



# BRIDGING *the* GAPS

*in* PALLIATIVE CARE *with* INNOVATIVE CONNECTIONS

“As Catholic health care we need to be a force for good, challenge the status quo, address concerning trends, and lead the transformation...especially as this relates to the seriously ill and dying.”

— Michael R. Panicola, PhD, Senior Vice President, Mission, Legal & Government Affairs, SSM Health, St. Louis, MO

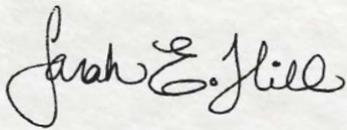
**A letter from our Board Chair and Executive Director**

Tilikum Crossing is Portland, Oregon's newest and unique icon. Tilikum is a Native American word for people, tribe, family and symbolizes coming together. It is the Bridge of the People and is the only car-less transit bridge in the country. It conveys connections, in not only the relationships between people, but in the connections they will make as they ride, walk, run and cycle across this beautiful new bridge. This durable functional structure eases access for residents throughout the region to reach important destinations. It provides new and improved connections to neighborhoods, healthcare, businesses and fine arts. The design reflects the values of the city. Those who cross can experience the movement and majesty of the river below; even the bridge lights are cued by the river's flow.

What a wonderful metaphor for the delivery of palliative care in the 21st century: creating a durable functional structure that connects people to high-quality, accessible and seamless palliative care; making it easier for the seriously ill and their loved ones to access this care in their own communities; providing whole person care that honors the unique flow and rhythm of individuals and families and eases their crossing.

In our 22nd year, the Supportive Care Coalition is a vibrant community that brings people together within Catholic health care, optimizing expert-to-expert engagement with palliative care colleagues. We partner with other national health care organizations, leveraging the power of our collective voice to influence public policy for care of the seriously ill. The Coalition's spirituality in palliative care project deepens commitment to spiritual care and strengthens interdisciplinary team collaboration. Stellar educational offerings facilitate interprofessional learning and spread leading practices. Our mission and ethics resources are valuable communication tools for clinicians and ministry leaders in Catholic health care.

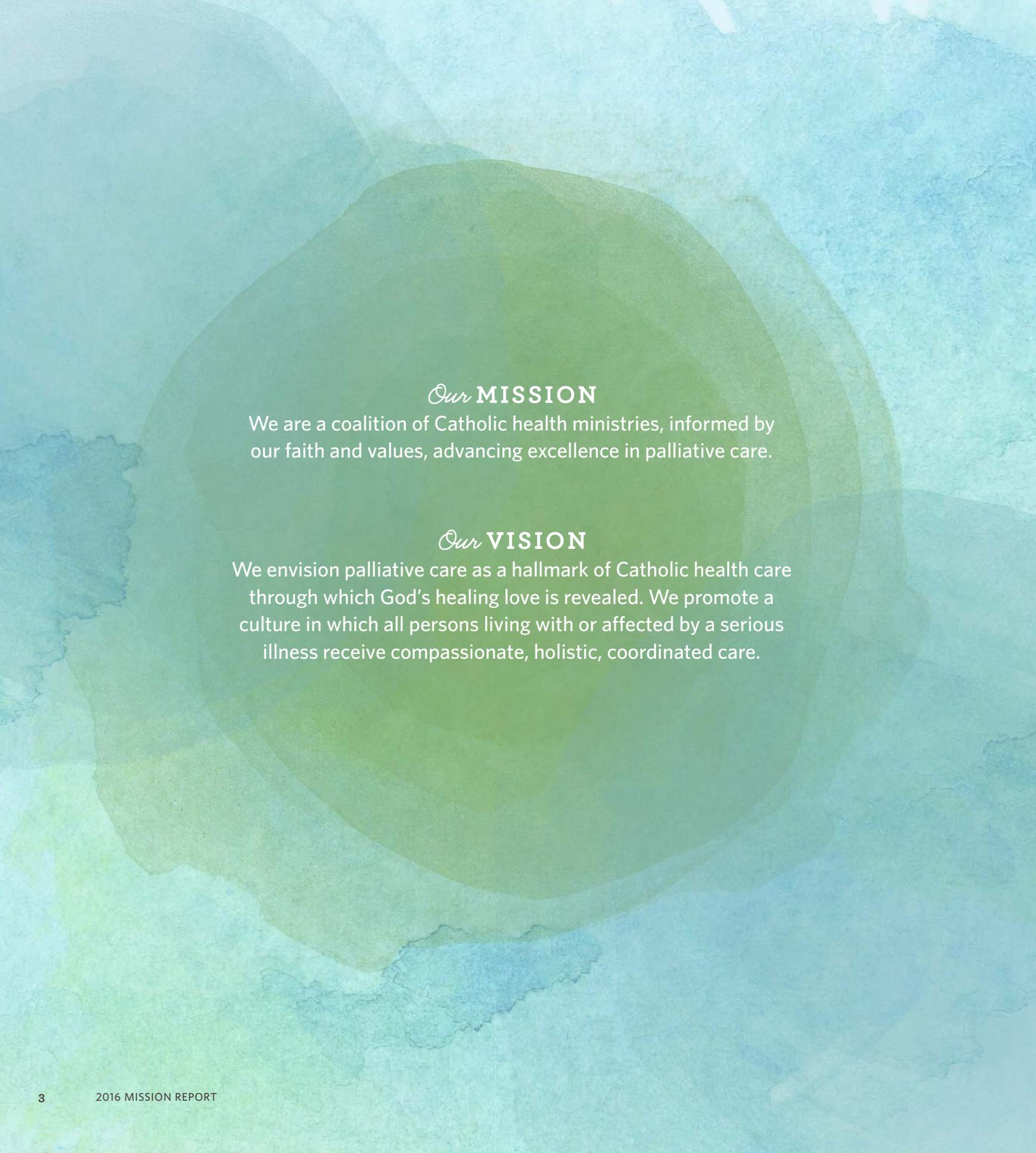
The SCC's Board of Directors is deeply committed to the work of the Coalition. We are pleased to present this year's mission report that illustrates the creative and innovative ways we are bridging the gaps in palliative care.



