



**Our palliative care ministry is rooted in the belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.**

**By our service, we strive to transform hurt into hope.**

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Palliative care is a hallmark of Catholic health care, intrinsic to our healing mission.

### A letter *from the* Board Chair

As the Supportive Care Coalition steadily advances quality palliative care, I have been privileged to serve as the Chair of the Board of Directors this past year. It has been an exciting time as we welcomed four new members, including Avera Health, Benedictine Health System, Carmelite Sisters for the Aged and Infirm and Hospital Sisters Health System, increasing our membership to 23 Catholic Health Organizations. This growth strengthens our footprint and commitment to palliative care across the healthcare continuum spanning acute care, home care, hospice and long-term care.

The Coalition serves as a conduit promoting and advancing palliative care that is aligned with our Catholic mission and guided by Catholic ethical and religious directives. We have worked side-by-side with others promoting Palliative Care Quality Initiatives including The Joint Commission's Advanced Certification Program for Palliative Care and the National Quality Forum Steering Committee for Palliative Care and End-of-Life Care. We maintain a close relationship with and enjoy the support of the Catholic CEO Healthcare Connection (CCHC) and the Catholic Health Association (CHA).

As we look ahead to 2012 we are eager to face the challenges of continuing to advance palliative care for all those we serve in our Catholic health care ministries, particularly those who are most vulnerable. In this ever-changing and challenging healthcare and economic environment we are confident in the Coalition's capability and commitment to be a leader in this most important work.



Catherine M. Follmer, RN, BSN, MBA/HCM, CHCE, CRNI  
Chair, Board of Directors  
Supportive Care Coalition

### A message *from the* Executive Director

I am pleased to present the Supportive Care Coalition's first Mission Report. Within these pages you will discover the steadfast and unwavering commitment of our member organizations to advance palliative care within Catholic health care and to change the culture of caring across the country. As the Executive Director for the past two years, it is an honor to serve alongside a dedicated and dynamic Board of Directors who strive to match the Coalition's palliative care initiatives with our members' strategic goals and priorities, ensuring growth and sustainability of palliative care services in all Catholic health care settings.

This is a decisive time for health care and palliative care in our nation. Membership in the Coalition is an excellent opportunity to be a unified voice for Catholic health care, influencing the evolution and provision of palliative care — ensuring the best care possible for persons living with serious illness. I offer my sincere gratitude to each of our member organizations who advocate for and support this work that is so fundamental to our Catholic mission.



Tina Picchi, MA, BCC  
Executive Director  
Supportive Care Coalition



### Our Mission

We are a coalition of Catholic health ministries, informed by our faith and values, advancing excellence in palliative care.

### Our Vision

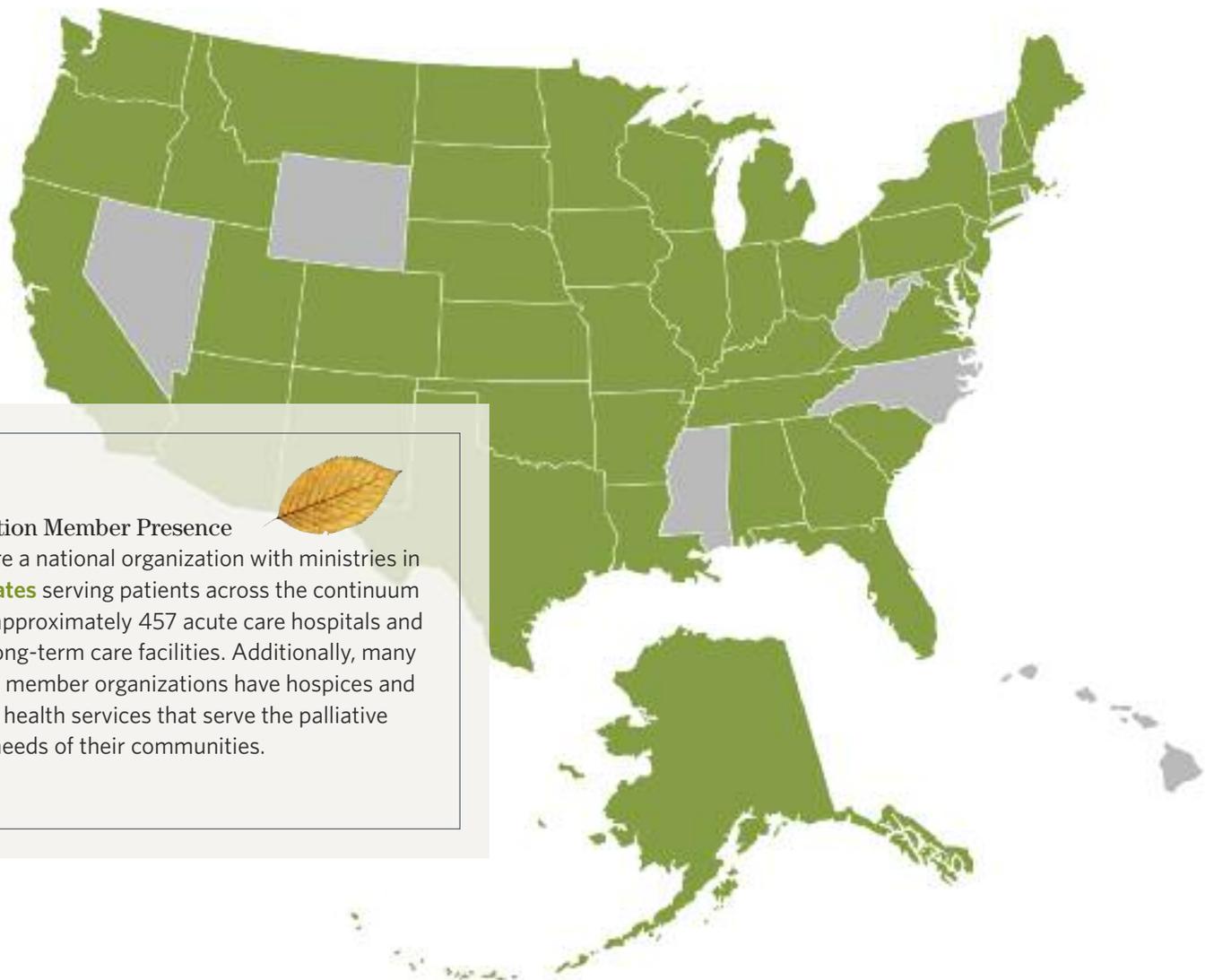
We envision a society in which all persons living with or affected by a chronic or life threatening condition receive compassionate, holistic, coordinated care. This will include relief of pain, suffering and other symptoms from the time of diagnosis throughout the process of living and dying. Such excellent care will be provided according to need, respecting the values and goals of individuals, their families and other loved ones. It will assist them to live fully in community and will support survivors in their bereavement. Through such care, we believe that God's healing love is revealed.

