prison officials nixed the idea of volunteers coming in from outside, staff recruited and trained 20 volunteers from among inmates who were active in clubs and organizations in the prison. Patients in hospice get pain management and regular visits from inmate volunteers, who help them eat and talk or read to them.

Angola officials have helped export their successful model to two other prisons in Louisiana. As the assistant warden said, "This is the largest maximum security prison in the country. If we can do it here, anybody can do it."

St. Mary's Healthcare System for Children has a long track record in palliative care, becoming one of the first health care organizations in the country to establish a home care program 20 years ago, and a 10-bed inpatient palliative care unit a year later.

By the mid-90s, when the organization found that the inpatient unit was no longer the best model of care, they closed it and went to an integrated bed model, offering palliative care throughout the hospital, not only at the end of life. "The earlier that families and kids get palliative care, the less intense the need for services at the end of life, and kids can die either at home or in a non-invasive, home-like setting, surrounded by loved ones, rather than in the ED or ICU," says Eileen Chisari, vice president and administrator.

St. Mary's has created other innovations: An "ouchless" pediatric pain management program works on the philosophy that "no pain is okay" and a Kids Kicking Illness martial arts program teaches children to use inner strength to get through difficult or painful times. "We like to say that following acute care, St. Mary's is the rest of the story," Chisari says.

University of California San Francisco Palliative Care Program, San Francisco, Calif. (2006)

With an open attitude and a commitment to research and sharing what it's learned, the palliative care team at the University of California San Francisco has created one of the leading programs in the country. The number of patients receiving palliative care has increased from about 120 annually eight years ago to more than 450 patients annually today. The service is popular among referring doctors—ranking high in internal surveys—and benefits from the unusually collaborative clinical atmosphere at UCSF, where research and clinical work inform one another throughout.

UCSF is one of six Palliative Care Leadership Centers (PCLC) initially funded by RWJF. Through the PCLC, the UCSF team mentors other hospital consult services. The team continually develops new curriculum, such as a recent set of lectures on collecting outcomes data to help make the case for funding from hospital administration. "We have a good model now and we're training hundreds of them," said Steve McPhee, M.D., who helped start the consult service in 1999.

At the same time, the team's doctors are busy with research, not just to provide quality and outcome data for their own program, but also to shed light on the entire practice of palliative care. Team members have led a total of 16 projects, and their scholarship includes 24 peer-reviewed articles and more than a dozen book chapters and reports. At the basis of all the research and mentoring, though, is dedication to patient care. "The most important thing is that we provide really good care for patients and their families," McPhee says.
In working with dozens of nascent palliative programs and conducting research on the topic, the UCSF team has found that not all hospital-based programs succeed. They have identified some of the factors necessary for success: funding, recruiting to replace key leaders if they leave, and collecting data to prove value to the institution. Interestingly, having a lot of money to spend does not guarantee success.

Full stories about the organizations, listed by year that they received the award, are available.

Award winners for the years 2000 to 2007 are listed on the project's [website](#). They are:

<table>
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<tr>
<th>2000 Award Winners</th>
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<tr>
<td>Franciscan Health System</td>
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<td>Gig Harbor, Wash.</td>
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<td>Hospice of the Florida Suncoast</td>
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<td>Largo, Fla.</td>
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<td>Louisiana State Penitentiary Hospice Program</td>
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<td>Angola, La.</td>
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<tr>
<th>Citations of Honor</th>
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<td>St. Joseph's Manor</td>
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<td>Trumbull, Conn.</td>
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<th>2001 Award Winners</th>
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<td>Beth Israel Medical Center</td>
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<td>New York, N.Y.</td>
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<th>2002 Award Winners</th>
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<td>Children's Program of San Diego Hospice and Children's Hospital and Health Center of San Diego</td>
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<tr>
<td>San Diego, Calif.</td>
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Hospice of the Bluegrass  
Lexington, Ky.

Project Safe Conduct  
Hospice of the Western Reserve and Ireland Cancer Center  
Cleveland, Ohio

Special Award Winner  
Population-Based Palliative Care Research Network (PoPCRN)  
University of Colorado Health Sciences Center  
Denver, Colo.