Sarah E. Hetue Hill, MA, PhD (c)  
Chair, Board of Directors  
Supportive Care Coalition



Tina Picchi, MA, BCC  
Executive Director  
Supportive Care Coalition

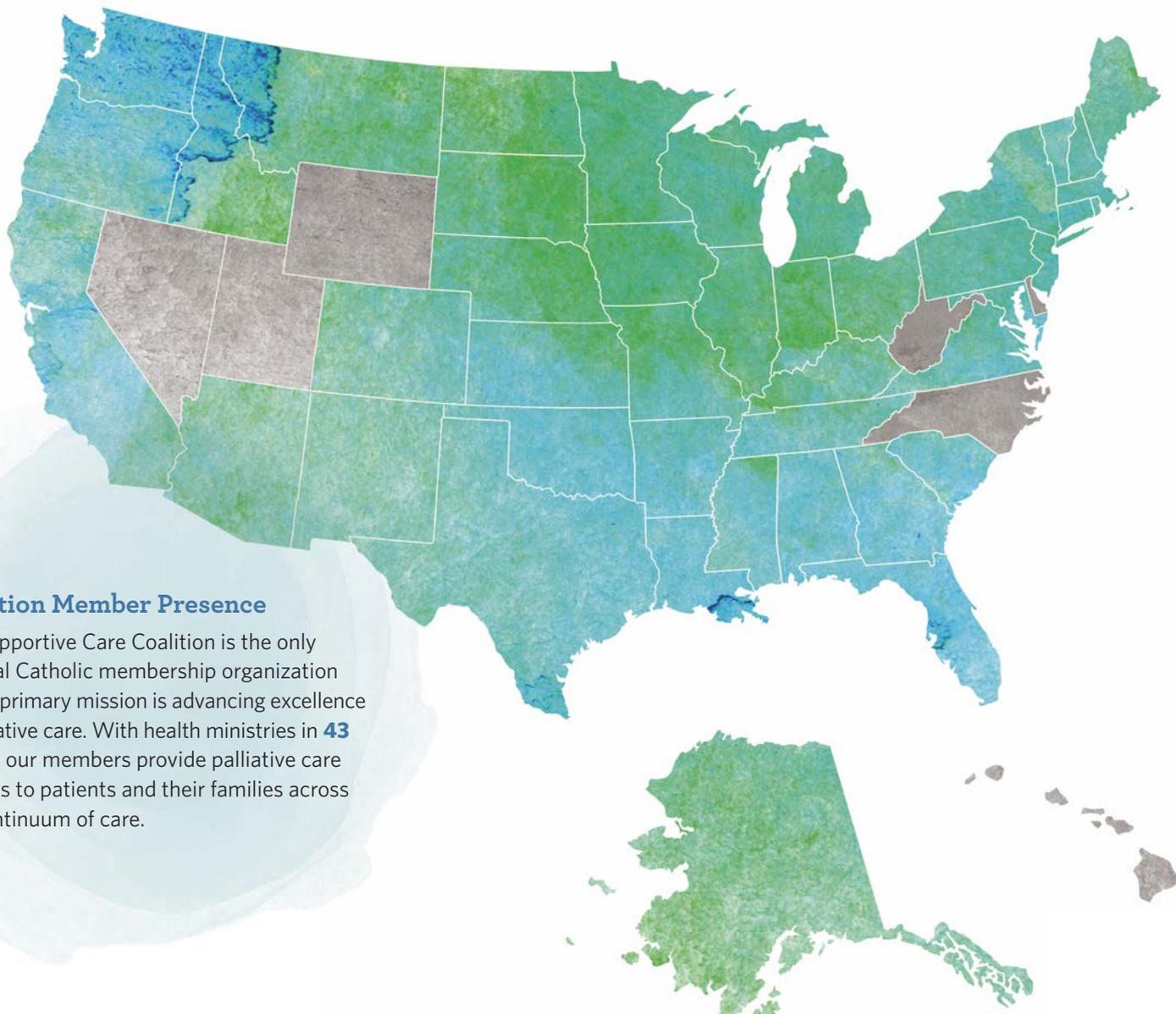


*Our* **MISSION**

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

*Our* **VISION**

We envision palliative care as a hallmark of Catholic health care through which God's healing love is revealed. We promote a culture in which all persons living with or affected by a serious illness receive compassionate, holistic, coordinated care.



