STARTING, SUPPORTING, SUSTAINING

An Archstone Foundation Legacy Report on Palliative Care

1989-2021

ARCHSTONE
FOUNDATION

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IMPROVING PRACTICE, ENDURING IMPACT

Americans don't die as they had hoped. The groundbreaking work that produced this critical research finding in 1994 inspired health care leaders, scholars, and funders to come together to improve the experience, care, and self-determination of people with serious illness. In turn, their efforts contributed to the rapid development of the palliative care field, which has grown into a robust practice. Archstone Foundation has been an active participant in the field's progression since its early days.

In it for the long haul. Over more than three decades, 1989-2021, the Foundation made 136 grants in palliative and end-of-life care, investing $16,401,483. While most of the grants went to organizations in California, a number supported projects with national reach. Many of the initiatives continue to benefit people with serious illness today, sustaining and building on the professional and educational structures that make better care possible.

Focusing the work: Four phases and three themes. The Foundation's palliative care portfolio took place in four phases extending over 30 years, a degree of staying power seldom seen in philanthropy. This report focuses primarily on the End-of-Life Initiative phase, conducted from 2006 through 2018, and examines the Foundation's achievements and their enduring impact. During these dozen years, the Foundation made 70 grants totaling $10,717,316 focused on three areas:

- Improving access to quality palliative and end-of-life care
- Furthering spiritual care as a part of quality palliative care
- Promoting advance care planning

Responding to emerging needs in the field. Planning for the Foundation's End-of-Life Initiative was influenced by two key understandings: that there was a clear need for measurable improvements in care and services for seriously ill people, and that the formative state of the palliative care field presented opportunities to create more programs, test new models of care, disseminate findings, and increase the palliative care workforce.

Measurable accomplishments. The End-of-Life Initiative supported significant work to improve the quality of care received by individuals with complex chronic conditions and advanced illnesses, as demonstrated by the following accomplishments:

- Improvements in how people live their last days with greater support and opportunities to express themselves.
- Quality palliative care education and training programs for professionals.
- Enhanced metrics and data collection and reporting.
- Proliferation of peer-reviewed journal publications, blogs, and media articles.
- A more informed and engaged public about serious illness.

Enduring benefits. There are many examples of important ongoing benefits from the Foundation's palliative care and end-of-life portfolio. They are detailed in the report, along with a few areas where success was not as pronounced. Several highlights are cited below.

- The Palliative Care Leadership Centers at the University of California-San Francisco trains palliative care teams from throughout California and the country.
- The Palliative Care Quality Network (PCQN) partnered with others to create a new national registry, the Palliative Care Quality Collaborative.
- The End-of-Life Nursing Education Consortium has continued expansion in palliative training for nurses and other health care professionals, nationally and abroad.
- The California State University Shiley Haynes Institute for Palliative Care is a leader in online palliative care education and training for health professionals.

Winning strategies and a unique contribution. The Foundation employed four key approaches in the End-of-Life Initiative. By co-funding with other foundations, it was able to leverage its investments for both large and small projects. As a regional funder, it worked with a wide variety of California-based organizations and learned that the best ideas can come from anywhere. By implementing a broad funding approach, the Foundation created a diverse portfolio with a variety of outputs and outcomes. Finally, the Foundation chose to promote spirituality in palliative and end-of-life care, an underdeveloped aspect of health care. This unique focus was a key contribution, especially in establishing an accepted definition of spirituality and its inclusion in quality metrics and standards for the field.

Final word. Recognizing the importance and value of supporting projects near and afar, Archstone Foundation sustained a diverse regional, statewide, and national funding approach throughout the palliative and end-of-life care portfolio. Its grantmaking strategy sowed countless seeds and propelled growth in the field, in expected ways and in some unexpected ones. Just as important, by joining with other funders in large scale projects, the Foundation created a much broader reach and impact than they might have been able to do alone.

While there is still work to be done in the field, the efforts of many palliative and end-of-life projects and grantees funded by Archstone Foundation continue to this day. Every clinician who was trained through a grant-funded program increased the pool of skilled individuals who could deliver care, and every spiritual care conversation offered solace and support to someone facing difficult realities. Every advance care planning outreach expanded awareness of the importance of discussing and recording preferences for end-of-life care, and each guideline and tool that was created made it easier for new services to adopt effective practices.

> *Archstone Foundation and other leaders were spurred by research showing that "most Americans die in hospitals, often alone and in pain, after days or weeks of futile treatment, with little advance planning, and at high cost to the institution and the family."*[1]

INTRODUCTION

If asked, most Americans would say that they want to die in their own beds, at home, with those who love and care for them close by. For this reason, a growing number of people at the end of life are choosing hospice care at home. But if you are chronically homeless and facing a life-limiting disease, what then?

Alice, a woman in her fifties who had struggled with addiction and mental health issues for decades, was homeless when she was diagnosed with metastatic breast cancer. Estranged from her family, she sometimes stayed in shelters during the winter rains, but felt they were not safe places. Often, she slept in the open air during the warmer Santa Barbara nights. There are few options for people in their fifties facing homelessnes–not yet Medicare-eligible, yet facing healthcare needs similar to people 10 to 20 years older who have been consistently housed. After her diagnosis, the hospital discharge planner gave her a taxi voucher and made a referral to Sarah House, a place that provides residential care for homeless older adults at the end of life. An Archstone Foundation grant expanded the program's capacity and doubled the number of people Sarah House could serve. Fortunately, there was a bed available for Alice in the eight-bedroom house, with caring staff to prepare food she liked, fresh laundry, daily baths, and medical care and treatment from local hospice staff. Alice lived there in her own room for a month. She died peacefully in a safe and secure place she could call home.

Improving the care and experience of people with serious illness has been a major focus of Archstone Foundation for over three decades. Since 1989, the Foundation has been a champion and consistent funder of palliative care and end-of-life initiatives at the local, state, and national levels. This legacy report examines these achievements and their enduring impact.

When the Foundation began supporting projects to improve quality of life for patients with serious illness, the palliative and end-of-life care field was early in its development. Thanks to the efforts of a small group of palliative care visionaries, committed professionals, and foundations in the 1980s and early 1990s, the field actively moved forward. Robert Wood

Johnson Foundation (RWJF) was at the helm of this group. Their seminal SUPPORT initiative (Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments) found that "most Americans die in hospitals, often alone and in pain, after days or weeks of futile treatment, with little advance planning, and at high cost to the institution and the family."[1]

Other members of this influential group included clinical and research champions from the Project on Death in America (PDIA) Faculty Scholars Program, whose charge was to change the way medicine approached death and dying. Devoted to understanding and responding to the needs and preferences of people with serious illness—including those who are dying, the group helped create clinical quality standards, measures for assessing quality, professional education and training, and the publication and dissemination of best practices.

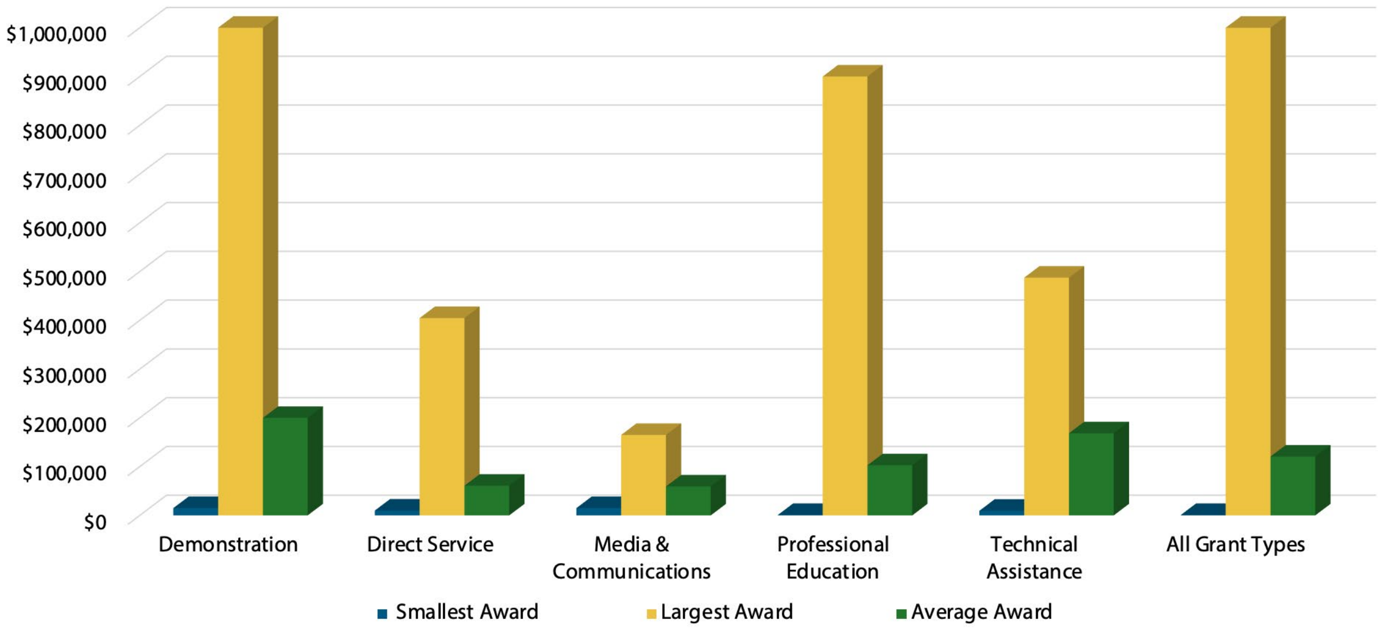
One formative publication that amplified RWJF's SUPPORT study learnings and the subsequent focus on "building the knowledge and capacity of health care professionals and others to care for the dying," was the Institute of Medicine of the National Academies (IOM) 1997 report, Approaching Death: Improving Care at the End of Life.[2] Support for this project was provided by the Project on Death in America of the Open Society Institute, the Greenwall Foundation, the Health Care Financing Administration, the Culpeper Foundation, and the Robert Wood Johnson Foundation. Additional support was provided by the Commonwealth Fund, Archstone Foundation, and the Irvine Health Foundation. Report recommendations underscored the importance of "understanding what constitutes good care at the end of life," and what is needed from health care professionals, educators, and policymakers "to promote a wider societal commitment to creating and sustaining systems of care that people can count on for spiritual, emotional, and other comfort as they die."

As the field progressed, more practitioners were attracted to this work. Professional palliative care certifications are now available for physicians, nurses, social workers, and chaplains. Accreditation for inpatient and home-based palliative care programs are offered by the Joint Commission, Community Health Accreditation Partner, and Accreditation Commission for Health Care.

Buoyed by the documented benefits of palliative care, inpatient and community-based programs proliferated. Today, over 70% of U.S. hospitals with more than 50 beds have inpatient palliative care teams.[3] As palliative care services operating in clinics, facilities, and patient homes have become more common, a growing number of insurers are paying for these services, including some commercial, Medicare Advantage, and—in California—Medicaid managed care plans.

Archstone Foundation played a key role in many aspects of this progression, often partnering with the California Health Care Foundation (CHCF) and other funders. Between 1989 and 2021, it made 136 grants in this area, investing $16,401,483 in four chronological phases. While most of the grants went to organizations in California, a number supported projects with national reach. (See Appendix D for a complete list of grants.)

This legacy report summarizes key findings from the palliative and end-of-life care portfolio, shaped by input from interviews with grantees and field experts, foundation documents, and research on the ongoing impact of the portfolio. It focuses primarily, however, on Phase III, the End-of-Life Initiative. During this period, 2006-2018, the Foundation awarded 70 grants totaling $10,717,316.



Palliative Care Grants Awarded

Archstone Foundation's Palliative Care Portfolio (1989-2021) featured 136 grants to 66 organizations. Award amounts ranged from $1,000 to $1,000,000, with individual grantees receiving between $1,000-$3,324.885 for 1-11 grants.

NAVIGATING THE ARCHSTONE FOUNDATION PALLIATIVE CARE AND END-OF-LIFE PORTFOLIO

FOUR PHASES

I. Pre-Initiative, 1989-2002

II. Foundational, 2003-2005

III. End-of-Life Initiative, 2006-2018

IV. Epilogue, 2018-2021

FIVE GRANT TYPES

1. Demonstration grants develop and test new ways to deliver or evaluate services.
2. Direct service grants increase organizations' capacity to deliver an existing service.
3. Media and communication grants share information with health care professionals and the public.
4. Professional education grants train or educate individuals to promote skill building/knowledge acquisition.
5. Technical assistance grants made to organizations that provide services to other organizations to increase their capacity, quality, or sustainability.

END-OF-LIFE INITIATIVE (PHASE III) ADDITIONAL DETAIL

Four OBJECTIVES

- **Palliative care.** To support the expansion of palliative care services in California to ensure improved end-of-life care for patients and families.
- **Education and training.** To prepare and train health professionals (i.e., nurses, physicians, and social workers) in palliative and hospice services.
- **Service innovations in long-term care.** To fund service innovations in long-term care settings to improve palliative care.
- **Communications and information dissemination.** To support efforts to improve dissemination, outreach, and education about advance care planning, public policy, health profession education, care options, best practices, and evidence-based models to multiple audiences.

Three FOCUS AREAS

- **Improving access to quality palliative and end-of-life care**
- **Promoting spiritual care as part of quality palliative care**
- **Promoting advance care planning**

Seven types of OUTPUTS generated by funded projects

- **Events:** Virtual or in-person events that were sponsored for health care professionals or the community.
- **Services:** Palliative or end-of-life services that were created, sustained, or enhanced.
- **Tools:** Guidelines, toolkits, EMR templates, screening tools, or similar resources.
- **Technical Assistance Programs:** Sponsoring delivery of technical assistance to organizations that offer palliative or end-of-life care; or funding to create, sustain or enhance a technical assistance organization.
- **Educational Programs:** Educational or training programs that were created, sustained, or enhanced.
- **Evaluations:** Studies or evaluations of a portfolio focus area or a funded project.
- **Reports/Publications:** Publications or reports, including presentations made at professional conferences, that describe research findings, meeting proceedings, or any other grant funded activity.