### Our Guiding Principles

(in concert with the Catholic Health Association of the United States)

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church





### Coalition Member Presence

We are a national organization with ministries in **42 states** serving patients across the continuum with approximately 457 acute care hospitals and 265 long-term care facilities. Additionally, many of our member organizations have hospices and home health services that serve the palliative care needs of their communities.

## Member Organizations

### Ascension Health

St. Louis, MO

### Avera Health

Sioux Falls, SD

### Benedictine Health System

Duluth, MN

### Bon Secours Health System, Inc.

Marriottsville, MD

### Carmelite Sisters for the Aged and Infirm

Germantown, NY

### Catholic Health Association of the United States

St. Louis, MO

### Catholic Health Initiatives

Denver, CO

### Catholic Health Partners

Cincinnati, OH

### CHRISTUS Health

Irving, TX

### Covenant Health Systems

Tewksbury, MA

### Franciscan Missionaries of Our Lady Health System

Baton Rouge, LA

### Hospital Sisters Health System

Springfield, IL

### Mercy

Chesterfield, MO

### OSF HealthCare

Peoria, IL

### PeaceHealth

Bellevue, WA

### Provena Health

Mokena, IL

### Providence Health & Services

Renton, WA

### Resurrection Health Care

Chicago, IL

### Sisters of Charity Health System

Cleveland, OH

### Sisters of Charity of Leavenworth Health System

Lenexa, KS

### SSM Health Care

St. Louis, MO

### St. Joseph Health System

Orange, CA

### Trinity Health

Novi, MI



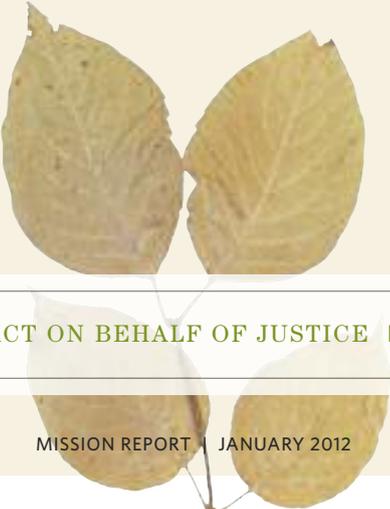
## Advocacy

The Catholic health ministry has long advocated for improved care for the seriously ill, particularly through access to high quality palliative care. All too often seriously ill persons and their families are left on their own to navigate the complex health care delivery system without the information or support they need to make decisions that fit with their needs or wishes. This often results in poor pain and symptom management and high psychological and financial stress for patients and their families. Our goal is to ensure that every Catholic health ministry has palliative care as a part of its core services—so that we are known as much for palliative care as for our concern for the poor and vulnerable.