## Coalition Member Presence

The Supportive Care Coalition is the only national Catholic membership organization whose primary mission is advancing excellence in palliative care. With health ministries in **43 states**, our members provide palliative care services to patients and their families across the continuum of care.

## Member Organizations

**Archdiocese of Boston**  
Braintree, MA

**Ascension Health**  
St. Louis, MO

**Avera**  
Sioux Falls, SD

**Bon Secours Health System**  
Marriottsville, MD

**Carmelite Sisters for the Aged and Infirm**  
Germantown, NY

**Catholic Health Association of the United States**  
Washington, DC  
St. Louis, MO

**Catholic Health Initiatives**  
Englewood, CO

**Covenant Health**  
Tewksbury, MA

**Franciscan Missionaries of Our Lady Health System**  
Baton Rouge, LA

**Hospital Sisters Health System**  
Springfield, IL

**Mercy**  
Chesterfield, MO

**Mercy Health**  
Cincinnati, OH

**OSF HealthCare**  
Peoria, IL

**PeaceHealth**  
Vancouver, WA

**Presence Health**  
Chicago, IL

**Providence Health & Services**  
Renton, WA

**Sisters of Charity Health System**  
Cleveland, OH

**SSM Health**  
St. Louis, MO

**St. Joseph Health**  
Irvine, CA

## Advocating *on* Capitol Hill

*for the Palliative Care and Hospice Education and Training Act*

The Supportive Care Coalition leverages the power of our collective voice and expertise to be an influential leader with other national organizations and policy leaders to bridge the gaps in palliative care education, research, workforce, clinical practice and financing mechanisms.

During this 114th United States Congress, SCC is partnering with the Patient Quality of Life Coalition (PQLC) in support of the following legislation:

### **The Palliative Care and Hospice Education and Training Act (PCHETA), H.R. 3119:**

- Establishes training, professional development and career incentives for physicians, physician assistants, nurses, social workers, chaplains and pharmacists in the field of palliative care to address a critical shortage of qualified health professionals.
- Provides for the establishment of a national campaign to inform patients, families and health professionals about the benefits of palliative care and the services that are available to support patients with serious or life-threatening illness.
- Directs the National Institute of Health (NIH) to use existing authorities and funds to expand national research to improve the delivery of palliative care to patients with serious illness.

**“By addressing the gaps in palliative care training, we can help ensure that we have enough medical professionals to meet the growing need for palliative treatment and provide patients and their families with the best possible care.”**

— U.S. Representative Eliot Engel, D-NY



Supportive Care Coalition members promoting PCHETA, H.R. 3119, at the PQLC Lobby Day, July 2015, in Washington, DC.

Participants left to right: Darren Henson, PhD, Presence Health; Colleen Scanlon, RN, JD, Catholic Health Initiatives; Liz DiStefano, RN, BSN, Ascension Health; Gregg VandeKieft, MD, Providence Health & Services; Tina Picchi, MA, BCC, Supportive Care Coalition; MC Sullivan, JD, MTS, RN, Archdiocese of Boston; Sarah Hetue Hill, MA, PhD(c), Ascension Health; Bob Bergamini, MD, Mercy; and Kyle Miller, JD, Sisters of Charity Health System.



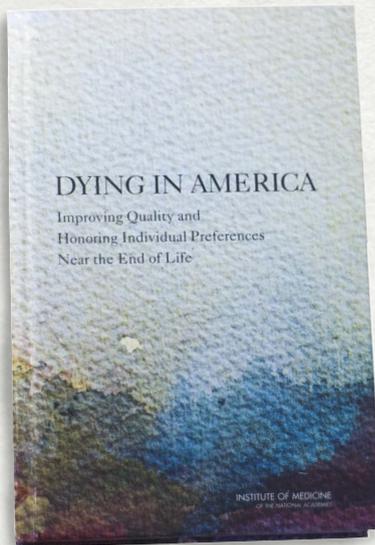
The Supportive Care Coalition is an active member of the Patient Quality of Life Coalition (PQLC) which includes approximately 40 organizations dedicated to improving quality of care and quality of life for patients and families facing serious illness. The PQLC has developed a consensus-based agenda aimed at promoting public policy that will improve and expand access to high-quality palliative care.