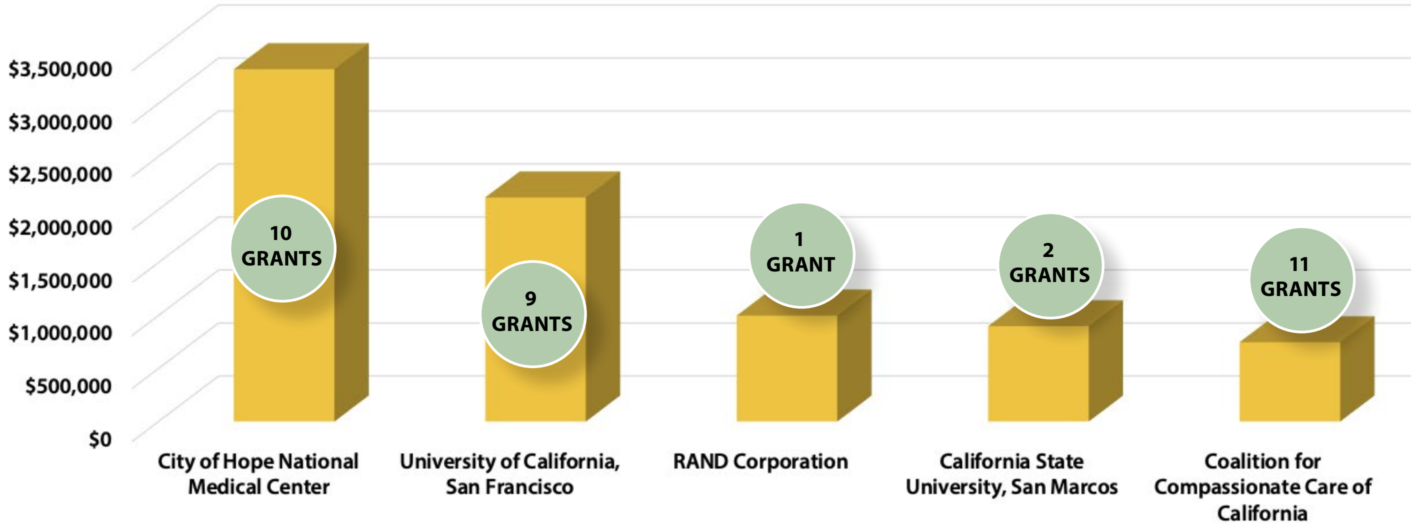
Background

Archstone Foundation is a conversion foundation. In 1985, Family Health Plan (FHP), Inc., a nonprofit health maintenance organization, was converted to a for-profit corporation. By law, assets from FHP were placed in a charitable entity, the FHP Foundation, which later became Archstone Foundation. In its early days, Archstone Foundation supported a variety of projects aimed at improving the health of populations of all ages. Within a few years, the Foundation refined its focus to the needs of older adults, whose numbers were growing at an unprecedented rate and who were simultaneously experiencing a host of health care challenges and unmet needs. This focus reflected the Foundation's commitment to improving the health, safety, quality of life, and well-being of older adults, their families, and their caregivers.

In the mid-2000s, Archstone Foundation staff and Board identified three priority initiatives: End-of-Life Care, Fall Prevention, and Elder Abuse and Neglect. Grantmaking decisions were shaped by several factors: a clear and compelling need, natural champions, established leaders, information or evidence that the field would not advance without outside resources, and areas of focus where the Foundation had substantial experience.

Grants made in the earlier phases of the palliative and end-of-life care portfolio were responsive, where funding requests were initiated by outside organizations and vetted by the Foundation. This approach helped the staff and Board to gain first-hand knowledge of the field and develop relationships with palliative and end-of-life care leaders. It also enabled the funding of innovative projects that showed promise, regardless of organization size. This strategy of simultaneously funding and learning had risks. Because the palliative care field was in development, it was not possible to know if local projects could be sustained, or if state or national projects would add to field-building efforts.

Top Five Palliative Care Grantees (1989-2021)



> *"When we picked the three initiatives, we particularly looked at bodies of work where we had substantial experience, where there were natural champions and leaders, where there was a compelling need, and where we felt the field wouldn't advance without some outside resource."*
>
> *— Archstone Foundation Staff*

Palliative Care Focus

Palliative care is a person- and family-centered practice of care that aims to improve quality of life during serious or life-threatening illness. Unlike hospice, palliative care can be provided at any age and any stage of illness, alongside curative treatment. Through a specially trained team, palliative care serves patients with complex needs and their caregivers. Services can be delivered in multiple settings, including acute care hospitals, skilled nursing facilities, and a range of outpatient and community settings including patients' homes.

Palliative care programs have grown exponentially over the last decade, supported by research and analysis that consistently show palliative care's role in lowering costs and increasing patient quality of life.[4-7] It significantly reduces avoidable spending and health care utilization in all settings. When delivered by an appropriately trained interdisciplinary team, palliative care has been shown to reduce hospital readmissions by 48%, hospital transfers from skilled nursing by 43%, and total costs by 36%.[8]

Payers and providers are increasingly incentivized to manage the needs of patients with serious illness to avoid non-beneficial, preventable expenditures, while maintaining or improving clinical quality and patient experience.[9] Because palliative care focuses on the highest need, highest cost population, its service delivery model is now widely considered an essential population health management strategy. Recent data show that 93% of people who have received palliative care are likely to recommend it to others.[8] Of those who received palliative care, 66% experienced reduced symptom distress, with improvements lasting for months after the initial consultation.

Four Phases of Work in Palliative Care

Phase I (Pre-Initiative) 1989-2002. As the Foundation acquired knowledge about the field of palliative and end-of-life care, it focused on responsive grants, funding 38 projects totaling $3,186,293 in Phase I. The grants supported demonstration, direct service, education and training, and communication projects that focused on advance care planning or palliative and end-of-life care.

Phase I (Pre-Initiative) Grants 1989-2002

GRANT FOCUS AREA	# GRANTS	# GRANTEES	TOTAL FUNDING
Advance Care Planning	5	4	$111,383
Palliative and End-of-Life Care	33	25	$3,074,910
Grand Total	***38***	***29***	***$3,186,293***

Many of the grants in this phase were influenced by or continued the work of several palliative care leaders, including RWJF. RWJF's groundbreaking SUPPORT Study launched in 1986 to assess how Americans with serious illness die, included several study phases. The later phases examined whether implementation of targeted interventions for patients with specific high-mortality conditions would improve end-of-life experiences.[1,10] In 1994, the study produced the critical finding that despite well-intentioned interventions, many Americans continued to suffer in their final days, alone and in hospitals. This represented a trajectory with significant emotional costs to families and financial costs to institutions. The study's unexpected finding served as a major catalyst for RWJF's commitment to further developing the palliative care field.

Between 1991 and 2005, RWJF invested nearly $170,000,000 in 337 grants to improve end-of-life care in America and is credited with building the field of palliative care in the United States.[1] After RWJF completed its funding in 2006, Archstone Foundation was either already supporting activities initiated under RWJF, or would during their End-of-Life Initiative, which began in 2006. These included the End-of-Life Nursing Education Consortium, the Journal of the American Medical Association's *Perspectives on Care at the End of Life*, the Palliative Care Leadership Centers at the University of California San Francisco, and the Center to Advance Palliative Care. These grants are discussed in the Key Accomplishments of the End-of-Life Initiative section of this report and summarized in Appendix E.

In its largest Phase I grant, Archstone Foundation funded George Washington University and the RAND Corporation's MediCaring Project, as well as the Center to Improve Care for the Dying at George Washington University, which hosted the work. The aim of the MediCaring demonstration project was to address the needs of patients with a terminal chronic illness through a comprehensive service delivery system.[11] Patients were assigned a physician or advanced practice nurse to provide their primary care and had access to 24-hour "urgent" care advice and life-sustaining measures. Findings from the project contributed to palliative care field building efforts.

Direct service grants during Phase I supported creative local palliative and end-of-life care programs. These included an innovative community-based grief and loss program, expansion of an outreach initiative to seniors to provide volunteer hospice and bereavement support, and funds to build staffing and clinical capacity at a community-based hospice program. In response to great interest in spreading palliative care best practices, almost a dozen grants were made to organizations to provide palliative and end-of-life care professional education. Many of these grants funded programs to train nursing students, hospice volunteers, and palliative professionals. A few projects that disseminated information about the field to health care professionals and the public were also funded, with some dedicated to educating the public about advance care planning.

Phase II (Foundational) 2003-2005. By 2003, the Foundation had made substantial investments in the field, and was considering a multi-year focused initiative. Staff explored areas for greater investments, scoped developments in the field, engaged national leaders as advisors, and sought to identify co-funding opportunities with other foundations.

Phase II (Foundational) Grants 2003-2005

GRANT FOCUS AREA	# GRANTS	# GRANTEES	TOTAL FUNDING
Advance Care Planning	1	1	$15,000
Palliative and End-of-Life Care	19	16	$1,467,572
Grand Total	***20***	***16***	***$1,482,572***

Twenty grants totaling $1,482,572 were funded during Phase II, most in the areas of technical assistance and professional education. As the palliative care field continued to expand in the early 2000s, champions emerged with a mission to help other organizations increase the efficacy of their programs, including their clinical capacity. Archstone Foundation technical assistance grants funded development of a pain management model for terminally ill patients, a program to address decision making for unbefriended elders (having no friends or support system), and a nursing home advocacy project aimed at improving care for institutionalized older persons and providing them with legal protection against abuse and neglect.

Among the professional education grants, some provided targeted training to hospice volunteers and nursing students, while others offered seminars and workshops to hospice and palliative care providers. Notable demonstration grants included a 2003 grant to the Los Angeles Jewish Home for the Aging to support development of a residential hospice program, and a 2005 grant to the Motion Picture and Television Fund (MPTF) to develop a palliative care program. Both of these programs are in operation today.

Phase III (End-of-Life Initiative) 2006-2018. During this longest and most consequential phase, the Foundation drew on the knowledge gained in its earlier work to develop a complex, multi-year effort to (1) improve access to palliative and end-of-life care, (2) promote attention to spirituality in palliative and end-of-life care, and (3) expand the use of advance care planning. The Foundation funded 70 grants totaling $10,717,316 to promote these goals.

Phase III (End-of-Life Initiative) Grants 2006-2018

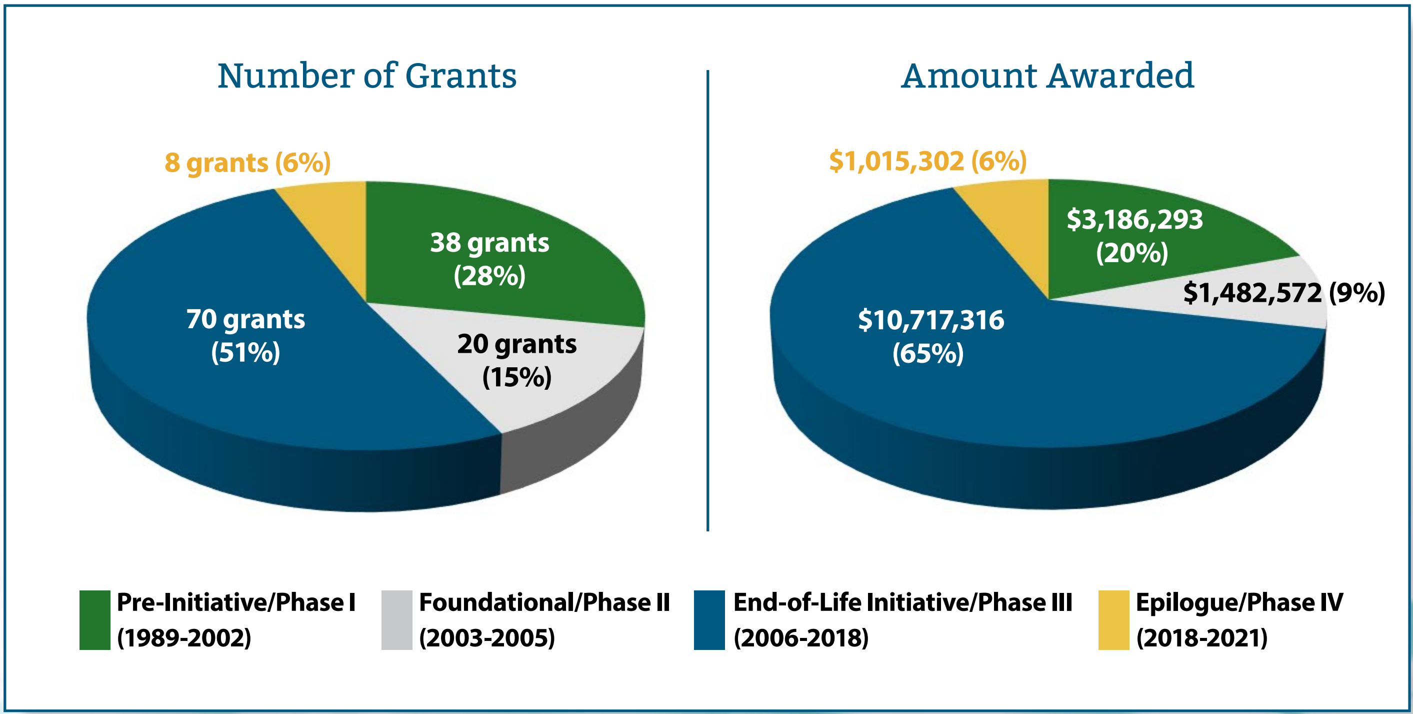
GRANT FOCUS AREA	# GRANTS	# GRANTEES	TOTAL FUNDING
Advance Care Planning	4	4	$420,855
Palliative and End-of Life-Care	46	20	$7,097,128
Spiritual Care	20	14	$3,199,333
Grand Total	***70***	***31***	***$10,717,316***

The majority of direct service grants during Phase III were made to local organizations in Southern California, while most of the technical assistance grants went to organizations working on regional, statewide, and national projects that sought to establish comprehensive palliative care services with actionable metrics for quality improvement. The initiative also invested in funding palliative care education and training for health care professionals, as well as conferences and publications to educate various health care audiences and the public. The End-of-Life Initiative and its results are described more fully in the following section.

Phase IV (Epilogue) 2018-2021. The Foundation formally concluded its targeted end-of-life initiative funding in 2018. However, the need for palliative care services has continued. To help meet these needs, the Foundation made eight grants between 2018-2021, which are still ongoing and were not included in this report's analysis. Examples include grants to GeriPal, a geriatrics and palliative care podcast and blog, the Palliative Care Quality Network (PCQN) for their work with family caregivers, and the Coalition for Compassionate Care of California (CCCC) for its annual summit and for capacity building.

Phase IV (Epilogue) Grants 2018-2021

GRANT FOCUS AREA	# GRANTS	# GRANTEES	TOTAL FUNDING
Palliative and End-of Life-Care	8	7	$1,015,302
Grand Total	***8***	***7***	***$1,015,302***



THE END-OF-LIFE INITIATIVE STRUCTURE (2006-2018)

In formulating its strategy for its End-of-Life Initiative, the Foundation recognized there was a need for measurable improvements in care and services for seriously ill people who often receive unwanted and ineffective care, while pain and other discomforts were left unaddressed. Further, because the palliative care field in California was still in a formative stage, the Foundation anticipated that there would be opportunities to expand the number of programs, test new models of care, disseminate findings, and increase the palliative care workforce. To strengthen the entire continuum of care for seriously ill people, the initiative directed its efforts to three focus areas:

- Improving access to quality palliative and end-of-life care
- Promoting spiritual care as part of quality palliative care
- Promoting advance care planning

To create a structure for these focus areas in the End-of-Life Initiative, in 2006 the Foundation identified the following primary goal and four supporting objectives.

Goal. To build a strong palliative care foundation in California that improves the care of patients, trains current and future health care professionals, promotes end-of-life communications among patients, families, and health care professionals, and finally, informs caregivers, health care professionals, and policymakers, resulting in improved end-of-life care.