Two Coalition board members were appointed to the National Quality Forum's (NQF) Steering Committee for Palliative Care and End-of-Life Care, Sarah Hetue Hill, Ascension Health and Tina Picchi, SCC Executive Director. The goal of this project was to identify and endorse measures for public accountability and quality improvement. The NQF was established as a unique public-private collaborative venture whose mission is to improve the quality of health care by standardizing the measurement and reporting of quality-related information.

### **Members of the Coalition's Advocacy and Quality Committees joined other national health care organizations in providing public comment regarding the measures endorsed by the NQF Steering Committee.**

The Supportive Care Coalition commends the National Quality Forum for identifying and endorsing measures addressing quality palliative care and end-of-life care. These measures focus on important dimensions of care. Equally important however, are the gaps in measurement performance not addressed. The Coalition advocates for additional measures that span the duration of chronic illness, across the continuum of care, including outpatient settings and nursing homes. We support quality measures that focus on transitions of care between sites and care coordination for persons who are at risk for re-hospitalization. Measures are needed to assess the quality of life for all patients with serious illness, and should be more “upstream,” including advance health care planning and prompts for early palliative care assessment and intervention at the time of diagnosis. We recommend process measures that address the interdisciplinary nature and training of palliative care team members and focus on all of the palliative care domains of care, including the psychosocial and spiritual dimensions.



ACT ON BEHALF OF JUSTICE | CARE FOR POOR AND VULNERABLE PERSONS

“Continued advocacy to improve care for the seriously ill is vital as policymakers implement the new health care law and debate changes to the health care system. Working together, the Supportive Care Coalition and the Catholic Health Association can identify a range of opportunities to raise awareness among policymakers and providers about the benefits of palliative care and to expand access to these services for all who need it.”

— Indu Spugnardi, Director, Advocacy & Resource Development, Catholic Health Association and SCC Advocacy Committee Member

## DID YOU KNOW...

### Palliative Care is Specialized Care for People with Serious Illnesses

- Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness-whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient’s other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.<sup>1</sup>

### Palliative Care Improves the Quality of Care

- This 2010 New England Journal of Medicine article studied the care for patients with metastatic non-small-cell lung cancer concluding that early palliative care not only “led to significant improvements in both quality of life and mood” and “had less aggressive care at the end of life but longer survival.”<sup>2</sup>

### Palliative Care is Cost Effective

- This March 2011 Health Affairs article reported that hospital based palliative care consultations significantly reduced hospital costs.<sup>3</sup> A 2008 Archives of Internal Medicine article reported on the cost savings associated with US hospital palliative care.<sup>4</sup>

1 Definition based on Research Commissioned by the Center to Advance Palliative Care conducted by Public Opinion Strategies in 2011. The objectives of this research were to explore key audiences’ awareness and understanding of palliative care and test language, terminology, definitions and messaging to be used in discussing palliative care with consumer audiences.

2 Temel, J. G. Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer. The New England Journal of Medicine, 363: 733-42.

3 Morrison, R. D. Palliative Care Consultation Teams Cut Hospital Costs for Medicaid Beneficiaries. Health Affairs, 30 (3): 454-463.

4 Morrison, R. P. Cost Savings Associated With US Hospital Palliative Care. Arch Intern Med, 168 (16): 1783-1790.



“The Coalition has exhibited strength in representing 23 Catholic health care organizations within the public policy arena. This strong national voice provides an opportunity for the Coalition to positively impact the quality of palliative care in this country.” — Lois Lane, Director of Ethics, Catholic Health Initiatives

## Ethics and Church Relations

The Coalition benefits from the expert advice of ethicists, theologians and clinicians who comprise our Ethics and Church Relations Committee. In recent years, this group has produced a body of work, including ethical research, analysis and educational resources for member organizations to enhance their understanding of the critical role that palliative care serves within the healing ministry of Jesus and the Church.

These same resources are used to strengthen our relationships and communication with our Catholic bishops and with religious leaders of other faith communities, helping them to appreciate more deeply the special opportunities that palliative care and end-of-life care offer for the transformation of health care in our nation and culture.



ACT IN COMMUNION WITH THE CHURCH | PROMOTE AND DEFEND HUMAN DIGNITY

June 23, 2011

Dear Archbishop Dolan,

The Supportive Care Coalition would like to express our sincere gratitude for the recent United States Conference of Catholic Bishops' Statement, *To Live Each Day with Dignity: A Statement on Physician Assisted Suicide*. We are pleased that palliative care is identified as part of the "healing art of medicine" in the opening paragraphs of this very timely pastoral letter. Effective palliative care is described as a "better way" to address the needs of people with serious illness, enhancing the length as well as the quality of a person's life and alleviating the fears and problems that lead some patients to the desperation of considering suicide. As palliative care professionals we have witnessed the effects of excellent palliative care services, delivered by an interdisciplinary team. This compassionate and whole person-centered care truly "allows patients to devote their attention to the unfinished business of their lives, to arrive at a sense of peace with God, with loved ones, and with themselves."