This past year, the Supportive Care Coalition collaborated with the Catholic Health Association and the Patient Quality of Life Coalition, signing on to several letters to federal agencies and Congress in support of the PQLC's policy priorities:

- Centers for Medicare and Medicaid Services (CMS) regarding Medicare Accountable Care Organizations
- Center for Medicare and Medicaid Services Innovation Center (CMMI) regarding Medicare Oncology Care Model
- Senate Finance Committee regarding Chronic Care Working Group
- CMS regarding Physician Fee Schedule\*
- National Palliative Care Research Center (NPCRC) regarding a proposal to Patient Centered Outcomes Research Institute
- U.S. Department of Health and Human Services (HHS) Secretary Burwell requesting the release of the National Pain Strategy Report\*\*
- Members of the House of Representatives in support of PCHETA
- Centers for Disease Control and Prevention (CDC) regarding Use of Opioids in Chronic Pain

\* After six years of advocating for this legislation, CMS released the final payment rule on October 30, 2015. This separate payment system under the 2016 Physician Fee Schedule will cover advance care planning codes and impact almost 55 million Medicare beneficiaries and their healthcare providers.

\*\*The National Pain Strategy Report was released March 18, 2016



## Institute of Medicine Report

SCC joined with 50 other organizations in making a public commitment to support and advance the recommendations of the IOM Report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*.

In the spring 2016 the National Academy of Medicine will convene representatives from the organizations that made commitment statements, along with other key

stakeholders, to track gains made in end-of-life care since the report was issued. This event will culminate in a list of shared priorities and action areas. SCC will discuss its commitment to improve clinician-patient communication and advance care planning as well as provide professional education and development with a particular focus on interprofessional team learning.



SCC Board Chair Sarah Hetue Hill (center), and Executive Director Tina Picchi (right) review the 2015 CAPC State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals with Diane Meier, MD, Director of the Center to Advance Palliative Care.

## Who's Providing Palliative Care?

**90%**

of hospitals with  
300 or more beds

**97%**

of teaching  
hospitals

**90%**

of Catholic Church  
operated hospitals

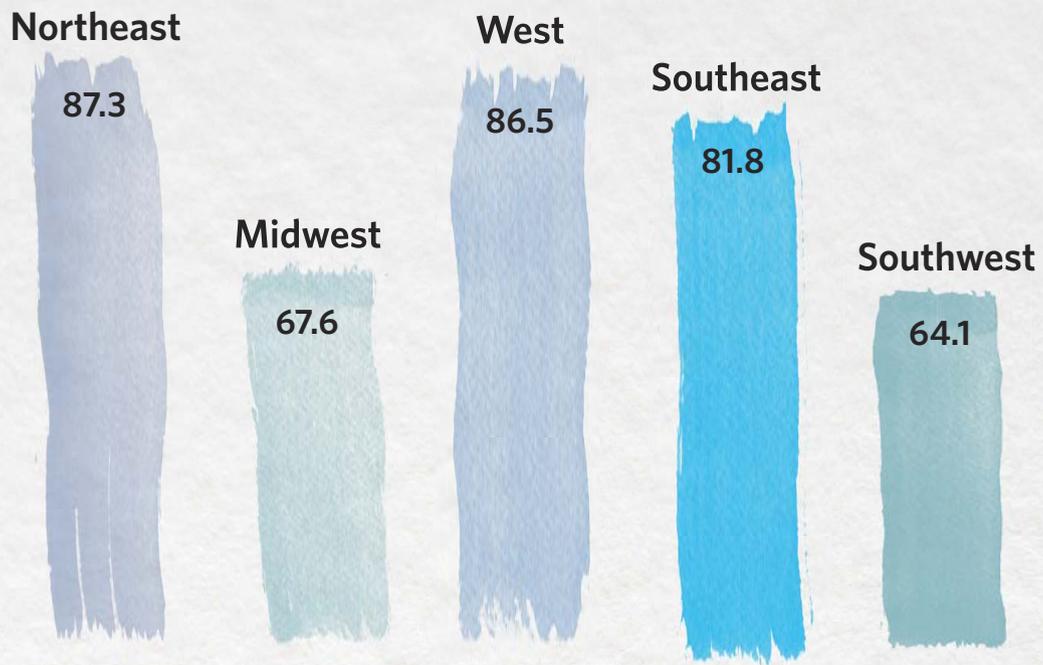
**77%**

of nonprofit  
hospitals

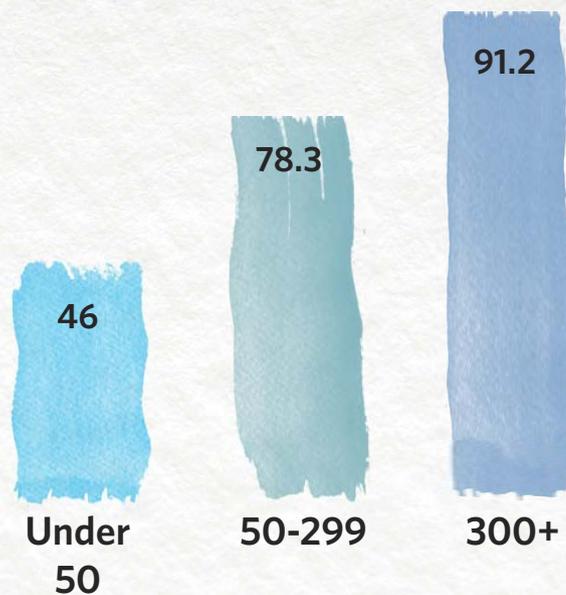
The 2015 State-by-State Report Card demonstrates that access to palliative care remains inadequate for millions of Americans living with serious illness despite continuing growth in the number of U.S. hospitals reporting palliative care programs, and states that "making palliative care available to the much larger population of the seriously ill who are receiving care in the community settings where they live, is the single largest opportunity to improve value in the U.S. health care system."