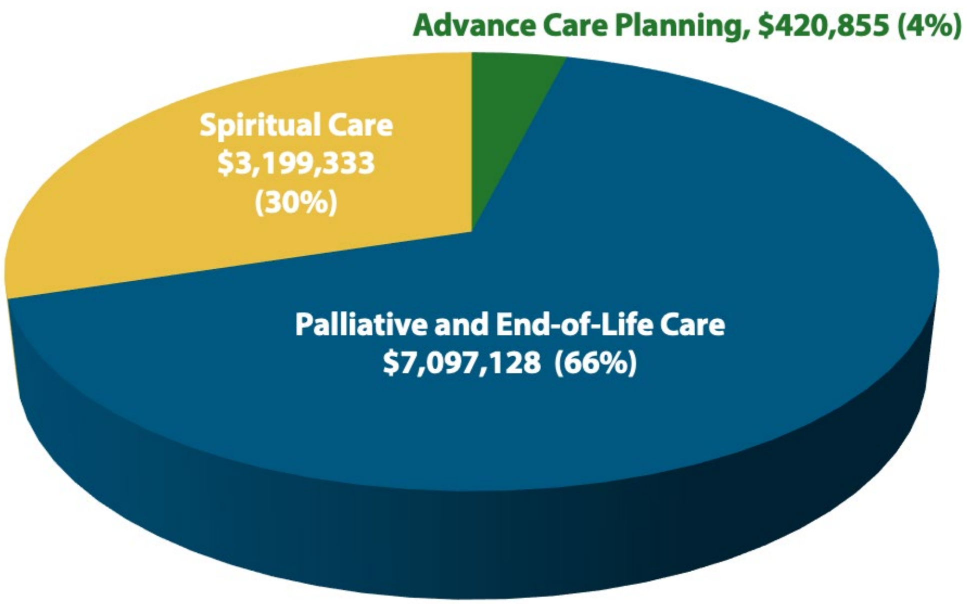
- **Palliative care.** To support the expansion of palliative care services (including spiritual care and advance care planning, components of palliative care) in California to ensure improved end-of-life care for patients and families.
- **Education and training.** To prepare and train health professionals (i.e., nurses, physicians, and social workers) in palliative and hospice services.
- **Service innovations in long-term care.** To fund service innovations in long-term care settings to improve palliative care.
- **Communications and information dissemination.** To support efforts to improve dissemination, outreach, and education about advance care planning, public policy, health profession education, care options, best practices, and evidence-based models to multiple audiences.

The Foundation invested in regional, statewide, and national projects to achieve their goals. In some cases, projects that were initially funded in the Foundational phase received additional awards to continue or expand upon prior work. In addition to soliciting proposals for targeted projects, the Foundation also reviewed and funded unsolicited opportunities that addressed service and systems innovations. This integrated approach produced a diverse portfolio that supported state and national palliative care leaders, spread promising models, co-funded projects with foundations with aligned priorities, disseminated knowledge through convenings and publications, and invested in unique and responsive local and regional programs.

To provide a clear structure for evaluation of the End-of-Life Initiative, all of the grants were assigned to one of five mutually exclusive grant types.

- **Demonstration grants** develop and test new ways to deliver or evaluate services.
- **Direct service grants** increase organizations' capacity to deliver an existing service.
- **Media and communication grants** share information with health care professionals and the public.
- **Professional education grants** train or educate individuals to promote skill building/knowledge acquisition.
- **Technical assistance grants** are made to organizations that provide services to other organizations to increase their capacity, quality, or sustainability.

End-of-Life Grant Funding by Focus Area



End-of-Life Initiative (2006-2018) by Grant Type

	# GRANTS	# GRANTEES	TOTAL FUNDING
Demonstration	**20**	**15**	**$3,842,936**
Advance Care Planning	1	1	$191,400
Palliative and End of Life	7	7	$1,593,221
Spiritual Care	12	10	$2,058,315
Direct Service	**8**	**5**	**$421,830**
Advance Care Planning	1	1	$71,830
Palliative and End of Life	4	3	$187,000
Spiritual Care	3	1	$163,000
Media & Communications	**9**	**5**	**$507,568**
Advance Care Planning	1	1	$75,125
Palliative and End of Life	8	4	$432,443
Professional Education	**20**	**7**	**$3,169,049**
Palliative and End of Life	19	6	$3,154,049
Spiritual Care	1	1	$15,000
Technical Assistance	**13**	**5**	**$2,775,933**
Advance Care Planning	1	1	$82,500
Palliative and End of Life	8	3	$1,730,415
Spiritual Care	4	3	$963,018
Grand Total	***70***	***31***	***$10,717,316***

KEY ACCOMPLISHMENTS OF THE END-OF-LIFE INITIATIVE

The following key accomplishments from Phase III, the End-of-Life Initiative, are organized by the three focus areas of this portfolio: (1) improving access to quality palliative and end-of-life care, (2) promoting spiritual care as a part of quality palliative care, and (3) promoting advance care planning.

Focus 1.
Improving access to quality palliative and end-of-life care

Palliative and end-of-life care grants comprised most of the grants in the portfolio. They represent the ingenuity and commitment of champions working across the field. Examples of the five types of grants and their results are described below.

Grants With a Primary Focus on Palliative and End-of-Life Care

	# GRANTS	# GRANTEES	TOTAL FUNDING
Demonstration	7	7	$1,593,221
Direct Service	4	3	$187,000
Media & Communications	8	4	$432,443
Professional Education	19	6	$3,154,049
Technical Assistance	8	3	$1,730,415
Grand Total	***46***	***20***	***$7,097,128***

Demonstration grants. Five Southern California hospital-based palliative care teams were awarded two-year service innovation grants through the Hospital-Based Palliative Care Service Innovation Project in 2007. The goal of this initiative was to advance palliative care knowledge, develop leaders and program models, and create best practices to enhance palliative care services in the inpatient setting. The initiative included funding for The University of California, San Francisco (UCSF) Palliative Care Leadership Centers (PCLC) to provide technical assistance to the five demonstration sites. The UCSF PCLC, which is one of nine sites that are part of a Center to Advance Palliative Care (CAPC) initiative, provides customized education, training, and mentoring to palliative care teams interested in developing or sustaining programs. The UCSF PCLC mentored grantees and helped conduct financial analyses, develop data collection tools, and create program databases. They also facilitated three convenings to provide teams with a forum for sharing best practices and developing strategies to address common problems.

> *The project really helped the teams, which were all heterogenous, to grow, expand, and sustain their programs. It also created a community of practice as we developed a growing presence for palliative care in California – many of the individuals involved in the demonstration are active leaders in the field today.*
>
> *–Steve Pantilat, MD, Chief, Division of Palliative Medicine, UCSF*

At the end of the demonstration, all the hospital-based palliative care teams received support from their institutions to continue their palliative care programs. Additional grantee accomplishments included increased numbers of palliative care consults, added clinical staff, automated prognostication and screening tools, development and implementation of a clinical database to collect and analyze data, plans to educate and train other health care providers in palliative care, and the publication of several peer-reviewed journal articles by one of the five project sites, Los Angeles County + USC Medical Center (LAC+USC). The articles include: “I Want to Be Taking My Own Last Breath: Patients' Reflections on Illness When Presenting to the Emergency Department at the End of Life,” and “Emergency Medicine Physicians' Perspectives of Providing Palliative Care in an Emergency Department.”[4,12]

PLEASE HANG UP…

“If you think you are having a medical or psychiatric emergency, please hang up and dial 911 or go to your nearest emergency room.”

In 2007, Archstone Foundation supported Los Angeles County public hospital’s launch of a unique consultation program based in their busy emergency department. The program was called ED-HELP (Emergency Department Hospice Liaison Project), part of the Hospital-Based Palliative Care Service Innovation Project. The focus was on people with late-stage illness who came to the ED, often because other options for community care were not available, not accessible, or not affordable. When they or their families reached out for help, going to the emergency room was the only option.

The program provided a 24/7 rapid response by the hospital's palliative care team, addressed acute pain and symptom needs, arranged for follow-up with outpatient services, and initiated home-based hospice services when appropriate for patients with late-stage illness. In 2007, palliative care programs were not widely available in the community, therefore, the team partnered with community providers and internal case management in order to discharge patients from the ED to home with hospice support, avoiding a hospital admission for patients with terminal illness.

The project collected data about the effectiveness of the program, using data from about 200 patients and a comparison group. The majority of patients were Hispanic, had cancer, with significant pain, were depressed and rated their quality of life as poor, or very poor. Seventy percent lacked a care provider they saw routinely. Fewer than 20% had talked with a provider regarding their preferences for care, and less than 10% had their health care wishes documented.

The project lead, Susan Stone, MD, MPH, reported a small difference between the groups, noting the study group was less costly and received more services. She also emphasized that the study drew a clear portrait of a very vulnerable group of people with a significant burden of disease in a public hospital setting – a group without a usual source of care and with unsolicited wishes for their health care. Offering palliative care consultation in the ED for extremely underserved and undertreated patient population with advanced illness provides a level of care and support that is otherwise not available. As Dr. Stone commented:

> *"This study was the first of its kind in a large urban public hospital, documenting what we knew from our daily work – there were so many unmet needs and hospice was highly underutilized. Of all the things I have done in palliative care, I am most proud we were able to get this going, and that it continues to this day."*

In 2008, CAPC, led at that time by Diane Meier, MD, received a three-year grant to support a national palliative care benchmarking tool called "State-By-State Report Card on Access to Palliative Care in Our Nation's Hospitals." The grant enabled CAPC to develop and refine a survey instrument to capture key hospital-based palliative care structure and process components. The Report Card, which was supported by multiple foundations, describes the prevalence and locations of hospital palliative care programs across the nation, using data from the American Hospital Association (AHA) Annual Survey Database™, the National Palliative Care Registry™, and CAPC's Mapping Community Palliative Care initiative.

CAPC released reports in 2001, 2008, 2011, 2015, and 2019. Since the first report, states across the country have made steady progress in providing greater access to palliative care. Many states that previously had "D" grades now have "B" grades. Despite this progress, access to palliative care remains uneven across regions, with notably limited availability in small, rural, and for-profit hospitals.

Direct service grants. Archstone Foundation responded to local organizations in need of direct service support to expand their ability to serve the community. In 2014, the Foundation funded AIDS Housing Santa Barbara, Inc. (Sarah House) to continue and expand its "A Place Called Home" program. The initiative provided residential hospice and end-of-life care services to 133 formerly homeless individuals, nearly triple the projected number. Pathways Volunteer Hospice in Lakewood, California, received a grant in 2015 to train hospice volunteers to support the Pathways Life Legacy Program (LLP). Pathways exceeded their goal for training hospice volunteers (the target was 25, and they trained 34). In addition, the program provided outreach, resources, referrals, and information to 18,400 community residents (more than double the target of 7,000).

> *The project provided residential hospice and end-of-life care services to 133 formerly homeless individuals, more than double the projected number.*
>
> *– A Place Called Home Program*

Media and communications grants. Acceptance of a new field of practice, especially in medicine, is dependent on whether mainstream medicine knows about it, understands it, and refers to or practices it. Peer-reviewed journals and conferences serve as major communication and dissemination pipelines for advancing new practices and approaches. From 2000-2004, RWJF used this approach in partnership with the Journal of the American Medical Association (JAMA), to sponsor a series, "Perspectives on Care at the Close of Life." Led by an editorial team based at UCSF, the series profiled clinical studies and information about serious illness care. When RWJF completed their overall funding support in 2004, Archstone Foundation, in partnership with the California Health Care Foundation (CHCF), continued the series, funding UCSF to edit, coordinate, and serve as clinical experts.

The series provided medical practitioners and leaders with evidence-based practical information on caring for patients near the end of life. In addition to educating a broad health care audience about palliative care, the case-based series helped legitimize the field in medicine, especially among physicians and academics. Foundation grants directly supported development and publication of nine articles and a series of educational grand rounds at various California venues. In 2005, there were more than 60,000 total electronic hits on the top 10 "Perspectives" articles, and more than 8,000 total hits of the top 10 summaries.

Between 2008 and 2012, Archstone Foundation funded four small grants to the Health Research and Educational Trust of the American Hospital Association for Circle of Life (COL) Awards. The awards recognize hospices, hospitals, and long-term care facilities for innovation and excellence in palliative and end-of-life care. Recipients are acknowledged for practices that demonstrate quality and a patient- and family-centered approach to delivering care. Dr. Martha Twaddle of Northwestern University Feinberg School of Medicine described how the award recipients serve as models and sources of support for other programs and clinicians in the field:

> *The Circle of Life awards program shines a light on innovations. Through this process, we have seen approaches to care that were innovative ten years ago become the standard of practice today. When the award committee visits an award finalist, the program's visibility is highlighted within their health system and community. This affirmation has a ripple effect, ultimately supporting the programs sustainability and their capacity to serve.*

Professional education grants. The City of Hope National Medical Center in Duarte, California received three Foundation grants for the End-of-Life Nursing Education Consortium (ELNEC) training between 2005 and 2007. ELNEC provides palliative care education and training to nursing students and practicing nurses. Initially, the program received funding from RWJF. ELNEC recognized the largely untapped role that nurses can play on health care teams, including palliative care. Through ELNEC programs, many California nurses have expanded their thinking and approach to caring for seriously ill patients and their families. One ELNEC effort funded by the Foundation focused specifically on California’s public hospital system. The project supported online palliative care education for public hospital nurses. Over 300 nurses from 16 public hospitals completed the program.

Under the guidance of Dr. Betty Ferrell, a professor at the City of Hope Medical Center, ELNEC reported training nurses from different California counties in each grant year. In their 2007 grant, they exceeded their goal to train 600 nurses by 15%. In post-course evaluations, trainees cited using the ELNEC curriculum and training to accomplish a number of goals: develop algorithms to provide concise and immediate pain management to patients; partner with local hospice groups and student associations to share resources; train other medical staff; and better support patients and families. Since 2000, when ELNEC was established, the program has trained nearly 40,000 nurses and other health care professionals, representing all 50 states.[13] Over 57,484 nursing students have completed the online ELNEC course, and individuals from 100 countries have completed a national or international ELNEC train-the-trainer course.

The California State University (CSU) Shiley Haynes Institute for Palliative Care (formerly the California State University Institute for Palliative Care) is a premier palliative care workforce educator in California and other states. Archstone Foundation, along with funding partners including Ms. Darlene Marcos Shiley (an individual philanthropist in San Diego) and CHCF provided foundational funds to establish the Institute in 2012. Motivated by the field's critical workforce shortage, the CSU Shiley Haynes Institute for Palliative Care, hosted by California State University San Marcos (CSUSM), launched its online educational platform. Its purpose is to prepare the next generation of palliative care practitioners, educators, advocates, and leaders. Establishment of the Institute was led by Founding Executive Director, Helen McNeal, a visionary committed to changing the health care system by bringing a trained palliative care workforce to it.