As a national coalition... we believe that palliative care is a hallmark of Catholic health care, intrinsic to our healing mission. It embodies our enduring commitment to provide compassionate, high quality, patient and family-centered care for the chronically ill and dying by anticipating, preventing and treating suffering. With a unified voice, the Supportive Care Coalition works to promote excellence in palliative and end-of-life care in all Catholic health care settings...

Since its founding in 1994, the Coalition has effectively identified and addressed barriers to the implementation of palliative care programs across the continuum of care and significant program growth has occurred. Despite this success, there is a great deal of work still to be done. Our goal is to ensure that every Catholic health ministry has palliative care as a part of its core services. The Supportive Care Coalition is earnest in our desire to collaborate with Catholic bishops, clergy and faith communities in education and outreach regarding the benefits of early palliative care interventions for all persons living with or affected by a chronic or life-limiting condition...



I thank you for your thoughtful and informative letter of June 23, 2011 regarding the recent statement, *To Live Each Day with Dignity: A Statement on Physician Assisted Suicide*, approved by the U.S. Catholic bishops. Congratulations to you and members of your coalition for recognizing the special role that palliative care plays in Catholic health care as you carry out the healing ministry of Jesus. I applaud your dedication to providing emotional and spiritual care as well as human compassion in dealing with the end of life...

Faithfully in Christ,

Most Reverend Timothy M. Dolan  
Archbishop of New York  
President, United States Conference of Catholic Bishops

## Our Steadfast and Unwavering Commitment

**The Supportive Care Coalition is comprised of 23 Catholic health care organizations with facilities nationwide. With a unified voice, we work to promote excellence in palliative and end-of-life care in all Catholic health care settings. Membership in the Coalition is an opportunity to influence the evolution and provision of palliative care. Together we are working to provide the best care possible for people living with serious illness, raise awareness that the best care for these patients requires an interdisciplinary team of palliative care professionals and increase the understanding of how palliative care makes a difference in the quality of people's lives.**

The pathway to excellence can be a challenging journey especially with the obstacles that long-term care health providers continue to face. We all strive to improve and transform the paradigm in which we care for our elders. It is often that the challenges we face help us grow and bring to us new information to make these transformations possible. — Carmelite Sisters for the Aged and Infirm

Providing palliative care allows us to respond to every human need in a very deep and compassionate way. Even when healing is not possible, we are able to provide hope by improving quality and length of life... This patient-centered approach is precisely the goal of palliative care services. — Provena Health



The vision of palliative care is to develop comprehensive and sustainable models of palliative care in our communities... The palliative care models will embrace our belief that wholeness in the Christian perspective includes the physical, emotional, spiritual and social aspects. In this way, God's presence is known, and reflects his love in all moments of the human experience. — Avera Health

Interdisciplinary collaboration at every level has been the most important factor to ensuring success with our more than decade-long pain and palliative care initiative... Our success is most evident in the hundreds of patients we have served. It's also evident in the financial impact it can have. — Sisters of Charity Health System, Cleveland, OH

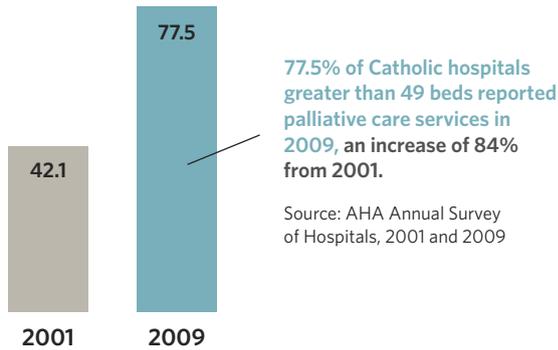
We have made a significant commitment to training 250 advance care planning facilitators in a process modeled after Respecting Choices®. Patients are referred to a trained facilitator and these discussions truly assist us in knowing that our patients are receiving the treatments and care they want. To date, over 3,300 patients have participated in advance care planning discussions with extremely favorable responses to their experience. — OSF HealthCare

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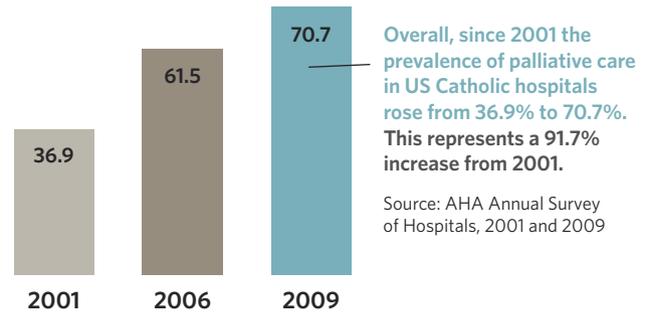
**Coalition members are changing the culture of caring across the country . . .**