Since 1994, the Supportive Care Coalition has worked relentlessly to bridge the gaps for our sickest and most vulnerable patients in accessing high quality palliative care services across the care continuum.

Source: Center to Advance Palliative Care



Percentage of Palliative Care Programs by Region in U.S. Catholic Hospitals



Percentage of Palliative Care Programs by Bed Size in U.S. Catholic Hospitals

Data compilation courtesy of the Catholic Health Association (CHA)  
 Source: American Hospital Association (AHA) Annual Survey of Hospitals, 2014

## INTEGRATING SPIRITUALITY *in* PALLIATIVE CARE TEAM PRACTICE

“Most of us in palliative care want to do more than survive, we want to thrive and really find meaning and purpose and flourish in this work... Cultivating a non-judgmental, open curiosity, and compassion towards ourselves can only help us pass on those same qualities in our interactions with others. When we don’t give ourselves self-care, we allow ourselves to be carried away by all the demands on us. As palliative care clinicians, the demands are getting greater. We can lose ourselves and lose our souls in the process.” — Denise Hess, BCC-HPCC, MFT, MDIV, Providence Little Company of Mary Medical Center, Torrance, CA

As a component of whole person care, every palliative care practitioner should possess a level of competency to address spiritual needs and attend to spiritual suffering. The Supportive Care Coalition’s Spirituality Project recognizes the value of a practice culture that respects spiritual formation in the context of a supportive interdisciplinary palliative care team. If the spiritual life of the providers is nurtured in the right way, they can provide more whole person care for patients and families.

The architectural design of this project provides a foundation for participants to experience their own spiritual groundedness and feel safe enough to incorporate new practices that

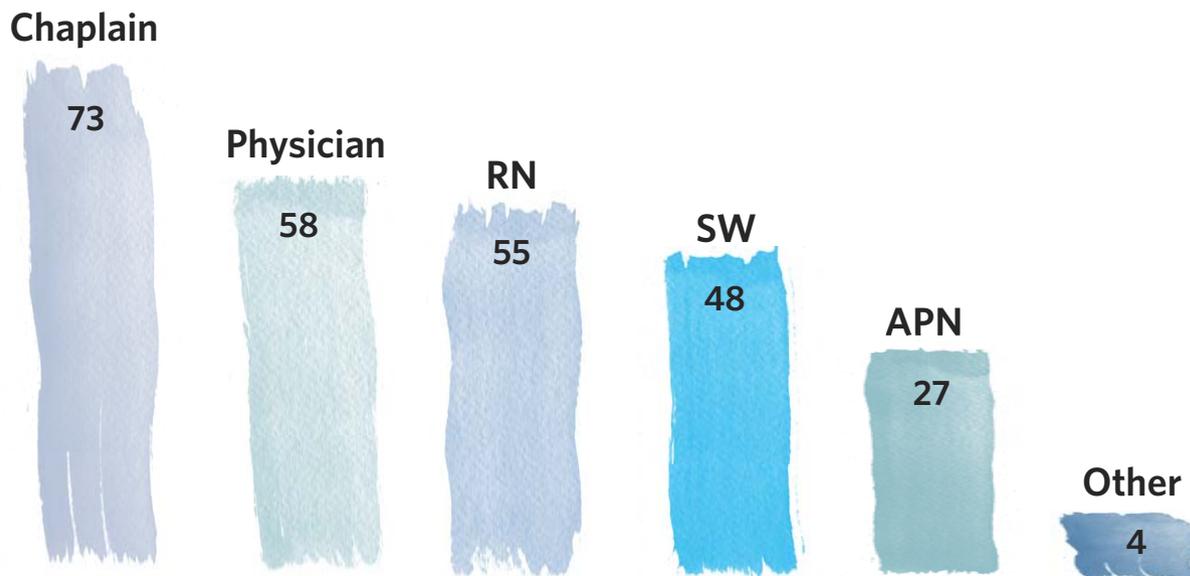
address the spiritual dimension of care. This is particularly true for individuals who do not come from a faith perspective and are wary of having religious beliefs or practices imposed upon them.

Twenty interprofessional palliative care teams in various phases of a 2 ½-year project focused on the quality of caregiver presence as a critical therapeutic variable of whole person care. The goals of care family conference served as the leverage point for developing team practices that promote deeper spiritual engagement with patients, families and within the interdisciplinary team to honor the patient’s spiritual beliefs and values in advance care planning and treatment decisions.