Citations of Honor  
Acute Palliative Care Service  
Mount Carmel Health Hospice/Palliative Care Program  
Columbus, Ohio

Parkland Palliative Care Program  
Parkland Health & Hospital System  
Dallas, Texas

Rehoboth McKinley Christian Hospice  
Gallup, N.M.

2003 Award Winners  
Hospice & Palliative CareCenter  
Winston-Salem, N.C.

Providence Health System  
Portland, Ore.

University of California Davis Health System  
Sacramento, Calif.

Citations of Honor  
Renal Palliative Care Initiative  
Baystate Health System  
Springfield, Mass.

Center for Hospice & Palliative Care  
Buffalo, N.Y.

Palliative Care Service  
Detroit Receiving Hospital  
Detroit, Mich.

Hope Hospice and Palliative Care  
Fort Myers, Fla.

Hospice of Lancaster County  
Lancaster, Pa.

Mercy Health Partners-Southwestern Ohio  
Cincinnati, Ohio

FOOTPRINTS  
SSM Cardinal Glennon Children's Hospital  
St. Louis, Mo.

2004 Award Winners  
Hope Hospice and Palliative Care  
Fort Myers, Fla.

St. Mary's Healthcare System for Children  
Bayside, N.Y.

University of Texas M.D. Anderson Cancer Center  
Houston, Texas

Citations of Honor  
Broadway House for Continuing Care  
Newark, N.J.

Hospice and Palliative Care of Western Colorado  
Grand Junction, Colo.

Medical Intensive Care Unit at Rhode Island Hospital  
Providence, R.I.

St. John’s Regional Medical Center Palliative Care Program  
Joplin, Mo.

Mercy Supportive Care  
St. Joseph Mercy Oakland  
Pontiac, Mich.
2005

**Award Winners**

**High Point Regional Health System**
High Point, N.C.

**Palliative and End-of-Life Care Program**
Hoag Memorial Hospital Presbyterian
Newport Beach, Calif.

**Thomas Palliative Care Unit**
VCU Massey Cancer Center
Richmond, Va.

**Citations of Honor**

**Butterfly Program**
Denver, Colo.

**Froedtert Hospital and Medical College of Wisconsin**
Palliative Care Program
Milwaukee, Wis.

**Hospice of the Plains**
Wray, Colo.

**Maitri**
San Francisco, Calif.

**Niagara Hospice**
Lockport, N.Y.

**Covenant of Churches**
Saint Barnabas Hospice & Palliative Care Center
Newark, N.J.

**University of Rochester Medical Center Palliative Care Program**
in collaboration with the Community-Wide Palliative Care Initiative
Rochester, N.Y.

2006

**Award Winners**

**Continuum Hospice Care**
New York, N.Y.

**Mercy Supportive Care, St. Joseph Mercy Oakland**
Pontiac, Mich.

**Transitions and Life Choices of Fairview Health Services**
Minneapolis, Minn.

**Citations of Honor**

**Veterans Health Administration VISN 3**
Brooklyn, N.Y.

**Covenant Hospice**
Pensacola, Fla.

**Pediatric Program of the Hospice of the Western Reserve**
Cleveland, Ohio

**Barbara Ziegler Palliative Care Program of North Broward Hospital District**
Fort Lauderdale, Fla.

2007

**Award Winners**

**Covenant Hospice**
Pensacola, Fla.

**University of California San Francisco Palliative Care Program**
San Francisco, Calif.

**Woodwell: A Program of Presbyterian SeniorCare and Family Hospice and Palliative Care**
Oakmont, Pa.

**Citations of Honor**

**Baylor University Medical Center Palliative Care and Clinical Ethics Consultation Service**
Dallas, Texas
**Broadway House for Continuing Care**  
Newark, N.J.

**George Mark Children's House**  
San Leandro, Calif.

**Haven Hospice Commitment to Caring**  
Gainesville, Fla.

**Nathan Adelson Hospice**  
Las Vegas, Nev.
BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Reports


Articles


Grantee Websites


www.nhpco.org provides information on the National Hospice and Palliative Care Organization, including a page devoted to the most recent Circle of Life Award winners. Alexandria, VA: National Hospice and Palliative Care Organization.