A second grant in 2015 extended the Archstone Foundation's support, again with co-funding from Ms. Shiley and CHCF. The Institute currently offers 229 courses with four certificate courses in palliative care: RN Certificate in Palliative Care, Advanced Practice RN Certificate in Palliative Care, Advanced Practice Palliative Care Certificate for Social Workers, and Essentials of Palliative Care Chaplaincy Certificate. Following is the total enrollment in Institute self-paced online and instructor-led online courses (cohorts) and community education and outreach since 2012:[14]

- 20,749 health care professionals
- 25,010 future health professionals (students)
- 23,404 community members
- 12,513 self-paced/cohort courses

IF YOU BUILD IT …

In 2012, when California State University (CSU) at San Marcos received its first grant from Archstone Foundation to establish the CSU Shiley Haynes Institute for Palliative Care, palliative care education and training for chaplains did not exist. Leading palliative care organizations, including the Center to Advance Palliative Care (CAPC) and the American Academy of Hospice and Palliative medicine (AAHPM), were primarily focused on palliative care education and training for medical providers. The End-of-Life Nursing Education Consortium (ELNEC) had developed its education and training with a main focus on nurses.

There was no equivalent for chaplains. The Institute saw this need and filled it, partnering first with the HealthCare Chaplaincy Network and, currently, with the Association of Professional Chaplains. The first on-line course for chaplains, "Essentials for Palliative Care Chaplaincy," was offered in April 2013. When the developers opened the course for enrollment, no one knew what the response would be. Within the first week, the course was full and there was a waiting list. To date, the Institute has enrolled 1,589 chaplains across 57 cohorts of the course–making it the most popular course offered by the Institute.

CSU Shiley Haynes Institute remains the only university-affiliated organization offering palliative care education and training to chaplains, including a certificate program. Helen McNeal, Founding Executive Director of the Institute, credited Joseph Prevratil, President and CEO of Archstone Foundation from 1995 to 2019, for his leadership in the area of spirituality:

Mr. Prevratil's interest in spirituality and Archstone Foundation's support of that interest opened the door for us to pursue the topic in a very focused way. In fact, the first course that the Institute brought up was to train chaplains.

Technical assistance grants. Funding was awarded to established technical assistance programs and to organizations developing new technical assistance abilities. In 2004, the Coalition for Compassionate Care of California (CCCC), a statewide collaborative of individuals and organizations dedicated to advancing high-quality, compassionate care for seriously ill Californians, received a grant to help establish CCCC as an independent organization. The funding was transformative, according to CEO Judy Thomas:

> ***This was the linchpin grant that allowed CCCC to transition from being a project of the California Hospital Association to an independent organization. The work done on this grant truly laid the foundation for CCCC and made it possible for it to become the organization that it is today.***

CCCC is the only statewide organization in California with core activities that include palliative and end-of-life care technical assistance; public policy research and analysis; resource development; and stakeholder education, training, and engagement. CCCC's advocacy efforts contributed to expanded access to palliative care for all Californians, especially low-income residents, and the widespread dissemination of POLST in California and other states.

As mentioned above, Archstone Foundation engaged the UCSF PCLC in 2007 to support the Hospital-Based Palliative Care Service Innovation Project. The Foundation also awarded UCSF a three-year grant, again in 2007, to sustain and enhance their PCLC. Twenty-three California hospital-based programs participated in PCLC during the grant period. Since its inception, the UCSF PCLC, led by Steve Pantilat, MD, has trained more than 300 palliative care teams. Trainees return to their respective institutions with new skills and a strong commitment to serving as palliative care leaders, advocates, and agents of change. The UCSF PCLC remains an active training site sustainably supported through a fee-for-service tuition model.

Focus 2.
Promoting Spiritual Care as Part of Quality Palliative Care

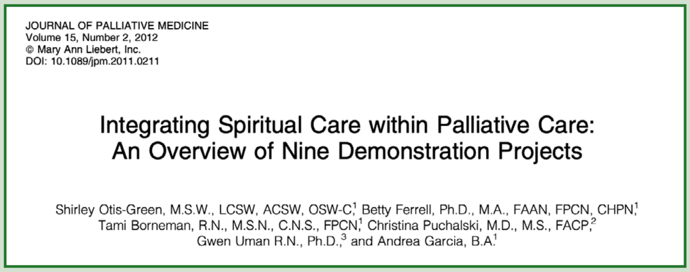
Spiritual care services—including culturally responsive spiritual care—are an important aspect of care for people with serious illness or nearing death. Existential or religious beliefs and concerns, as well as meaningful sources of joy and hope, are unique to each individual, and may become very important in this period in people's lives. Many find the opportunity to discuss their spiritual beliefs with a member of the palliative care team beneficial. Through a variety of grants, the Foundation raised awareness of this underdeveloped area and made a significant contribution to the field of palliative care.

Grants with a Primary Focus on Spiritual Care

	# GRANTS	# GRANTEES	TOTAL FUNDING
Demonstration	12	10	$2,058,315
Direct Service	3	1	$163,000
Professional Education	1	1	$15,000
Technical Assistance	4	3	$963,018
Grand Total	***20***	***14***	***$3,199,333***

Demonstration grants. The Foundation conducted a survey of 22 Southern California hospital CEOs to gauge their interest in and readiness to enhance the quality of spiritual care provided by their palliative care programs. Responses indicated strong interest in both strengthening the spiritual care component in hospital-based palliative care programs and documenting patient satisfaction with the spiritual care they received.

With guidance from Dr. Ferrell, the Foundation began work on a spiritual demonstration project. Vital Research was selected to develop the framework, metrics, and tools for evaluating the initiative, Spiritual Care Demonstration Project, launched in 2010. Nine Southern California hospitals with a palliative care program received two-year grants to improve their spiritual care services.



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Integrating Spiritual Care within Palliative Care:
An Overview of Nine Demonstration Projects

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Grantees addressed one or more of the following areas: spiritual care models, spiritual assessments, spiritual treatment/care plans, and quality improvement. City of Hope, a hospital grantee, was also selected as the convening center and technical assistance provider. In this role, City of Hope staff developed one-on-one relationships with each grantee, provided monthly technical assistance calls, organized grantee convenings, and conducted site visits with each grantee. Key project findings, including strategies identified by grantees to improve the delivery of spiritual care, were summarized in the article, "Integrating Spiritual Care within Palliative Care: An Overview of Nine Demonstration Projects."[15]

Vital Research's external evaluation of the project, completed in 2013, showed grantees succeeded in establishing the role of chaplaincy on the palliative care team. Grantees experienced other wins too—ensuring that spiritual screenings, histories, and assessments were more consistently integrated into hospital patient care infrastructures, and that staff were trained in palliative care and spiritual care that was respectful of cultural considerations and diversity.[16] However, several challenges prevented the demonstration from achieving its full potential. While all the grantees made strides in spiritual assessment, histories and screenings, only four of the nine were able to conduct pre- and post-patient, family, and staff surveys and interviews—part of the evaluation protocol.

Staffing limitations was reported as the primary barrier to completing this work by the other five grantees. In addition, while grant funds were budgeted to hire chaplains, hiring delays and other bureaucratic issues delayed project implementation for several sites. Seven of the nine sites were subsequently given no-cost extensions. Sites also reported turnover of chaplains as a significant barrier, due to burnout, reassignment, not fitting with the team, and new job opportunities.

Finally, several sites experienced pressure from competing priorities that diverted attention and resources away from the project. These ranged from implementing new electronic health record systems to launching new clinical projects. While the difficulty in collecting evaluation data through interviews might have been mitigated by larger awards to the project sites, other unique challenges related to competing priorities and staff turnover were less likely to be addressed through grant funding. These were primarily beyond the control of the convener and technical assistance provider, the Foundation, and the sites themselves, highlighting some of the inherent challenges of assessing impact in multi-site projects.

Because of the personal nature of spirituality and how it is understood and sometimes misunderstood, the spiritual demonstration project provided a window into the difficulty of fully integrating spirituality into health care and palliative care. It is a struggle that continues today. In 2015, based on data from the National Palliative Care Registry, less than half of hospital based palliative care teams (44%) had a complete team—physician, nurse, social worker, and chaplain. More recently, a 2020 survey of National Hospice and Palliative Care Organization members found that of 225 organizations that offer palliative care in any setting, 102 (45%) had chaplains as part of the team. Nearly a decade after the conclusion of the demonstration project, lessons learned from the project remain relevant: chaplains need to have a dedicated role with the palliative care team and be financially supported by the sponsoring organization. Grant-funded positions often disappear when grant dollars do, even with a credible sustainability plan and executive assurances at project launch. In Archstone Foundation's demonstration project, five of the nine sites dropped the chaplain from the team when the grant ended, despite positive impacts, enthusiasm, and support for the role at the executive level.

Other projects also faced challenges. San Diego Hospice and the Institute for Palliative Care (SDHPC) received a three-year grant (2006-2011) to introduce palliative care to at least 30 skilled nursing facilities (SNFs). The model was implemented in 12 SNFs, and faced many challenges in recruiting a full cohort for the demonstration. Although important lessons were learned by the project team about implementing quality improvement projects in nursing homes, the project fell short of its objectives.

TELL ME YOUR STORY

"Telling and listening to stories is the way we make sense of our lives. That natural tendency may have the potential to alter behavior and improve health," says Dr. Thomas K. Houston, author of a study on the positive effects of storytelling on patient health in the *Annals of Internal Medicine* in 2011. When facing a life-threatening condition, remembering and recounting meaningful events can help people examine their lives, connect with their loved ones, the world around them, and validate their lived experience.

StoryCorps has elevated the importance of storytelling nationally. During the two-year Archstone Foundation Spiritual Care Demonstration Project, Improving the Quality of Spiritual Care as a Dimension of Palliative Care (2010-2012), the Foundation partnered with StoryCorps to integrate the benefits of storytelling into the project. The goal of this effort was to enhance the quality of spiritual care provided by nine hospital palliative care programs.

By the end of the project, StoryCorps' staff worked with four of the nine hospitals, collecting 21 interviews from patients and family members. Five of the collected stories were edited into radio-ready two-to-five-minute clips. The remaining interviews of patients and families were formatted and archived with the Library of Congress. These stories were recorded and produced by StoryCorps, a national nonprofit whose mission is to preserve and share humanity's stories in order to build connections between people and create a more just and compassionate world. www.storycorps.org.

The full collection of StoryCorps stories from Archstone Foundation's Improving the Quality of Spiritual Care as a Dimension of Palliative Care demonstration project is here.[17]

Direct services grants. The Hospice of Santa Barbara received three Foundation grants from 2011 to 2013 to develop and implement a Community Spiritual Care Program. Spiritual care counselors from the program addressed the needs of patients in the agency's Community Palliative Care Service and were a resource for other agency patients, families, and staff. They also extended spiritual support to members of the broader community, specifically older adults living in long-term care institutions. Besides exceeding project objectives in terms of the number of consults, patients seen, and home visits, the project reflected the tremendous value of meeting and responding to people where they are spiritually. Through the project, Hospice of Santa Barbara documented "the basic philosophy of care for spiritual care, and how it differs from, but is complementary to, social work and clinical counseling."

Technical assistance grants. In 2009, Archstone Foundation funded the National Summit to Improve Spiritual Care as a Dimension of Palliative Care (known as the Consensus Conference) led by Dr. Betty Ferrell and Dr. Christina Puchalski, director of the George Washington Institute for Spirituality and Health (GWISH). The Consensus Conference brought leaders in the fields of palliative care and spirituality together with the goal of building on multiple national quality improvement efforts to advance spirituality by identifying areas of promise and making recommendations. The meeting produced a consensus document that included a definition for spirituality, a medical model for the delivery of spiritual care by the interdisciplinary team, and a set of practical recommendations to improve spiritual care in palliative care settings. The Consensus Conference's definition of spirituality reads:

> ***Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.***

This definition of spirituality was incorporated into the National Consensus Project for Quality Palliative Care Guidelines (NCP Guidelines). The Consensus Conference report was profiled in the *Journal of Palliative Medicine* article, "Improving the Quality of Spiritual Care as a Dimension of Palliative Care," and referenced in Puchalski's and Ferrell's book, Making Health Care Whole: Integrating Spirituality into Patient Care.[18,19]

The positive impact of the Consensus Conference is continuing. Its recommendations were designed to encourage clinical sites to integrate spiritual care models into their programs and develop accountability measures built on NCP Guidelines, National Quality Forum Preferred Practices, and the spiritual care literature. Dr. Ferrell spoke about the powerful impact of the conference:

> ***I think our spiritual care work stemming from that one meeting with 40 national leaders in Pasadena brought about so much change. It led to the spiritual definition and spiritual care recommendations in Dr. Puchalski's and my book and promoted a field that is continuing to develop so much now, with so many wonderful, incredible chaplains.***

Outcomes from the Consensus Conference inspired development of Archstone Foundation's spiritual demonstration project (profiled on page 25). In addition, attendees of the 2013 international conference, "On Improving the Spiritual Dimension of Whole Person Care: The Transformational Role of Compassion, Love and Forgiveness in Health Care," drew on the learnings from the Consensus Conference in their own work.[20]

Another successful technical assistance grant was a 2012 multiyear award to the Coalition for Compassionate Care of California (CCCC). The grant provided technical assistance to five community coalitions to develop and host seminars for faith leaders on how to provide comfort and support to seriously ill and dying individuals and their loved ones. Having identified a growing need to extend palliative care's reach through faith leaders serving diverse communities around the state, CCCC provided training, technical assistance, and support to the coalitions to create the seminars. After testing a seminar toolkit through pilot seminars in 2013, CCCC expanded the toolkit and developed additional training materials in 2014. The success of the seminars reflected the importance and desire among faith leaders to have a process for discussing spiritual needs during serious illness and at the end of life.

Focus 3.
Promoting Advance Care Planning

Advance care planning helps ensure that patients receive the care and the support they desire if they cannot speak for themselves at the end of life or during a medical emergency. It is a communication process typically between the patient, the family or health care proxy, and health care staff. These talks include prospectively identifying a surrogate, clarifying treatment preferences and values, and developing individualized goals of care near the end of life. Filling out an advance care directive or Physician Orders for Life Sustaining Treatment (POLST) form are often part of the process.

At the start of Archstone Foundation's end-of-life initiative in the mid-2000s, advance care planning (ACP) remained an unfamiliar topic for many Americans. In Phase III, Archstone Foundation supported various ACP grants targeting different audiences. Primary Foundation goals for funding ACP projects were to educate multiple audiences about ACP, and to underscore its importance in ensuring that patients receive the care they want and avoid care they do not want during medical crises.

Grants with a Primary Focus on Advance Care Planning

	# GRANTS	# GRANTEES	TOTAL FUNDING
Demonstration	1	1	$191,400
Direct Service	1	1	$71,830
Media & Communications	1	1	$75,125
Technical Assistance	1	1	$82,500
Grand Total	***4***	***4***	***$420,855***

Direct service grants. Leveraging their extensive experience in ACP, the Alliance for Living and Dying Well received a two-year grant in 2014 to create an Advance Care Planning Center for the County of Santa Barbara. The goal of the Center is to provide integrated, comprehensive, coordinated, and high-quality ACP for seniors, including those with chronic illness. During the project, the Center trained 60 professional staff across multiple health care agencies in the Respecting Choices™ ACP model. Center staff conducted ACP workshops that reached over 2,000 community seniors and their surrogates; more than 1,000 conversations were held with seniors with chronic illness. After the project, a local Alliance for Living and Dying Well partner, Sansum Clinic, agreed to fund the Center's ACP at Sansum.