“Greatest value of this project was the deliberate placement of spirituality at the center of whole person care...because it helps to define the role of the chaplain as a member of the interdisciplinary team.” — Project Participant

## This project strengthened the spiritual aspects of whole person care through the following practices:

- Preparatory visit with patient/family
- Inviting team to be spiritually grounded
- Asking the Dignity Question: "What do we need to know about you as a person to give you the best care possible?"
- Inquiring about the patient's hopes and fears
- Honoring silence that may deepen the conversation
- Assessing for patient's spiritual distress/suffering
- Drawing upon patient/family's spiritual strengths and values
- Inviting team to debrief and reflect upon the quality of the conference



Percentage of Team Participants by Professional Discipline  
Goals of Care Family Conferences Fall 2015

The Supportive Care Coalition commends Dr. Woody English for his inspirational leadership of this project that was transformational in bringing greater intentionality to the spiritual dimension of palliative care.

# Spirituality Project Participants

## Ascension Health

AMITA Health Alexian Brothers Medical Center  
*Elk Grove Village, IL*

AMITA Health St. Alexius Medical Center  
*Hoffman Estates, IL*

Borgess Medical Center  
*Kalamazoo, MI*

St. Elizabeth Hospital  
*Appleton, WI*

Saint Thomas West Hospital  
*Nashville, TN*

## Bon Secours Health System

Bon Secours Maryview Medical Center  
*Portsmouth, VA*

Bon Secours St. Mary's Hospital  
*Richmond, VA*

## OSF HealthCare

OSF Saint Francis Medical Center Outpatient Palliative Care  
*Peoria, IL*

OSF Saint James -John W. Albrecht Medical Center  
*Pontiac, IL*

OSF Saint Anthony Medical Center  
*Rockford, IL*

## Presence Health

Presence Mercy Medical Center  
*Aurora, IL*

## Providence Health & Services

Providence Holy Cross Medical Center  
*Mission Hills, CA*

Providence Little Company of Mary Medical Center  
*San Pedro, CA*

Providence Little Company of Mary Medical Center  
*Torrance, CA*

Providence Sacred Heart Medical Center  
*Spokane, WA*

Providence Saint John's Health Center  
*Santa Monica, CA*

Providence Saint Joseph Medical Center  
*Burbank, CA*

Providence St. Patrick Hospital Outpatient Palliative Care  
*Missoula, MT*

Providence Tarzana Medical Center  
*Tarzana, CA*

## SSM Health

St. Mary's Janesville Hospital  
*Janesville, WI*



Providence Little Company of Mary Medical Center San Pedro, Palliative Care Team. Left to right: Nicole Miller, RN; Gary Graham, MD; Rev. Bruce Cook, MDIV; Lise Fillion, RN



St. Mary's Janesville Hospital Palliative Care Team. Left to right: Tara Miller, RD; Mary Jane Higgs, NP; Gayle Rollmann, OTR; Loren Draxler, RN; Kristi Hayden, CSW, CHP-SW; Rev. John Froiland, BCC; and Kathryn Lilley, MD

“How do I listen to others?  
As if everyone were my  
teacher speaking to me  
his cherished last words.”

— Hafiz (Sufi Poet)



## SCC Honored *with the* 2016 Outstanding Colleague Award

The Supportive Care Coalition has been recognized as recipient of the National Association of Catholic Chaplains' 2016 Outstanding Colleague Award. The Coalition was cited for its collaboration in the planning, development and implementation of the chaplain specialty certification for hospice and palliative care, and for work that has helped the entire palliative care team embrace new dimensions of self-care and spiritual awareness that eases the way for the team and patients and families they serve. This work has "shown each member of the care team that although having a chaplain on the team is critical to the overall wellbeing of the patient, doctors and nurses can also provide critical life-enhancing spiritual support," noted NACC. The award will be given at the association's national conference in Chicago in April.

## BRIDGING *the GAPS* in PALLIATIVE CARE EDUCATION

### Interprofessional Learning – Spreading Leading Practices

Inspired by the recommendations of the 2014 IOM Report, *Dying in America*, SCC developed a strategic plan for the continuing education and formation of palliative care teams. The IOM report identified a problem with educational silos that impede the development of collaboration among various health care disciplines. As palliative care requires an interdisciplinary, team-based approach, the Coalition is committed to interprofessional education that develops the team's ability to provide whole person, patient/family centered care.

Our monthly webinar series draws upon the expertise of many palliative care disciplines to address professional practice gaps and educational deficiencies identified in this report. During the past 2 years, nearly 4,000 participants have joined these webinar events, and many more have accessed our library of archived events. To facilitate interprofessional learning, we encourage teams to participate in these educational sessions together and use them as a catalyst for quality improvement and team enrichment. Nearly 50 percent of our palliative care

professionals report meeting as a team to collectively listen to these educational presentations and apply learnings in their particular ministry setting.

In addition to our web-based educational model, the Coalition also engages our Board of Directors in informative presentations by leading palliative care experts. Ira Byock, MD, Chief Medical Officer and Founder of the Providence Institute for Human Caring was our featured guest at the fall 2015 meeting in Portland, Oregon where he highlighted the mission and vision of the Institute and facilitated dialogue about Catholic healthcare's role in transforming care of the seriously ill in this country. At the spring 2016 meeting in Englewood, Colorado, hosted by Catholic Health Initiatives, Betty Ferrell, PhD, MA, FAAN, FPCN, will address quality metrics for spiritual care in palliative care. Dr. Ferrell directs the Division of Nursing Research and Education and is a professor in the Department of Population Sciences within Beckman Research Institute of City of Hope.