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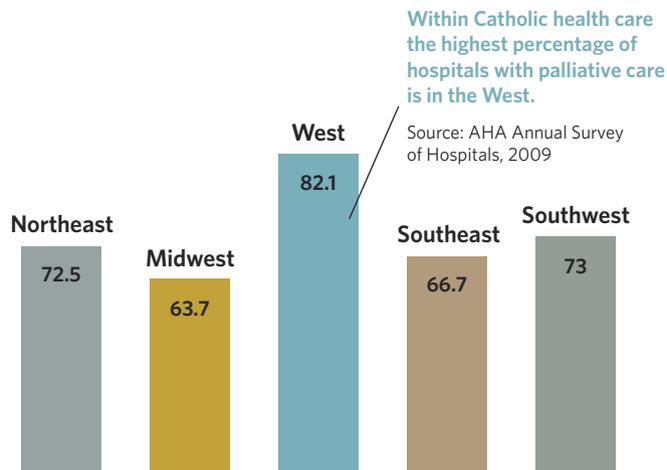
## Prevalence of Palliative Care in Catholic Health Care



Percentage of Palliative Care in US Catholic Hospitals Over 49 Beds



Percentage of Palliative Care in US Catholic Hospitals



Percentage of Palliative Care Programs by Region in US Catholic Hospitals

The American Hospital Association (AHA) survey data for all US hospitals demonstrates that the overall 2009 average is 63 %.

## Supporting the Business Case for Palliative Care

Studies show that palliative care can increase quality of life by clarifying the goals of care, reducing intrusive medical interventions, avoiding unnecessary testing, managing pain and other symptoms, attending to spiritual and sacramental needs, and increasing patient and family satisfaction, while decreasing unnecessary readmissions and length of stay in the acute care setting. This approach to care, if replicated, can significantly decrease the cost of health care in our nation, which resonates with health care leaders who understand that our system is too acute-care centric, and must be radically transformed into person-centered care.

“The Supportive Care Coalition understands that this approach to care is a radically spiritual goal, which can have enormous positive impact on stewardship of resources and society’s perceptions about human dignity, justice and the common good.”

— Dan O’Brien, Vice President, Ethics, Ascension Health



The Financial Templates Task Force was commissioned by the SCC Board of Directors to identify and recommend financial templates that reliably support the business case for palliative care. Clinicians and financial experts met for over a year examining the cost savings and billing aspects of palliative care culminating in a live webinar presentation in October 2011 attended by nearly 200 palliative care professionals and financial analysts from 61 sites nationally. This successful event was led by Melissa Caust-Ellenbogen, director of clinical and financial integration at Mount Carmel Health System (Trinity Health) and Don Kern, lead consultant in budget and accounting at St. John Hospital & Medical Center (Ascension Health).

**“My financial team felt this was time well spent.”**

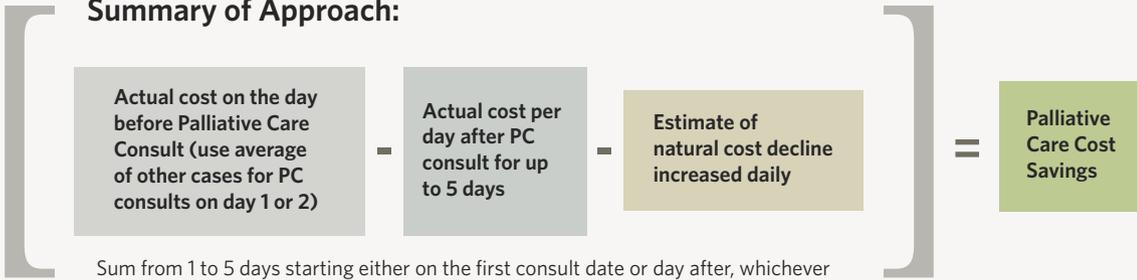
— Financial Templates webinar participant

**“This is an intelligent method for calculating avoided cost savings. This method has given us more confidence due to the natural cost decline.”**

— Financial Templates webinar participant

## Palliative Care Cost Savings Calculator

### Summary of Approach:



Sum from 1 to 5 days starting either on the first consult date or day after, whichever is larger. (Day of consult reflects blends of pre- and post-palliative costs; however many patients are not in the hospital for many days after consult)

**“We at St. John’s see this financial template as an improvement to our past method and plan to continue to use it. I hope that more finance departments are able to test and adopt the metric.”** — Don Kern

**“Preparing and presenting the SCC Palliative Care Savings Metric helped reinforce my understanding of the moving parts that effect the amount of savings we realized from palliative care.”** — Melissa Caust-Ellenbogen

STEWARD RESOURCES

## Educational Offerings

“Knowledge is love  
and light and vision.”