To provide ACP to Hispanic seniors and their families, Archstone Foundation made a 2011 grant to the Alliance for Living and Dying Well's outreach effort to Hispanic elders. The Alliance is a Santa Barbara-based consortium of end-of-life care stakeholders that promotes accessible, seamless, compassionate, and high-quality end-of-life care. Through a combination of community-based ACP workshops, distribution of an advance health care directive "fotonovela,"[B] and train-the-trainer sessions, the bilingual/bicultural project increased the number of Hispanic seniors and those with serious illness who completed advance health care directives. The project was also successful in training *promotoras* (lay Hispanic community health care educators), through a train-the-trainer certification program, to conduct Five Wishes advance directive presentations to sustain and spread ACP in the Hispanic community.

IT'S IN THE CARDS

Through a 2004 award from Archstone Foundation, the CODA Alliance – a San Jose community group committed to advance care planning – found a creative way to engage people in assisted living facilities. At the time, few educational materials were available in these settings to help people clarify what their end-of-life wishes were and to communicate them to family and caregivers.

Because the CODA Alliance had experience training physicians, community members, and clergy in advance care planning, they were well suited and excited to take on a new challenge. To help older people identify what was important to them, they developed a series of statements like: "to be free from pain" or "to have my family near me." Each statement was printed on a business card. The language was simple and clear. Because of its card format, each statement could be considered separately and sorted into a pile of "very important," somewhat important," and "not important." From there, conversations about making decisions could proceed, and specific guidance could be given to the people who would be making decisions for the older adult if and when needed.

Of all the educational materials that were piloted during the grant, the deck was the most popular with older people, family members, and caregivers. After the grant concluded, the team continued to use the cards in a variety of settings. They named the process "Go Wish" and sold the cards on their website and at conferences. In 2020, the organization sold 1,000 decks a month. The cards have been translated into 15 languages and are also available to "play" online at www.gowish.com.

Media and communications grants. To increase public discourse about advance care planning, CCCC leveraged their reputation as inspiring change agents in this area to work with a broad group of partners (AARP, Alzheimer's Association, American Cancer Society, American Lung Association, American Heart Association). Supported by a 2012 Foundation grant, they developed a media-savvy strategy to expand ACP conversations and provide individuals, caregivers, and providers with easily accessible information about ACP and palliative care.

Operationalizing their collaboratively developed media plan, CCCC participated in a series of media articles. These included: "Doctors' secret for how to die right: Why do physicians make different end-of-life choices than the rest of us? SN&R asks local docs," *Sacramento News & Review*; "End-of-Life crossroads: Local physicians discuss choices faced by terminally ill patients and their families," *Chico News & Review*; and "Have You Spoken with Loved Ones About Your End-of-Life Care Wishes?" *Alhambra Source*.

Oregon Health Sciences University's (OHSU) Center for Ethics in Health Care received three grants from the Foundation in 2006, 2012, and 2015. OHSU is the original location for the now nationwide presence of POLST. From their "first in the nation" vantage point, they developed and refined educational materials about POLST geared for patients and families, as well as health professionals. As the program grew, OHSU made their materials and approaches readily available to other states.

The first grant supported the translation of a consumer-focused video on Physician's Orders for Life Sustaining Treatment (POLST) into Spanish. Later grants supported the Center's ability to make educational materials and resources available to developing programs in other states. This helped other states to jumpstart their own efforts—relying on tested materials from Oregon—and standardize the process of national POLST roll out. Staff from the Oregon POLST program and other states like West Virginia, California, New York, and Wisconsin were also available to respond quickly to developing programs and share their many lessons learned about statewide coalition building, maintaining quality and establishing a national presence. A resource library of POLST materials was developed and made available on the POLST website.

Susan Tolle, MD, director of the Center for Ethics in Health Care, described her relationship with Archstone Foundation as follows:

> *Archstone's support allowed the Center to make our time and resources freely available to the other states replicating our efforts, smoothing the road for others to follow. Personally, I relied on the advice of Mr. Prevratil (former president and CEO of Archstone Foundation), who provided needed reassurance as we aligned the POLST paradigm with faith-based beliefs. He guided me successfully through some sensitive issues, and I appreciated his wholehearted support.*

ASSESSING THE IMPACT OF THE END-OF-LIFE INITIATIVE

Three perspectives were used to assess the collective impact of the projects that were funded in the End-of-Life Initiative: 1) a count and categorization of the materials and activities produced by the grants (“outputs”), 2) consideration of how grant outputs have contributed to the field, and 3) the extent to which funded projects and their outputs aligned with the four Initiative objectives.

Grant Outputs

To quantify and summarize the activities and materials that were produced by Initiative grants, seven distinct types of outputs were identified and tabulated:

1. **Events:** Virtual or in-person meetings or events that were sponsored for health care professionals or the community.
2. **Services**: Palliative or end-of-life services that were created, sustained, or enhanced.
3. **Tools:** Guidelines, toolkits, screening tools or similar durable resources that support an Initiative focus area.
4. **Technical Assistance:** Sponsoring delivery of technical assistance to organizations that offer palliative or end-of-life care; or funding to create, sustain or enhance a technical assistance organization.
5. **Educational Programs:** Educational or training programs that were created, sustained, or enhanced.
6. **Evaluations:** Studies or evaluations of a portfolio focus area, a funded project, or an aspect of a funded project.
7. **Reports/Publications:** Publications or reports, including presentations made at professional conferences, that describe research or evaluation findings, meeting proceedings, innovation efforts, or any other grant-funded activity.

To tabulate these outputs a variety of information sources were reviewed: grantee materials, such as grant summaries and board reports; information gathered from web searches; expert interviews; and communications with grantees. Only outputs generated during the project period for each grant were tabulated, except for reports or publications that described project activities that were presented or published after the funding period ended.

Many grants generated multiple types of outputs. For example, each year the Circle of Life Award published a booklet highlighting the honored programs (tabulated under

Reports/Publications), and a concurrent session was held at the annual American Hospital Association Leadership Summit where honorees described their programs to the health system leaders who attended the Summit (tabulated under Events). The Circle of Life Award received four grants from 2008-2011, and for each of those, an output of one Event and one Report/Publication was tabulated. See Appendix E for details of the outputs that were tabulated for each grant.

The 70 End-of-Life Initiative grants produced 528 distinct outputs.

Outputs Generated by End-of-Life Initiative Grants

	ADVANCE CARE PLANNING	PALLIATIVE AND END OF LIFE CARE	SPIRITUAL CARE	TOTAL
Events	192	63	22	277
Patient Care Services	2	9	12	23
Tools	1	13	12	26
Technical Assistance	0	7	3	10
Educational Programs	2	109	10	121
Evaluations	0	9	6	15
Reports/Publications	0	48	8	56
Total	***197***	***258***	***73***	***528***

See Appendix E for full details

EVENTS

Thirty-three grants supported 277 events, which ranged from workshops for the community to discuss advance care planning, to large regional conferences where health care professionals gathered to learn new skills, to gatherings sponsored by a single hospital to train local providers on a specific topic, such as spiritual care or palliative care. In some instances, the focus of the grant was to support an event, such as the "Promoting Excellence in Pain Management & Palliative Care for Social Workers" conferences that received three grants. In other cases, the events were just one feature of larger projects, such as the bi-annual member conferences held by PCQN.

Types of events:

- *Community events*
- *Conferences or gatherings for health care professionals*
- *Training and education for providers at the grantee organization*

SERVICES

Twenty-three demonstration and direct service grants used funding to create, sustain, or enhance direct patient care services. In some instances, entirely new services were created, such as the inpatient palliative care service created at Kaiser Bellflower as part of the Inpatient Innovation Demonstration awards. In other cases, existing services were enhanced by hiring dedicated staff members to round out the interdisciplinary team, or by implementing processes that offered a broader, more standardized, or higher quality service to patients. As of 2021, all but one of the grantee provider organizations that received a demonstration or direct service grant are still delivering care in their communities.

How patient care services were supported:

- *New patient care service*
- *Sustained service or increased ability to see more patients*
- *Enhanced service with broader focus or better able to deliver quality care*

TOOLS

Twenty grants produced 26 tools that helped implement, standardize, or improve some aspect of palliative or end-of-life care. Some tools were intended for use by the entire field, such as the consensus recommendations produced by the National Summit to Improve Spiritual Care as a Dimension of Palliative Care. Other tools were developed locally for local use, such as screening tools to identify patients who would benefit from palliative care or those experiencing spiritual distress.

Types of tools:

- *Tools developed for the field*
- *Tools for use by grantee organizations*

TECHNICAL ASSISTANCE PROGRAMS

Ten grants supported technical assistance efforts, where grantee organizations were funded to help other organizations deliver care or services. In some cases, the technical assistance was specifically linked to other Archstone Foundation projects, such as the convenings, technical assistance, and mentoring done by City of Hope for the Spiritual Care Demonstration Projects. Other grants allowed organizations to tackle a specific project, such as the Oregon Health and Science University project that provided technical assistance to state POLST programs regarding POLST education, research, and quality assurance. A handful of grants focused on launching, strengthening, or sustaining a technical assistance organization or program, such as the grants that the Coalition for Compassionate Care of California received to develop the infrastructure needed to become an independent advocacy and technical assistance organization.

Focus of technical assistance:

- *Technical assistance delivered to Archstone Foundation Demonstration grantees*
- *Technical assistance work to support the field*
- *Funding to launch, strengthen, or sustain technical assistance organizations*

EDUCATIONAL PROGRAMS

Twenty-five grants generated or delivered 121 educational programs, which trained thousands of individuals. Educational programs ranged from the dozens of self-paced or instructor led courses offered by the CSU Shiley Haynes Institute for Palliative Care, to curricula developed by UCLA for physicians, nurses, and trainees in geriatrics, internal medicine, nursing, social work, and chaplaincy as part of their Hospital-Based Palliative Care Service Innovation project. Education was also delivered to community-based staff and volunteers, such as the Five Wishes Advance Health Care Directive train-the-trainer certification program that was offered as part of the Alliance for Living and Dying Well's Advance Care Planning and Outreach to Hispanic Elders project.

Educational programming:

- *Formal curricula offered by educational organizations*
- *Training programs to support implementation of demonstration grants*
- *Training conducted by or for direct service grantees*

EVALUATIONS

Fifteen grants completed studies or evaluations of an Initiative focus area, a funded project, or an aspect of a funded project. In two instances, the evaluation was the primary objective for the grant: an award to Vital Research to evaluate the Foundation's Spiritual Care Demonstration Projects, and an award to UCSF to provide technical and evaluation assistance for the Foundation's Hospital-Based Palliative Care Service Innovation Projects. For the other 13 grants, evaluations focused on assessing the outcomes of a funded project; for example, a health system conducting an evaluation of the fiscal impact of the new inpatient palliative care service that was launched with Archstone Foundation funding.

Evaluation types:

- *Evaluation as primary grant objective*
- *Evaluation by grantee of their own efforts*

REPORTS AND PUBLICATIONS

Twenty-three grants produced a total of 56 reports or publications, including peer-reviewed publications or presentations made at professional conferences that described research or evaluation findings, meeting proceedings, innovation efforts, or any other grant-funded activity. Other types of publications included the booklets produced each year by the Circle of Life Award describing the honored programs, and the report, "Pathways to POLST Registry Development: Lessons Learned" developed by OHSU and distributed to funders, national leaders, and state coalition contacts.

Types of reports and publications:

- *Publications in peer-reviewed journals*
- *Presentations at professional conferences*
- *Booklets, reports, other materials*

Assessing How Outputs Contributed to the Field

There is no single measure for assessing the impact of the diverse portfolio of End-of-Life Initiative projects. Rather, impact is best assessed by considering how the hundreds of outputs generated by the funded projects helped address the needs of individuals and organizations that deliver palliative and end-of-life care, and the larger field.

For example, the University of California, San Francisco received three grants to establish, sustain, and enhance the Palliative Care Quality Network (PCQN). The PCQN featured a patient-level database that stored and analyzed information about patient characteristics, processes of care, and treatment outcomes. This web-based tool served as a repository for data describing tens of thousands of patient encounters, information PCQN members used to track their own performance and compare their outcomes to those of other member programs. In addition, PCQN functioned as a quality improvement collaborative that initiated multi-site projects aimed at identifying and sharing best practices for core palliative care focus areas, such as pain management, advance care planning, and screening for spiritual care needs. PCQN hosted events where member organizations gathered regularly, creating a network that fostered connections between organizations and individuals. Reports describing PCQN activities and outcomes were shared through presentations made at national and regional conferences and in multiple peer-reviewed publications—dissemination activities that contributed to the collective understanding of promising practices and achievable outcomes. While the initial focus was on adult inpatient services, over the years PCQN expanded to include pediatric programs as well as outpatient and community-based services, increasing their scope as the field developed. In the post-grant period, data from the PCQN were even used by Medi-Cal managed care health plans to assess the quality of home-based palliative care delivered to their members. The outputs generated by PCQN included web-based tools, an active quality improvement collaborative that hosted events for its members, reports and publications that were disseminated through journals and conferences, and a sustained technical assistance organization. All made significant and lasting contributions to the field.

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

Even grants that did not meet their original objectives generated useful outputs. For example, in 2012 the Coalition for Compassionate Care of California (CCCC) and the University of Southern California's Andrus Gerontology Center received a grant that was intended to determine the most effective way to educate nursing home staff by administering and comparing three training modalities. The trainings were to focus on the proper use of POLST in the nursing home setting. However, after the project encountered significant implementation challenges, Archstone Foundation approved a revised scope of work that shifted project focus to increasing the capacity of California's faith leaders and communities to provide comfort and support for seriously ill and dying individuals. Though seriously ill and dying individuals and their families often turn to faith communities for support, faith leaders may feel unprepared to care for people coping with the complex medical, ethical, and interpersonal issues that often surround a person's last days. CCCC was able to work with faith coalitions in four counties to host one-day events for faith leaders that featured instruction on how to provide comfort and support for seriously ill and dying members of their faith communities. CCCC provided multiple tools, including a sample agenda, PowerPoint presentations, and other materials so that each coalition could organize an introductory seminar. The events, which were attended by 290 faith leaders, were so successful that CCCC received a second grant that allowed for the development of additional tools and supported an additional five community coalitions to host seven events for faith leaders. The technical assistance and tools CCCC provided helped increase confidence and competence among faith leaders in the community.

Outputs generated by direct service grants also had important impacts. The Hospice of Santa Barbara (HSB) received three grants that supported the development, continuation, and evaluation of a Community Spiritual Care Program. The program, which uses both employed spiritual care counselors and trained spiritual care volunteers, focuses on integrating spiritual care into the organization's community palliative care service, deepening the spiritual dimension of all care delivered by the hospice service, and fostering new opportunities for spiritual care in the broader community, particularly in long-term care settings. Grant funds allowed HSB to extend the reach of the trained spiritual care volunteers in long-term care facilities and community-based palliative care by doubling the size of the Spiritual Companions Volunteer Program. Grant funds also made it possible for spiritual care counselors to complete hundreds of home visits, participate in palliative care clinic interdisciplinary meetings, and attend bereavement groups and memorial services. This direct service grant increased the pool of skilled workers who could deliver spiritual care directly or provide consultation on the spiritual dimensions of care to other members of an interdisciplinary team, such as physicians, nurse practitioners, nurses, and social workers. Additionally, HSB completed a qualitative study, which supported internal quality improvement and documented the organization's model of incorporating spiritual care into bereavement programs and palliative care. The resulting publication and manual helped spread promising practices, while validating the feasibility and need for intentional spiritual care programming.