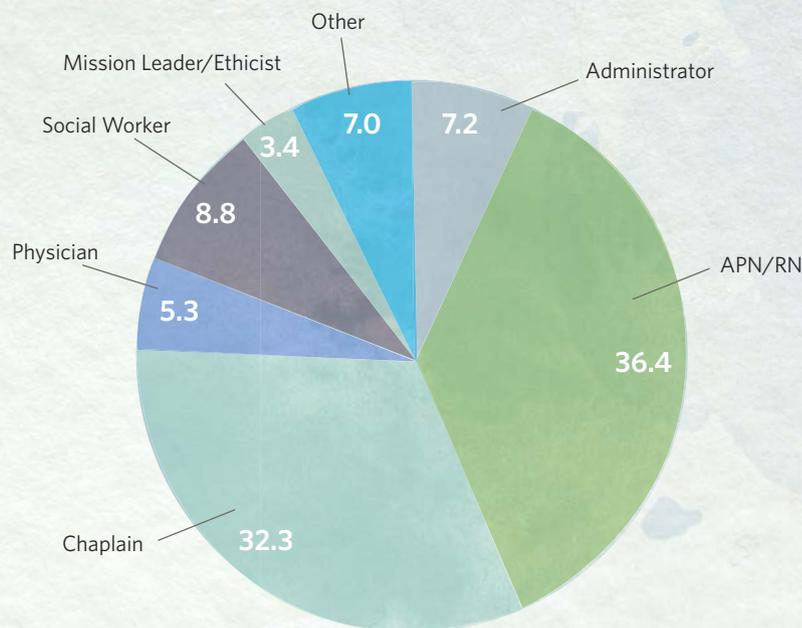
“We all agreed that today's presentation was one of the best yet. We are a palliative care team, and I have 10 years emergency room experience and lead our team. What wonderful gems ALL of today's speakers shared. We are very excited about some of the creative ideas presented today.” – Webinar Participant

## Interprofessional Education *that* Promotes Team Development

“This webinar’s emphasis on Church teaching and its connection to palliative care was outstanding and so very helpful. This kind of presentation is something that I share with the clergy and Archdiocesan leaders and staff, none of whom are clinicians, to draw a picture of the significance and relevance of palliative care to their ministries.” — Webinar Participant

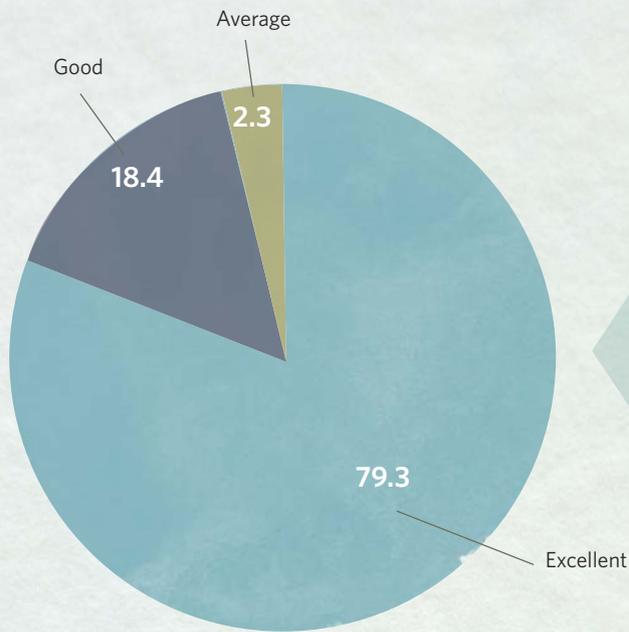
“This was a super fantastic presentation! Very practical, evidence-based regarding ventilator withdrawal and respiratory distress, highly relevant to day to day practice. I plan to have additional members of our hospital team view the presentation as an archived webinar.”

— Webinar Participant



Percentage of Webinar Participants by Professional Discipline in the Most Recent 12 Months

(n = 2,525)



97.7% of webinar participants rated the presenter's depth of knowledge and demonstrated expertise as excellent or good.

**Percentage of Presenter's Depth of Knowledge and Demonstrated Expertise**



93.4% of participants rated the usefulness for integrating new skills/knowledge into current practice as excellent or good.