— Helen Keller

In 2011 the Supportive Care Coalition (SCC) offered several web based educational opportunities as a benefit to our member organizations with registrations exceeding 600 participants.

- Interdisciplinary Team Dynamics and Improving Team Function for Patient/Family Care  
*Martha Twaddle, MD, FACP, FAAHPM*
- The Changing Role of the Nursing Home in End-of-Life Care: Present and Future  
*Joan Teno, MD, MS*
- Personal and Team Self Care for Palliative Care Providers  
*Betty Ferrell, RN, PhD, MA, FAAN, FPCN*
- Advanced Certification for Palliative Care  
*Charles A Mowll, FACHE, The Joint Commission*
- SCC Palliative Care Cost Savings Metric  
*Melissa Caust-Ellenbogen, MS and Don Kern, MBA*
- Spirituality in Palliative Care (hosted by Ascension Health)  
*Tina Picchi, MA, BCC*

“As a founding member of the Supportive Care Coalition, Catholic Health Initiatives has benefited in multiple ways. The Coalition has created a network of collegial expertise and engagement that has led to the exchange of best practices and problem solving around complex palliative care issues. The education opportunities are of the highest quality and have fostered cutting edge change within the ministry.”

— Colleen Scanlon, Senior Vice President, Advocacy, Catholic Health Initiatives

“The Supportive Care Coalition has served to ignite Trinity Health’s Palliative Care initiative and stands out as a resource, not only providing education and partnership opportunities, but linking advancements in care to our Catholic mission and values.”

— Grace McCauley, CEO, Trinity Home Health Services

**Our October 2010 National Palliative Care Congress in St. Louis** was an exceptional educational event that demonstrated the best and enduring traditions of Catholic theology and ethics as well as the state of the art and science of clinical practice. A renowned panel of palliative care experts engaged 280 interdisciplinary participants, discussing current innovations, quality initiatives across settings of care and strategies for palliative care program sustainability.

"I particularly appreciated hearing how Coalition health systems have implemented their palliative care programs."

"A nice blend of theological, practical, clinical and spiritual. Bravo!"

"Appreciated representation of the continuum and broader view of palliative care."

— Quotes from 2010 Congress participants



"Our 2010 Congress was a huge success! The most gratifying part was listening to participants talk about everything they planned to implement with their own teams."

— Robert Sawicki, MD, OSF HealthCare and Co-Chair Congress Planning Committee

Plans are well underway for our Fifth National Palliative Care Congress in June 2013. This event will be conjoined with the Catholic Health Association's Assembly.



## Leading Practices — Transforming Care

**JUNE 2 - 4, 2013 | SOUTHERN CALIFORNIA**

**Visit [www.supportivecarecoalition.org](http://www.supportivecarecoalition.org) for Congress updates**

"Joining the Catholic Health Assembly with the Coalition Congress is a great opportunity to bring ministry leaders and palliative care leaders together. Our side-by-side events in June 2013 will underscore palliative care as a faithful expression of our healing mission."

— Ed Giganti, Vice President, Communications and Marketing, Catholic Health Association



## Quality Patient — Family Centered Care

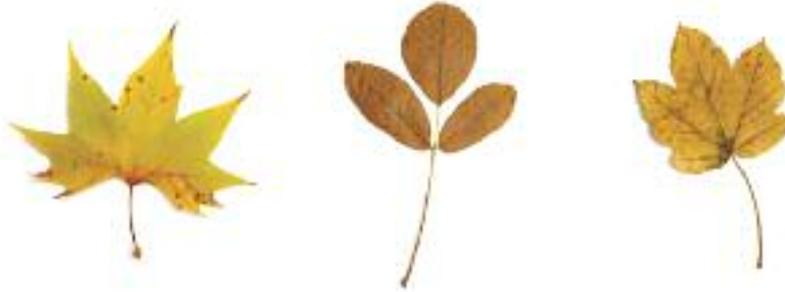
Jack has 7 sisters and 1 brother so consensus on almost anything as a family is usually impossible. Fortunately the Palliative Care Team did an incredible job of guiding us through all the information. When it came time to discuss future actions and quality of life for Jack, the information and the way it was explained was invaluable. Obviously it is an emotional time for family..., but we were all able to ask questions and express our understanding/concerns until we fully understood the ramifications of each decision we might make. The Palliative Care Team took the time to help us understand each situation, reassured us when needed and most importantly, handled it in a very compassionate, caring way. We were all individually able to express our feelings while deciding as a group the way we thought Jack would want these issues to be handled. We all left the meeting feeling at peace with the decisions we made — individually and as a family.