Collectively, outputs generated by Archstone Foundation-funded projects helped meet the needs of the developing field of palliative and end-of-life care in multiple ways.

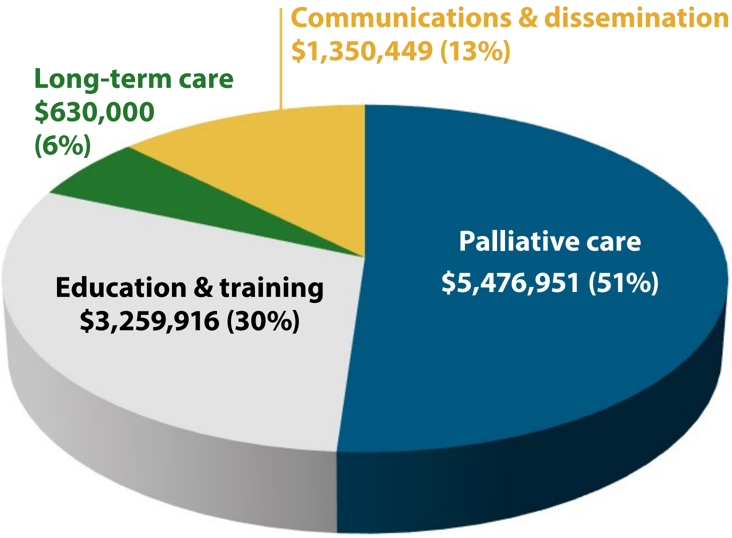
FIELD NEED	ARCHSTONE FOUNDATION-FUNDED CONTRIBUTIONS
Sustained programs and resources that create a stable foundation for delivering care, accessing technical assistance, or accessing education	22 of 23 organizations that received funding to provide palliative or end-of-life care are still offering those services in 2021. The two largest recipients of educational grants, ELNEC and the CSU Shiley Haynes Institute for Palliative Care, are both operating and growing. Organizations and programs that received technical assistance funding also continue to thrive. The UCSF PCLC and CCCC are both operating; PCQN recently merged with a national palliative care database.
Increased clinical capacity so patients and their families can access quality palliative and end-of- life care	23 grants allowed organizations to serve more patients, improve the quality of care they were delivering, or broaden the scope of their palliative care services, often by enhancing their ability to deliver spiritual care or advance care planning supports. 22 of these funded programs, all of which are in southern California, are still operating in 2021.
Growing pool of skilled workers to staff the services needed by the growing number of individuals with serious illness	ELNEC (5 grants) and the CSU Shiley Haynes Institute for Palliative Care (2 grants) developed and offered formal educational programs, which have trained thousands of individuals to deliver palliative and end-of-life care. Initiative grants also supported 9 other organizations that offered more focused training programs embedded in demonstration or direct service grants.
Knowledge/tools to help individuals and organizations learn about and adopt practices and models associated with high-value care	Initiative projects produced 26 tools, 15 studies or evaluations, and 26 reports or publications that demonstrated the need for or efficacy of specific approaches to delivering palliative care, end-of-life care, spiritual care, or advance care planning.

FIELD NEED	ARCHSTONE FOUNDATION-FUNDED CONTRIBUTIONS
Data and forums to assess quality of care, and opportunities to improve care quality	Initiative projects produced 15 evaluations and 56 reports/publications that featured data that could be used to assess quality and inform quality improvement efforts. The PCQN hosted 13 multi-site quality improvement conferences and undertook projects aimed at improving pain management, anxiety screening and treatment, advance care planning, access to palliative care, and screening for spiritual care.
Informed providers, policymakers, and community members who understand the value of palliative and end-of-life care and how to deliver it	Initiative grants sponsored 277 events and produced 56 reports/publications that educated health care professionals or the community on issues related to palliative care, end-of-life care, spiritual care, or advance care planning.

Alignment with Initiative Objectives

The initiative had four objectives, which were supported at varying levels by the amount of allocated funds and number of funded projects.

Funding by End-of-Life Initiative Objective



Objective 1. *Palliative care. To support the expansion of palliative care services (including spiritual care and advance care planning, components of palliative care) in California to ensure improved end-of-life care for patients and families.*

Almost half of the grants (33, or 47% of grants) supported projects that addressed the palliative care objective. Direct service grants, demonstration grants, and technical assistance grants that specifically supported Archstone Foundation-funded demonstration projects contributed to expanding the number, capacity, and quality of palliative care services, specifically in the southern California region. These grants accounted for $5,476,951, or 51% of the total investment in the Initiative.

Objective 2. *Education and training. To prepare and train health professionals (i.e., nurses, physicians, and social workers) in palliative and hospice services.*

Twenty-one grants explicitly aimed to develop or deliver formal educational programs to health professionals. Though fewer in number compared to grants that supported palliative care, these were some of the larger grants, accounting for $3,259,916—30% of all Initiative investments.

Objective 3. *Service innovations in long-term care. To fund service innovations in long-term care settings to improve palliative care.*

By far the least supported objective, only two grants with combined funding of $630,000 (6% of the total Initiative investments) had as a primary focus supporting service innovations in long-term care. Of these two, one grant only partially met its objectives, and the other had to abandon the initial focus on the long-term care setting due to insurmountable implementation barriers. It should be noted that four grants whose primary focus was on another objective did feature some activities that reached into the long-term care setting.

The level of funding directed at this objective reflects the Foundation's experience that there were fewer clear champions to pursue service innovations in long-term care, compared to other settings. According to a 2019 CAPC report describing prevalence of community-based palliative care services nationally, long-term care facilities accounted for only 11% of the 890 organizations that administer community-based palliative care that participated in the project.[21] According to that same report, while 65% of participating organizations offer palliative care in patient homes, only 28% offer palliative care in long-term care settings. Providing quality palliative care in long-term care remains a challenge for the field.

Objective 4. *Communications and information dissemination. To support efforts to improve dissemination, outreach, and education about advance care planning, public policy, health profession education, care options, best practices, and evidence-based models to multiple audiences.*

Fourteen grants accounting for $1,350,449 in funding (13% of all investments) had a primary focus of communications and information dissemination. These included grants that supported specific education events (such as conferences) aimed at a range of audiences, as well as media and communication grants that elevated the visibility of palliative care, spiritual care, and advance care planning.

It is notable that significant dissemination activity flowed out of grants that had other primary objectives. For example, the City of Hope published multiple papers describing the ELNEC educational program, and several sites that received demonstration grants that supported palliative care expansion also published papers and presented their projects at national conferences.

ARCHSTONE FOUNDATION CONTRIBUTIONS	NEEDED TO GROW THE FIELD
Dozens of sustained clinical, educational, and technical assistance programs	**Stability**
23 organizations that created, sustained or enhanced clinical services	**Increased clinical capacity**
Formal educational programs offered at scale; local educational programs to support individual organizations	**Growing pool of skilled workers**
26 tools, 14 studies/evaluations, and 26 reports/publications	**Knowledge and tools**
Dozens of evaluations and published reports/publications; an active quality improvement collaborative	**Data and forums to support quality improvement**
277 events for health care professionals or the community	**Informed providers, policy-makers, and community members**

Strong, vibrant serious illness and palliative care field

GOING FORWARD

With all the tremendous work to develop and increase patient access to palliative care over the past several decades, the field is now facing an urgent question: how to provide palliative care for all who would benefit from its services, given the limited number of specialists and an aging population? One solution is to spread the primary palliative care model.

The primary palliative care model has as its core tenet that all health care providers should be capable of providing basic palliative care services to patients with serious illness. This includes the ability to assess physical and nonphysical symptoms, ensure that patients understand their illness and prognosis, provide basic symptom management, have routine discussions about code status and goals of care, and manage the transition to hospice care.[22,23] Primary palliative care can meet most patients' basic palliative care needs; specialty-level palliative care should be reserved for patients with greater complexity and unmet needs.

Efforts have been made in recent years to integrate a primary palliative care approach in a variety of health care and community settings. This approach has garnered broad support among leading palliative care organizations. VitalTalk, Ariadne Labs, CAPC, the CSU Shiley Haynes Institute for Palliative Care and others offer training in core palliative care skills for all clinicians engaged in serious illness care (Archstone Foundation provided funding support for the CSU Shiley Haynes Institute for Palliative Care and their primary palliative care training curricula), and a growing number of health systems across the country are promoting advance care planning and the integration of the primary palliative care model in the delivery of care.

Field experts and grantees interviewed for this report emphasized the criticality of this new frontier for palliative care. They additionally highlighted other emerging needs, including promoting diversity, equity, and inclusion practices in palliative care, increasing palliative care services in long-term care, and expanding access to palliative care for vulnerable populations; for example, individuals with dementia and those living in shelters. Caregivers of people with serious illness were also cited as a group requiring greater support and attention—to help them feel more comfortable and confident managing their loved one's care needs and crises.

Improving patient care, which includes improving patient access and outcomes, is an overarching goal of palliative care. To achieve this goal will require sustaining and scaling palliative care services with a focus on quality more broadly; for example, instituting standards of practice, measurements, and a palliative care accreditation requirement.

One final consideration: Now that the financial benefits of palliative care are better understood, the field will have to wrestle with threats to gains made in providing equitable access to a defined model of palliative care. The United States market-driven health care system could result in palliative care models with making a profit as the primary driver of decisions regarding which patient populations to serve and the allocation of services, staffing, and other resources. These concerns, which were called out by experts interviewed for this report, underscore the need for standards and regulations that monitor quality and access to care and protect patients and families during a very vulnerable time of life.

End-of-Life Legacy and New Archstone Foundation Priorities

Following its successful work in the legacy areas of fall prevention, elder abuse and neglect, aging in community, depression in late-life, family caregiving, and end-of-life care, Archstone Foundation has transitioned to a new organizational vision: connecting health care to social services through strategy-based funding of teams, training, and technology—the “Three Ts.” As the Foundation moves forward with this new platform to address the emerging and unmet needs of our country’s rapidly growing diverse aging population, it is helpful to identify opportunities to borrow and build on their previous initiatives.

There is significant overlap in the patient population receiving home and community-based services and patients who receive or would possibly benefit from receiving palliative care. The Foundation could encourage and support models that routinely pair palliative care with community social services. This would create synergy between the two, leading to a more coordinated and comprehensive service delivery approach and improved patient outcomes not easily achieved in today’s world of fragmented health care.

The “Three Ts” are cornerstones of palliative care’s infrastructure. The interdisciplinary palliative care team is essential to the model, with well-articulated roles and approaches for each member. Training continues to be an essential part of the field. Because of growing demand for palliative care services and the limited number of specialists, the field remains focused on ensuring current and new generations of health care providers can provide basic palliative care. Finally, technology is a major driver in how palliative care is delivered, measured, and aligned with payment. The latter is even more relevant today due to COVID-19 and the widespread and successful use of telehealth.

CONCLUSION

Archstone Foundation's investment in 136 palliative and end-of-life care projects over 30 years contributed significantly to the field. Some of its enduring benefits for patients, families, and caregivers include:

- *Improvements in how people live their last days with greater support and opportunities to express themselves.*
- *Quality palliative care education and training programs for professionals.*
- *Enhanced metrics and data collection and reporting systems.*
- *Proliferation of peer-reviewed journal publications, blogs, and media articles.*
- *A more informed and engaged public about serious illness.*

Some important examples of ongoing benefit include the following:

- *UCSF's PCLC (Palliative Care Leadership Centers) program, which trains palliative care teams throughout California.*
- *The successful PCQN program recently partnered with CAPC and other organizations to form a new national registry, the Palliative Care Quality Collaborative (PCQC). The registry is a combination of CAPC's former National Palliative Care Registry™, PCQN's clinical data entry surveys, and the Global Palliative Care Quality Alliance (GPCQA). It provides palliative care programs across the country with a dynamic new tool for quality improvement and program development efforts.*
- *ELNEC has continued expansion in palliative care training for nursing students, practicing nurses, and other health care professionals, nationally and internationally.*
- *The CSU Shiley Haynes Institute for Palliative Care remains a leader in providing accessible palliative care education and training for health and allied health professionals. In response to the need for improved palliative care training in long-term care—underscored by experiences of frontline workers during the COVID-19 pandemic—the Institute is exploring opportunities to create a targeted education and training program for workers in these settings.*

Importantly, the Foundation's significant legacy in the palliative and end-of-life work rests on four grantmaking strategies:

- ***Co-funding of projects.*** While co-funding is often a part of a foundation's efforts, Archstone Foundation's consistent use of this approach enabled them to leverage its investments for both large and small projects. Foundation staff were very effective in engaging other funders to introduce potential partnerships, share their experiences in working with notable grantees, generate enthusiasm, and work together as funding partners so co-funded projects could meet their objectives. Large co-funded projects that impacted the field and had state and national implications included ELNEC, PCLC, PCQN, the JAMA Perspective Series, POLST, the CAPC State-By-State Report Card, and the CSU Shiley Haynes Institute for Palliative Care. At the local level, co-funded projects such as the Los Angeles Jewish Home for the Aging residential hospice program and the Alliance for Living and Dying Well's ACP program and Center reflect the value of co-funding to ensure that resources go further in support of program quality and sustainability. See Appendix C for more specifics about co-funding.
- ***Supporting local and regional grantees hosting unique projects.*** The best ideas can come from anywhere. The Foundation demonstrated its willingness to take risks on promising ideas by working with a wide variety of grantees of all sizes. Risks include unexpected staff and leadership turnover, shifting organizational priorities, and lack of ongoing financial support. The investments paid off with many of the smaller projects successfully implementing unique programs. In one example, the Elizabeth Hospice received several Archstone Foundation grants in the mid-2000s to train hospice volunteers in complementary therapies with pets, Reiki energy healing, music, and art. Today, much of the program's original training curriculum is still in use. The program is a model for other hospice programs interested in offering such life-enhancing therapies.
- ***Implementing a broad funding approach.*** The Foundation created a diverse portfolio with a variety of outputs and outcomes. By employing both responsive and targeted grantmaking and funding projects across different categories—demonstration, direct service, technical assistance, professional education, and media and communications—the Foundation amplified its reach and effectiveness.
- ***Elevation of spirituality.*** To promote this underdeveloped aspect of health care, the Foundation supported the Consensus Conference, the spiritual demonstration project, and a host of other initiatives designed to ensure that patients with serious illness, and their families, have full access to spiritual support services. These projects, in turn, yielded a national spirituality definition and set of practice recommendations that have helped close the gap in spiritual care services for the field.

In addition to these formal grantmaking strategies, the Foundation followed a policy of making it easy for others to engage in this work with them. The Foundation's grantmaking strategies and observations from grantees underscore two powerful takeaways from the portfolio: foundations can make substantial contributions, independent of the amount of money invested, with strategic grantmaking and with respect for the expertise and passion of people in the field.