**Percentage of Usefulness for Integrating New Skills/Knowledge into Current Practice**

# Selected Education Offerings *for* Interprofessional Palliative Care Teams

## Patient Symptom Management

An Evidence-Based Approach to Terminal Ventilator Withdrawal/Post-Extubation Stridor and Pharyngeal Secretions

*Margaret L. Campbell, PhD, RN, FPCN, Professor, Research, Wayne State University College of Nursing, Detroit, MI*

Symptom Management for the Seriously Ill: Nausea and Vomiting

*Bree Johnston, MD, MPH, Director of Palliative Care, PeaceHealth, Bellingham, WA*

A Palliative Care Physician's Case for Medical Marijuana

*David Casarett, MD, MA, Professor of Medicine, Director of Palliative Care, University of Pennsylvania, Philadelphia, PA*

## Workforce Development

Engaging Patients and Families in Multidisciplinary Rounds: A Quality Improvement Opportunity for Palliative Care Teams

*Tammy Alvarez, MSN, RN, CCRN, Executive Director, Improving Performance, St. Joseph Health, Irvine, CA*

Generalist Palliative Care Training

*Mimi Pattison, MD, FAAHPM, Medical Director, Franciscan Hospice and Palliative Care; Tammy Newman Bhang DNP, ARNP, ACHPN, Palliative Care Academy Director, CHI Franciscan Health, Tacoma, WA*

Interprofessional Palliative Care Teams: Mentors and Role Models for Whole Person Care

*Shirley Otis-Green, MSW, ACSW, LCSW, OSW-C, Clinical Director of Consulting Services, Coalition for Compassionate Care of California, Sacramento, CA*

## Beyond Inpatient Palliative Care

Community Based Palliative Care Models: Strategies, Key Partnerships and Measures of Success

*Martha L. Twaddle, MD, FACP, FAAHPM, Senior Vice President of Medical Excellence & Innovation, JourneyCare, Barrington, IL*

Effective Partnership: Palliative Care and the Emergency Department

*Marny Fetzer, MD, Palliative Care Medical Director, Rainbow Hospice and Palliative Care, Mt. Prospect, IL; David Bordo, MD, FACEP, Regional Chief Medical Officer, Northwest Region, Presence Health, Chicago, IL; Kate Aberger, MD, FACEP, Core Faculty Emergency Medicine/Palliative Medicine, St. Joseph's Regional Medical Center, Paterson, NJ*

## Spiritual Formation

Mindfulness for Busy Palliative Care Practitioners

*Denise Hess, BCC-HPCC, MFT, MDIV, Palliative Care Chaplain & Marriage and Family Therapist, Providence Little Company of Mary Medical Center, Torrance, CA*

Building a Compassionate Health Care System: One Compassion Infusion at a Time

*Mark Rosenberg, MD, FACP; Becca Hawkins, MSN, ARNP, Co-Directors, Compassion Program; Providence Health & Services, Portland, OR*

Pope Francis and the Significance of His Message for Palliative Care Professionals

*Michael R. Panicola, PhD, Senior Vice President, Mission, Legal & Government Affairs, SSM Health, St. Louis, MO*

Integrating Spirituality in Palliative Care Team Practice

*Woodruff English, MD, MMM, SCC Spirituality Project Clinical Leader; Denise Hess, BCC-HPCC, MFT, MDIV, Palliative Care Chaplain & Marriage and Family Therapist, Providence Little Company of Mary Medical Center, Torrance, CA; Tina Picchi, MA, BCC, SCC Executive Director, Portland, OR*



Robert Sawicki, MD, Senior Vice President of Supportive Care Division, OSF HealthCare, Chair, SCC Education Committee and Martha Twaddle, MD, FACP, FAAHPM

## MISSION *and* ETHICS

SCC provides a unique interdisciplinary forum for connecting with others in the Catholic health care ministry to integrate the Church's ethical and social teachings in palliative care practice. We support and encourage collaboration with our member sponsors, mission and ethics leaders, as well as dioceses and state Catholic conferences and associations to foster a more complete understanding of palliative care. We create resources and talking points for clinicians and ministry leaders in Catholic health care that address theological and ethical concerns regarding palliative and end-of-life care. Among these are:

- Palliative Care: A Hallmark of Catholic Health Care — Key Messages for Health Care Ministry Leaders
- Physician Orders for Life-Sustaining Treatment (POLST)
- Palliative Sedation Practices
- Physician-Assisted Suicide

With growing state initiatives around the legalization of physician-assisted suicide, the Supportive Care Coalition responded to the needs of our member organizations by developing a position statement and talking points.

In March 2015, the SCC Board of Director's approved a position statement opposing public policy that advances the legalization of physician-assisted suicide.

**This position is grounded in our respect for the sacredness of human life, our long tradition of caring for persons who are most vulnerable, our commitment to the provision of high quality palliative care and our concern for the integrity of medical, nursing and allied health professionals.**

**We promote public policy that will improve and expand access to and implementation/delivery of high quality palliative and end-of-life services. Palliative care anticipates the physical, psycho-social and spiritual needs of persons living with advanced serious illness and addresses their suffering.**

**“Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness...”**

— Pope Francis, “Assisting the Elderly and Palliative Care,”  
21st General Assembly of the Pontifical Academy of Life,  
March 7, 2015

**We believe in patient non-abandonment and an explicit commitment to accompany others in the face of human suffering.**

# Executive Committee, Board of Directors *and* SCC Staff

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Patricia Peters, MD – Chair Elect  
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Robert A. Bergamini, MD  
Lois Lane, FNP-BC, JD  
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Kevin Murphy, PhD



SCC Board of Directors and Staff, September 2015

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Supportive Care  
COALITION 

Advancing Excellence in Palliative Care

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