— Palliative Care Patient-Family Satisfaction Survey Comments



“In having conversations about goals of care, there are some important principles to follow. Most people under stress are not able to absorb something new until they can unload some of the burden they are carrying. They first need to be heard before they can receive information. In palliative care, we understand that this may also mean listening to their suffering and lamentation.”

— Woodruff English, MD, Providence Health & Services



## Commitment to Organizational Quality

### **Our Partnership with the Catholic CEO Healthcare Connection (CCHC)**

SCC partners with CCHC in advancing the quality of palliative care in Catholic health care and leveraging the wisdom and experience of palliative care professionals.

### **Our Collaboration with The Joint Commission**

In recent years, the Coalition has collaborated with The Joint Commission to promote advanced certification of palliative care services. We were pleased to host Executive Vice President, Charles A. Mowll, as a presenter at the September 26, 2011 SCC Board of Directors meeting in Chicago. Coincidentally, the first palliative care advanced certification site visit was also conducted that same day. Several Coalition member organizations have identified program certification as a strategic priority.

## Strengthening Palliative Care through Coalition Ties

**“Building and strengthening supportive relationships allows for continued exploration of shared ideas and concerns.”**

— Mary Hicks, MSN, APN-BC



Pictured left to right, Patricia Maryland, Mary Hicks, Sr. Betty Granger, CSJ, Elizabeth DiStefano

Photo courtesy of American Hospital Association

At Ascension Health’s St. John Providence Health System in Detroit, a transformation of the palliative care program has placed these palliative care services into the mainstream of everyday medical practice at the organization’s six hospitals, resulting in earlier care interventions.

Mary Hicks, MSN, APN-BC, nurse practitioner at St. John Hospital and Medical Center, and Elizabeth DiStefano, BSN, RN, Palliative Care coordinator for St. John Providence Health System, shared their palliative care program strategies with Providence Health & Services (PH&S) staff and leadership in Portland, OR.

“We were honored to share highlights of our program with another faith-based health care organization to help advance the field of palliative medicine,” says Ms. DiStefano.

“Building and strengthening supportive relationships allows for continued exploration of shared ideas and concerns,” notes Ms. Hicks.

St. John’s amazing success story ignited the passion of Providence Health & Services community board leadership and staff in the Portland area. “In the last six months we have developed an educational module for all clinical staff and initiated screening pilots in our two large ICUs in Portland to assess palliative care needs of patients,” says Marian Hodges, MD, Providence Health & Services. “And community board members are becoming more vocal in making sure palliative care resources are adequately funded.”

St. John Providence Health System, Detroit, Ascension Health, was recognized with a 2011 Circle of Life Award by the American Hospital Association for bringing innovation into palliative and end-of-life care. The organization was lauded for hardwiring palliative care into every service and educating staff so that no matter where an individual enters the system, they are evaluated for palliative care needs.

Catholic Health Partners generously invited other Supportive Care Coalition member organizations to benefit from their excellent educational program, "Palliative Care Across the Lifespan from a Uniquely Catholic Perspective."

The issues surrounding palliative and end-of-life care for patients are especially challenging and emotionally difficult for health care professionals. How do they talk with patients and their family members? How do they manage the patient's pain and other symptoms? And how do the workers, themselves, improve their skills?

This interactive on-line course, explores these questions during a three-week training module for nurses, social workers and chaplains.

"The goal is to expose participants to an interactive, interdisciplinary forum where colleagues can explore effective palliative care interventions from a Catholic healthcare perspective," says Patricia Beach, course co-developer and instructor. "This experience will enable these students to help individuals of all ages and their families to experience the highest possible quality of life while living with a life-threatening illness," she says.

Initially designed for nurses within Catholic Health Partners' five-state network of Pennsylvania, Ohio, Indiana, Kentucky and Tennessee, the course has expanded its reach across the country to many other care providers within the Coalition. The program has trained 300 students since going on-line.

The course is offered in collaboration with Catholic Health Partners, Mercy College of Ohio and Mercy Cancer Centers.



"The gift you  
have received,  
give as gift"

—Matthew 10:8

"This experience will enable these students to help individuals of all ages and their families to experience the highest possible quality of life while living with a life-threatening illness."

— Patricia Beach, Patient Navigator/Clinical Nurse Specialist, Catholic Health Partners

# Strategic Goals, Priorities and Imperatives of Member Organizations

In preparation for our January 2012 Strategic Planning Retreat, the Coalition examined the strategic goals, priorities and imperatives of our member organizations and their palliative care initiatives. **These eight common themes emerged.**



PROMOTE THE COMMON GOOD

Within each of these common themes, our members have identified palliative care priorities for the coming years. These priorities will guide our Board of Directors and staff in deciding the Coalition's future direction for 2012-2015 as we identify the unique contributions we will make in developing and sustaining high quality palliative care across the continuum, aligned with the Catholic health care mission:

### **Culture and Talent of the Workforce**

- Develop education strategy for all stakeholder groups
- Create culture change and alter misunderstanding of palliative care
- Incorporate palliative care as a model for all person-centered care
- Promote staff competencies and certification

### **Physician Engagement**

- Establish physician leadership for palliative care
- Integrate palliative care training in Medical Education programs
- Advocate for funding of palliative care fellowships/compensation for practitioners
- Expand current palliative care consult services into the existing care delivery platform

### **Quality Improvement**

- Utilize evidence-based standards of care for palliative care patients within NQF domains
- Share leading practices and enhance skills
- Advocate for palliative care program certification
- Enhance and increase the amount of palliative care measurement

### **Continuum of Care**

- Assess need and deliver seamless palliative care services across the continuum
- Eliminate disparities in care and increase access
- Develop, pilot, implement and sustain palliative care programs for long-term care
- Share findings regarding sustainable palliative care programs throughout the continuum

### **Excellence in Care Experience**

- Create a healing culture
- Respect the dignity and spirituality of each individual
- Develop strategies for overcoming culture barriers
- Promote seamless palliative care that will exceed patient expectations

### **Growth, Stewardship and Sustainability**

- Utilize leading financial practice tools to strengthen the business case for palliative care
- Develop rural based care model for palliative care
- Develop financially sustainable models
- Advocate for financial incentives for the delivery of palliative care

### **Data/Information Management**

- Collect, aggregate, share and learn from data/information
- Manage knowledge and share best practices
- Build palliative care practices into system-wide Epic

### **Change Agents**

- Explore alternative models for palliative care delivery
- Advocate for palliative care inclusion in medical homes, ACO's, and bundling strategies
- Build the case for palliative care's impact on health care reform





## Spiritual Dimension of Palliative Care

The Supportive Care Coalition has a particular commitment to advancing spiritual care in palliative care. Clinicians and chaplains in more than a dozen member organizations' acute, long-term care and clinic sites measured how consistently patients' spiritual beliefs and values are integrated into care planning, and how effectively patients and residents have their spiritual needs addressed. This initiative increased staff awareness of the spiritual dimension of care, their role in screening for spiritual distress and the significant role of the chaplain as a member of the interdisciplinary palliative care team.

"We are very deliberate and strategic about bringing spiritual care into the clinic setting... screening for spiritual needs opened my eyes to our cancer patients' particular concerns."

— Rev. Mark Chamberlain, Mercy

"Every new resident in our long-term care facility, who is able, completes the spirituality survey. The questions seem to take the conversation to a deeper place..."

— Chaplain Debby Mayer, Covenant Health Systems

"People have learned to appreciate me now and know more about who I am and what I have done in my life. They listen more and give me a chance to listen to them."

— Resident, d'Youville Pavilion St. Joseph Manor

ATTEND TO THE WHOLE PERSON

## Coalition Committees

### Executive Committee

Catherine Follmer — Chair  
Robert Sawicki — Vice Chair  
Lois Lane, Member-at-Large  
Grace McCauley, Member-at-Large  
Tina Picchi, Ex-Officio

### Advocacy Committee

Colleen Scanlon — Chair  
Andrew Burrichter  
Sarah Hetue Hill  
Tina Picchi, Ex-Officio  
Barbara Segal  
Indu Spugnardi  
MC Sullivan  
Brooke Timmons

### Congress Planning Committee

Patricia Beach & Robert Sawicki — Co-Chairs  
Sr. M. Peter Lillian Di Maria  
Susan Enright  
Ed Giganti  
Lois Lane  
Rob Luck  
Grace McCauley  
Donna Medina  
Tina Picchi, Ex-Officio  
Indu Spugnardi  
MC Sullivan  
Julie Trocchio

### Ethics and Church Relations Committee

Dan O'Brien — Chair  
Sr. M. Peter Lillian Di Maria  
Lois Lane  
Kevin Murphy  
Fr. Tom Nairn  
Tina Picchi, Ex-Officio  
J. Michael Stebbins  
MC Sullivan

### Quality Committee

Robert Sawicki — Chair  
Cheryl Arnold  
Alice Battista  
Debra Biggs  
Linda Fehr  
Becca Hawkins  
Maria Gatto  
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We are called to be pioneers  
Pioneers who stand on the edge of great beginnings  
Of unseen futures.  
Pioneers filled with unwarranted confidence that visions give.  
Pioneers whose eyes and ears are elsewhere,  
Who hear an echo of possibilities  
As music poised to enter the universe.  
The movement forward, if it is to continue,  
Will not happen by itself.  
What steps must be taken can be summarized in five words;  
A Great Hope In Common.  
A passionate love of growth,  
That is what we need.  
The future is in our hands.

**Pierre Teilhard de Chardin**

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**Supportive Care**   
**COALITION**

Pursuing Excellence in Palliative Care

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