> *I have had the opportunity to work with Archstone Foundation staff for over a dozen years. Our interactions were always professional, respectful, thoughtful and friendly. I greatly appreciated their steadfast funding – a reliable and caring partner in improving care for those with serious illness.*
>
> *–Steve Pantilat, MD, Chief, Division of Palliative Medicine, UCSF*

As the data in this legacy report document, much of the benefit resulting from this large portfolio is quantified. However, many benefits that are not readily quantifiable are nonetheless potent. For example, every clinician who was trained through a grant-funded program increased the pool of skilled individuals who could deliver care. Each guideline and tool that was created made it easier for new services to adopt effective practices. The success of these efforts, measured as reduced symptom burden and improved quality of life for patients, and reduced costs for the health system, enabled other palliative care services to grow and scale. Together, all the benefits of this body of work accrue to patients with serious illness.

APPENDICES

APPENDIX A. Report Interviewees

- **Jennifer Ballentine,** MA, Executive Director, the CSU Shiley Haynes Institute for Palliative Care
- **Lori Bishop,** MHA, BSN, RN, CHPN, Vice President of Palliative and Advanced Care, National Hospice and Palliative Care Organization
- **Ira Byock,** MD, FAAHPM, Founder and Chief Medical Officer, Institute for Human Caring at Providence St. Joseph Health
- **Betty Ferrell,** PhD, FAAN, CHPN, Professor, City of Hope Medical Center
- **Mary Ellen Kullman,** MPH, Vice President, Archstone Foundation
- **Christopher Langston,** PhD, President & Chief Executive Officer, Archstone Foundation
- **Joanne Lynn,** MD, MA, MS, Director, Altarum Center for Elder Care and Advanced Illness, Altarum Institute
- **Helen McNeal,** Founding Executive Director, CSU Shiley Haynes Institute for Palliative Care
- **Diane Meier,** MD, FACP, FAAHPM, Director, Center to Advance Palliative Care, Co-director, Professor, Department of Geriatrics and Palliative Medicine, Catherine Gaisman Professor of Medical Ethics, Icahn School of Medicine at Mount Sinai
- **Steve Pantilat,** MD, MHM, FAAHPM, Professor of Medicine, Kates-Burnard and Hellman Distinguished Professor in Palliative Care, Chief, Division of Palliative Medicine, University of California, San Francisco
- **Joseph Prevratil,** JD, Former President and Chief Executive Officer, Archstone Foundation
- **Christina Puchalski,** MD, OCDS, FACP, FAAHPM, Professor of Medicine and Health Science Executive Director, George Washington University School of Medicine and Health Sciences
- **Elyse Salend,** MSW, Program Officer, Cambia Foundation, Former Program Officer, Archstone Foundation
- **Judy Thomas,** JD, Chief Executive Officer, Coalition for Compassionate Care of California
- **Martha L. Twaddle,** MD, FACP, FAAHPM, HMDC, The Waud Family Medical Directorship Palliative Medicine & Supportive Care, Clinical Professor of Medicine
- **Charles von Gunten,** MD, PhD, Vice President, Medical Affairs, Hospice and Palliative Medicine, OhioHealth

APPENDIX B. Glossary of Terms/Commonly Used Acronyms

Note: The Robert Wood Johnson Foundation was the original funder in several key projects that were completed before Archstone Foundation began their End-of-Life Initiative.

ACP	Advance Care Planning
CAPC	Center to Advance Palliative Care
CCCC	Coalition for Compassionate Care of California
COL	Circle of Life Awards
Consensus Conference	National Summit to Improve Spiritual Care as a Dimension of Palliative Care
CSU Shiley Haynes Institute for Palliative Care	California State University Shiley Haynes Institute for Palliative Care
ELNEC	End-of-Life Nursing Education Consortium
FHP	Family Health Plan
IOM	Institute of Medicine (Now the National Academy of Medicine)
MPTF	Motion Picture and Television Fund (Palliative Care Program)
NCP Guidelines	National Consensus Project for Quality Palliative Care Guidelines
NQF	National Quality Forum
PCLC	Palliative Care Leadership Centers (University of California, San Francisco)
PCQC	Palliative Care Quality Collaborative
PCQN	Palliative Care Quality Network
POA	Power of Attorney
POLST	Physician Orders for Life-Sustaining Treatment (POLST) is a medical order that provides seriously ill patients with a tool to communicate their medical treatment choices in the event of a medical emergency or serious illness.
SNF	Skilled Nursing Facility
RWJF	Robert Wood Johnson Foundation
SDHPC	San Diego Hospice and the Institute for Palliative Care
SUPPORT Study	Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments
UCSF	University of California, San Francisco

APPENDIX C. Major End-of-Life Initiative Projects: Co-Funding List

Note: The Robert Wood Johnson Foundation was the original funder in several key projects that were completed before Archstone Foundation began their End-of-Life Initiative.

Grantee Organization	Archstone Foundation Project Focus	RWJF End of Life Initiative Funding, 1995–2006	Phase III Archstone Funding	Phase III Co-funding	Subsequent Funding After Phase III
City of Hope	ELNEC Geriatric ELNEC in Nursing Schools ELNEC Public Hospitals	$1,764,003 (6 grants)	$900,000 $216,172 $54,000	CHCF: $124,830–Geriatric $165,000–Geriatric $535,000–Public Hospitals	National Cancer Institute, Cambia Health Foundation, others
City of Hope	Spirituality – Consensus Conference	None	$487,598	None	Arthur Vining Davis, Fetzer, Templeton and Kanarek Foundations
UCSF	PCLC – UCSF	$750,000	$400,000	CHCF: $125,000 JEHT Foundation: $525,000	None
UCSF	PCQN	None	$299,700 $300,000 $447,894	CHCF: $610,000 UniHealth Foundation: $1,084,725 Kettering Family Foundation: $25,000 James Irvine Foundation: $125,000	Gordon and Betty Moore Foundation
Coalition for Compassionate Care of California	5 grants: 2 for conference support, work with POLST in nursing homes, work with faith leaders	$50,000 (Community-State Partnerships to Improve EoL Care)	$298,946	CHCF for multi-year POLST work; many other funders	CHCF; the WIYH Foundation
California State University San Marcos	CSU Shiley Haynes Institute for Palliative Care, 2012 and 2015	None	$450,000 $450,000	CHCF: $900,000 (2) Darlene Marcos Shiley, a private philanthropist: $1,200,000	Darlene Marcos Shiley
UCSF	JAMA Perspectives on Care at the Close of Life Series 2000-2004	$515,509	$96,736 $92,517	CHCF: $593,996 over 6 years	None

APPENDIX D. Table of Grants Awarded 1989-2021

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
Phase I. Pre-Initiative (1989-2002)					
Americans for Better Care of the Dying	National MediCaring Project on End-of-Life Care	$105,833	1998	Demonstration	Palliative and End of Life
Archstone Foundation	Medicare RFP	$50,000	1990	Demonstration	Palliative and End of Life
Archstone Foundation	Cost of Living Dead Publication	$40,000	1995	Media & Communications	Palliative and End of Life
Arizona Health Decisions	Preserving Autonomy in Health Care	$28,940	1990	Media & Communications	Advance Care Planning
California Health Decisions	Durable Power of Attorney for Health Care Program	$25,000	1988	Media & Communications	Advance Care Planning
California Health Decisions	Durable Power of Attorney for Health Care Program	$25,000	1989	Media & Communications	Advance Care Planning
Camarillo Hospice	Outreach and Hospice Service Expansion - Bereavement Support and Education Program	$15,000	2001	Direct Service	Palliative and End of Life
Choice in Dying	Whose Death is it Anyway?	$40,000	1996	Media & Communications	Palliative and End of Life
Coalition for Compassionate Care of California	Advancing Institutional Change: Improving End-of-Life Care in California Nursing Homes	$141,186	2002	Technical Assistance	Palliative and End of Life
Community Partners in Caring	Grief and Loss Support Program	$60,000	2001	Direct Service	Palliative and End of Life
Death with Dignity National Center	Public Education on End-of-Life Options	$50,000	2000	Media & Communications	Palliative and End of Life
Death with Dignity National Center	Support for Public Education on End-of-Life Efforts of the Oregon Death with Dignity Center	$75,000	2002	Media & Communications	Palliative and End of Life
Film Arts Foundation	Full Circle Video on Family Caregiving	$34,160	1997	Media & Communications	Palliative and End of Life
George Washington University	MediCaring: Establish Hospice-Like Support and Palliative Care Services	$125,000	1997	Demonstration	Palliative and End of Life
George Washington University	MediCaring National Demonstration Project	$394,167	1998	Demonstration	Palliative and End of Life
Hospice of Pasadena, Inc.	Community Outreach/ Hospice Service Expansion	$10,000	2000	Direct Service	Palliative and End of Life
Jewish Family and Children's Services, Long Beach	Maintain Control of Your Future Through Advance Directives	$29,550	1997	Media & Communications	Advance Care Planning

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
Mary Health of the Sick Convalescent and Nursing Hospital	In-house Counseling and Internship Project	$37,440	1998	Professional Education	Palliative and End of Life
Minnesota Medical Foundation	Managing Mortality Conference	$83,000	1992	Professional Education	Palliative and End of Life
Minnesota Medical Foundation	Transcribe, Edit, and Produce Educational Video Tapes from Managing Mortality Conference	$16,500	1993	Professional Education	Palliative and End of Life
National Academy of Sciences	Care at End-of-Life Research Conference	$25,000	1996	Professional Education	Palliative and End of Life
National Association of RSVP Directors Inc.	Hospice Volunteer Demonstration Project	$74,430	1997	Demonstration	Palliative and End of Life
Orange County Bioethics Network	Annual Hospice Bioethics Conference: Health Care Reform, Just Caring?	$1,000	1994	Professional Education	Palliative and End of Life
Pathways Volunteer Hospice	Expansion of Hospice Client and Caregiver Support Services	$25,000	1998	Direct Service	Palliative and End of Life
RAND Corporation	The Center to Improve Care of the Dying	$1,000,000	2000	Demonstration	Palliative and End of Life
Riverside Hospice	Companion Connections Volunteer Services Program	$10,000	2000	Direct Service	Palliative and End of Life
San Diego Hospice and The Institute for Palliative Medicine	End-of-Life Care Education Program for Nursing Students	$41,650	2002	Professional Education	Palliative and End of Life
Sepulveda Research Corporation/ Sepulveda Veterans Administration	Annual Hospice Training Conference	$18,500	1996	Professional Education	Palliative and End of Life
State of Hawaii Executive Office on Aging	End-of-Life Resources for the Elderly	$99,044	2000	Media & Communications	Palliative and End of Life
State of Hawaii Executive Office on Aging	Stage Two of End-of-Life Resources for the Elderly: Sustaining Compassionate Conversations	$100,000	2001	Media & Communications	Palliative and End of Life
The Hospice Foundation	End-of-Life Counseling and Education Program	$50,000	1998	Professional Education	Palliative and End of Life
The Hospice Foundation	End-of-Life Counseling and Education Program for Elder Residential Facilities	$50,000	2000	Professional Education	Palliative and End of Life
The Hospice Foundation	End-of-Life Care Research, Education, and Training Project (Phase III)	$75,000	2001	Professional Education	Palliative and End of Life
Tri-City Hospital Foundation	PALL Program: Comprehensive Palliative Care Program in North San Diego County	$78,000	2001	Demonstration	Palliative and End of Life
University of Utah	World Congress of the International Association of Bioethics	$2,893	1994	Professional Education	Advance Care Planning

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
Verdugo Hills Visiting Nurse Association	Assistance in Building Staffing and Programmatic Capacity to Meet the Increasing Need for Hospice in the Home	$50,000	2001	Direct Service	Palliative and End of Life
Zen Hospice Project	Public Education Project on End-of-Life Care	$50,000	2000	Media & Communications	Palliative and End of Life
Zen Hospice Project	End-of-Life Counselor Training Program	$50,000	2002	Professional Education	Palliative and End of Life
Phase II. Foundational (2003-2005)					
American Society on Aging (ASA)	End-of-Life Special Program at the 2006 Joint American Society on Aging and National Council on Aging Conference	$25,000	2005	Professional Education	Palliative and End of Life
Bet Tzedek	Nursing Home Advocacy Project	$90,500	2005	Technical Assistance	Palliative and End of Life
City of Hope National Medical Center	Promoting Palliative Care in California Nursing Schools and Hospitals	$216,172	2005	Professional Education	Palliative and End of Life
Coalition for Compassionate Care of California	A Communication Strategy to Promote Advance Care Planning	$15,000	2004	Demonstration	Advance Care Planning
Coalition for Compassionate Care of California	California Coalition for Compassionate Care: Organizational Development Statewide Improvements to End-of-Life Care	$225,000	2004	Technical Assistance	Palliative and End of Life
Coalition for Compassionate Care of California	Improving End-of-Life Care in California's Nursing Facilities: Evaluation of a Model of Institutional Change	$14,850	2004	Technical Assistance	Palliative and End of Life
Coda Alliance	Assisted Living Education in Palliative and Hospice (ALEPH) Care	$95,300	2004	Professional Education	Palliative and End of Life
Compassion in Dying	End-of-Life Public Education Campaign	$67,107	2005	Media & Communications	Palliative and End of Life
Jewish Family and Children's Services, San Francisco	Decision Making for the Unbefriended Elderly	$25,000	2005	Technical Assistance	Palliative and End of Life
Los Angeles Jewish Home for the Aging	Residential Hospice in the San Fernando Valley	$84,500	2003	Demonstration	Palliative and End of Life
Motion Picture and Television Fund	Palliative Care Program	$41,413	2005	Demonstration	Palliative and End of Life
Oregon Death with Dignity Legal Defense and Education Center	Promoting Dignity Program	$50,000	2003	Media & Communications	Palliative and End of Life
San Diego Hospice and The Institute for Palliative Medicine	Pain Management Model for Terminally Ill Patients	$106,000	2004	Technical Assistance	Palliative and End of Life

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
Sepulveda Research Corporation/ Sepulveda Veterans Administration	13th Annual Hospice and Palliative Care Conference	$15,000	2005	Professional Education	Palliative and End of Life
Sepulveda Research Corporation/ Sepulveda Veterans Administration	14th Annual Hospice and Palliative Care Conference	$15,000	2006	Professional Education	Palliative and End of Life
The Elizabeth Hospice Foundation	Complementary Therapy Training for Hospice Volunteers	$115,044	2003	Professional Education	Palliative and End of Life
The Elizabeth Hospice Foundation	Complementary Therapy Training for Hospice Volunteers	$107,500	2004	Professional Education	Palliative and End of Life
Tri-City Hospital Foundation	Lumina: Lighting the Way: End-of-Life Care in an Acute Setting	$27,450	2005	Direct Service	Palliative and End of Life
University of California, San Francisco	Supporting Perspectives on Care at the Close of Life –JAMA Series	$96,736	2005	Media & Communications	Palliative and End of Life
Zen Hospice Project	Continued Support of the End-of-Life Counselor Training Program	$50,000	2004	Professional Education	Palliative and End of Life
Phase III. End-of-Life Initiative (2006-2018)					
AIDS Housing Santa Barbara, Inc. (Sarah House)	A Place to Call Home	$22,000	2013	Direct Service	Palliative and End of Life
AIDS Housing Santa Barbara, Inc. (Sarah House)	A Place Called Home: Expansion and Continuation	$100,000	2014	Direct Service	Palliative and End of Life
American Bar Association, Fund for Justice and Education	Increasing the Accessibility of Advance Care Planning Through a Universal Power of Attorney for Health Care	$82,500	2010	Technical Assistance	Advance Care Planning
American Society on Aging (ASA)	Spirituality and Aging Special Program at the 2010 Joint American Society on Aging and National Council on Aging Conference	$15,000	2009	Professional Education	Spiritual Care
Brentwood Biomedical Research Institute/ Veterans Administration Greater Los Angeles Healthcare System	Integrating Proactive Palliative Services and Resident Education into Hospital-Based Palliative Care	$200,000	2007	Demonstration	Palliative and End of Life
Brentwood Biomedical Research Institute/ Veterans Administration Greater Los Angeles Healthcare System	Incorporating Spiritual Care into Palliative Care	$200,000	2010	Demonstration	Spiritual Care
California State University, San Marcos	Creation of a CSU Institute for Palliative Care	$450,000	2012	Professional Education	Palliative and End of Life

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
California State University, San Marcos	Creation of a CSU Institute for Palliative Care	$450,000	2015	Professional Education	Palliative and End of Life
Camarillo Hospice	Oxnard Services and Outreach Project for Seniors	$15,000	2014	Direct Service	Palliative and End of Life
Cedars-Sinai Medical Center	Spiritual Care Demonstration Project: Spiritual Care Integration Project	$200,000	2010	Demonstration	Spiritual Care
Center to Advance Palliative Care (CAPC)	Ensuring Quality Palliative Care in Hospitals: Establishing National Benchmarks	$45,000	2008	Demonstration	Palliative and End of Life
City of Hope National Medical Center	Promoting Palliative Care in California Nursing Schools and Hospitals	$216,172	2006	Professional Education	Palliative and End of Life
City of Hope National Medical Center	End-of-Life Nursing Education Consortium (ELNEC) for Geriatrics and Critical Care Settings	$900,000	2007	Professional Education	Palliative and End of Life
City of Hope National Medical Center	National Summit to Improve Spiritual Care as a Dimension of Palliative Care	$487,589	2008	Technical Assistance	Spiritual Care
City of Hope National Medical Center	Convening and Technical Assistance to Support the Spiritual Care Demonstration Projects	$375,000	2010	Technical Assistance	Spiritual Care
City of Hope National Medical Center	System-wide and Systemic Screening for Spiritual Suffering	$200,000	2010	Demonstration	Spiritual Care
City of Hope National Medical Center	Web-Based End-of-Life Nursing Education Consortium Training for Public Hospitals	$54,208	2011	Professional Education	Palliative and End of Life
City of Hope National Medical Center	Six-Month Extension of the Convening and Technical Assistance to Support the Spiritual Care Demonstration Projects	$60,000	2012	Technical Assistance	Palliative and End of Life
City of Hope National Medical Center	COMFORT Project	$440,744	2013	Professional Education	Palliative and End of Life
City of Hope National Medical Center	Communication Training for an Expanded Workforce in Palliative Care	$375,000	2015	Professional Education	Palliative and End of Life
Coalition for Compassionate Care of California	California Coalition for Compassionate Care: Organizational Development and Sustainability	$15,000	2009	Technical Assistance	Palliative and End of Life
Coalition for Compassionate Care of California	Communications Effort – Expanding the Conversation	$75,125	2012	Media & Communications	Advance Care Planning
Coalition for Compassionate Care of California	Improving POLST Implementation in Nursing Homes and Seminars for Faith Leaders on End-of-Life Care	$107,925	2012	Professional Education	Palliative and End of Life

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
Coalition for Compassionate Care of California	Faith Leaders Outreach Phase II: Partners in Caring	$90,867	2014	Technical Assistance	Spiritual Care
Coalition for Compassionate Care of California	7th Annual Palliative Care Summit & Conference	$10,000	2015	Professional Education	Palliative and End of Life
Health Research and Educational Trust of the American Hospital Association	2009 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	$15,000	2008	Media & Communications	Palliative and End of Life
Health Research and Educational Trust of the American Hospital Association	2010 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	$15,000	2009	Media & Communications	Palliative and End of Life
Health Research and Educational Trust of the American Hospital Association	2011 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	$15,000	2010	Media & Communications	Palliative and End of Life
Health Research and Educational Trust of the American Hospital Association	2012 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	$15,000	2011	Media & Communications	Palliative and End of Life
Health Research Association, Inc./ LAC + USC	Emergency Department - Hospice Emergency Liaison Program (ED-HELP)	$198,241	2007	Demonstration	Palliative and End of Life
Heart Touch Project	Hospice Care Program (Massage therapy for seniors in hospice)	$15,000	2011	Professional Education	Palliative and End of Life
Hospice of Santa Barbara	Community Spiritual Care Program End-of-Life Initiative	$33,000	2011	Direct Service	Spiritual Care
Hospice of Santa Barbara	Continuation of the Community Spiritual Care Program	$50,000	2012	Direct Service	Spiritual Care
Hospice of Santa Barbara	Advance Care Planning Center for Santa Barbara	$191,400	2013	Demonstration	Advance Care Planning
Hospice of Santa Barbara	Community Spiritual Care Program	$80,000	2013	Direct Service	Spiritual Care
Kaiser Permanente, Bellflower	Inpatient Palliative Care Program	$199,980	2007	Demonstration	Palliative and End of Life
National Health Foundation	Spiritual Care Readiness Survey of Southern California Hospital CEOs	$9,562	2010	Technical Assistance	Spiritual Care
Oregon Health and Science University	POLST - Disseminate Innovations and Share Lessons Learned	$109,926	2012	Media & Communications	Palliative and End of Life
Oregon Health and Science University	POLST - Advanced Technical Assistance and Expansion of Communication	$110,000	2014	Media & Communications	Palliative and End of Life
Palomar Pomerado North County Health Development, Inc.	Implementation of a Spiritual Care Model in the Medical Surgical Intensive Care Unit	$200,000	2010	Demonstration	Spiritual Care

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
Pathways Volunteer Hospice	Pathways Life Legacy Program (PLLP)	$50,000	2015	Direct Service	Palliative and End of Life
San Diego Hospice and The Institute for Palliative Medicine	Introducing Palliative Care into Long-Term Care Settings, Treatment Model for Chronically and Terminally Ill Patients	$550,000	2006	Demonstration	Palliative and End of Life
Scripps Memorial Hospital	Spiritual Care Enhancement Project	$200,000	2010	Demonstration	Spiritual Care
Sepulveda Research Corporation/ Sepulveda Veterans Administration	15th Annual Hospice and Palliative Care Conference	$15,000	2007	Professional Education	Palliative and End of Life
Sepulveda Research Corporation/ Sepulveda Veterans Administration	16th Annual Hospice and Palliative Care Conference	$15,000	2008	Professional Education	Palliative and End of Life
Sepulveda Research Corporation/ Sepulveda Veterans Administration	17th Annual Hospice and Palliative Care Conference	$15,000	2009	Professional Education	Palliative and End of Life
Sepulveda Research Corporation/ Sepulveda Veterans Administration	18th Annual Hospice and Palliative Care Conference	$15,000	2010	Professional Education	Palliative and End of Life
Sepulveda Research Corporation/ Sepulveda Veterans Administration	19th Annual Hospice and Palliative Care Conference	$15,000	2011	Professional Education	Palliative and End of Life
Sepulveda Research Corporation/ Sepulveda Veterans Administration	20th Annual Hospice and Palliative Care Conference	$15,000	2012	Professional Education	Palliative and End of Life
Southern California Cancer Pain Initiative (SCCPI)	Promoting Excellence in Pain Management & Palliative Care for Social Workers Conference	$15,000	2007	Professional Education	Palliative and End of Life
Southern California Cancer Pain Initiative (SCCPI)	Promoting Excellence in Pain Management & Palliative Care for Social Workers Conference	$15,000	2008	Professional Education	Palliative and End of Life
Southern California Cancer Pain Initiative (SCCPI)	Promoting Excellence in Pain Management & Palliative Care for Social Workers Conference	$15,000	2009	Professional Education	Palliative and End of Life
St. John's Healthcare Foundation	Palliative Care Services	$200,000	2007	Demonstration	Palliative and End of Life
St. John's Healthcare Foundation	Integrating Spiritual Care into Palliative Care Services	$200,000	2010	Demonstration	Spiritual Care
St. Joseph Hospital of Orange	Living the Mission: Palliative & Spiritual Care	$200,000	2010	Demonstration	Spiritual Care
StoryCorps	Legacy Initiative	$60,000	2011	Media & Communications	Palliative and End of Life
The Alliance for Living and Dying Well	Advance Care Planning and Outreach to Hispanic Elders	$71,830	2011	Direct Service	Advance Care Planning
University of California, Los Angeles	Spiritual Assessments for Patients in Palliative Care	$13,294	2006	Demonstration	Spiritual Care

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
University of California, Los Angeles	Hospital-Based Palliative Care Service Innovation Projects	$200,000	2007	Demonstration	Palliative and End of Life
University of California, Los Angeles	Improving the Quality of Spiritual Care	$200,000	2010	Demonstration	Spiritual Care
University of California, San Francisco	Palliative Care Leadership Centers	$400,000	2006	Technical Assistance	Palliative and End of Life
University of California, San Francisco	Supporting Perspectives on Care at the Close of Life –JAMA Series	$92,517	2006	Media & Communications	Palliative and End of Life
University of California, San Francisco	Technical and Evaluation Assistance for the Foundation's Hospital-Based Palliative Care Service Innovation Projects	$192,833	2007	Technical Assistance	Palliative and End of Life
University of California, San Francisco	Supplemental Funding for Hospital-Based Palliative Care Service Innovation Projects TA	$14,988	2009	Technical Assistance	Palliative and End of Life
University of California, San Francisco	Palliative Care Quality Network	$299,700	2011	Technical Assistance	Palliative and End of Life
University of California, San Francisco	Palliative Care Quality Network Expansion	$300,000	2013	Technical Assistance	Palliative and End of Life
University of California, San Francisco	Palliative Care Quality Network–Community-Based Expansion	$447,894	2015	Technical Assistance	Palliative and End of Life
University of Southern California, Keck School of Medicine	By Your Side	$200,000	2010	Demonstration	Spiritual Care
Vital Research	Evaluation of the Foundation's Spiritual Care Demonstration Projects, a phase of the End-of-Life Initiative	$197,021	2010	Demonstration	Spiritual Care
Vital Research	Six-Month Extension of the External Evaluation of the Foundation's Spiritual Care Demonstration Projects	$48,000	2012	Demonstration	Spiritual Care
Phase IV. Epilogue (2018-2021)					
California State Los Angeles University Auxiliary Services	Developing and Integrating COVID-19 Pandemic Content for the Health Communication App	$57,174	2020	Direct Service	Palliative and End of Life
Coalition for Compassionate Care of California	12th Annual Palliative Care Summit & Conference	$10,000	2020	Professional Education	Palliative and End of Life
Coalition for Compassionate Care of California	New CRM for Greater Mission Impact	$43,494	2020	Technical Assistance	Palliative and End of Life
Pathways Volunteer Hospice	Care Navigation Program Collaboration	$404,634	2018	Direct Service	Palliative and End of Life

Grantee	Project Name	Amount	Approval Year	Grant Type	Focus Area
Somang Society	Dementia Education and Support for Underserved Korean-American Family Caregivers with Limited English Proficiency	$15,000	2019	Direct Service	Palliative and End of Life
Somang Society	Staff Capacity Development for Better Serving Korean American Older Adults during COVID-19 Pandemic	$50,000	2021	Professional Education	Palliative and End of Life
UCSF Foundation	GeriPal: A Geriatrics and Palliative Care Podcast and Blog	$165,000	2019	Media & Communications	Palliative and End of Life
University of California, San Francisco	Improving Supportive Care for Family Caregivers of Patients with Serious Illness	$270,000	2018	Technical Assistance	Palliative and End of Life

APPENDIX E. Focus and Outputs for Phase III Grants

The below table provides additional detail on the 70 grants made in the End-of-Life Initiative (Phase III.) Activities and materials generated by each grant-funded project ("outputs"), are categorized per the below definitions:

1. **Events:** Virtual or in-person meetings or events that were sponsored for health care professionals or the community.
2. **Services:** Palliative or end-of-life services that were created, sustained, or enhanced.
3. **Tools:** Guidelines, toolkits, EMR templates, screening tools, or similar durable resources that support an initiative focus area.
4. **Technical Assistance:** Sponsoring delivery of technical assistance to organizations that offer palliative or end-of-life care; or funding to create, sustain, or enhance a technical assistance organization.
5. **Education:** Educational or training programs that were created, sustained, or enhanced.
6. **Evaluation:** Studies or evaluations of a portfolio focus area or a funded project.
7. **Reports:** Publications or reports, including presentations made at professional conferences, that describe research findings, meeting proceedings, innovation efforts, or any other grant-funded activity.

Grantee	Project Name	Project Focus	Outputs
AIDS Housing Santa Barbara, Inc. (Sarah House)	A Place to Call Home	To provide residential end-of-life care to homeless older adults and veteran older adults through the "A Place to Call Home" Program.	**Services:** • Provided residential hospice services to 18 older adult veterans • Provided end-of-life care and a home to 14 formerly homeless older adults • Conducted daily case management review for all residents
AIDS Housing Santa Barbara, Inc. (Sarah House)	A Place Called Home: Expansion and Continuation	To expand and continue the "A Place Called Home" Program, which provides residential end-of-life care to homeless older adults.	**Services:** • Provided residential hospice and end-of-life care services to 133 low-income older adults, who before living at Sarah House were homeless • Conducted daily case management review for all residents **Tools:** • Implemented an Individual Service Plan form that was completed for each resident

Grantee	Project Name	Project Focus	Outputs
American Bar Association, Fund for Justice and Education	Increasing the Accessibility of Advance Care Planning Through a Universal Power of Attorney for Health Care	To create a web-based universal health care power of attorney form, legally valid in every state.	**Tools**: • Created English and Spanish versions of, "Giving Someone a Power of Attorney for Your Health Care: A Guide with an Easy-to-Use, Multi-State Form for All Adults," which are available as free downloads from the ABA website
American Society on Aging (ASA)	Spirituality and Aging Special Program at the 2010 Joint American Society on Aging and National Council on Aging Conference	To conduct a half-day educational program in conjunction with the 2010 Joint Conference of ASA and the National Council on Aging that will address the role of spiritual care at and near the end of life, as well as provide practice-based skill building opportunities for attendees.	**Events:** • The program had a total of 113 participants **Education:** • The program featured practice-based skill building workshops
Brentwood Biomedical Research Institute/Veterans Administration Greater Los Angeles Healthcare System	Integrating Proactive Palliative Services and Resident Education into Hospital-Based Palliative Care	To develop, implement, and evaluate the impact of an expansion of the clinical care and educational missions of the Greater Los Angeles Veterans Affair's palliative care service through 1) automation of resident prognostication, 2) creation of an acute inpatient palliative care suite for hospitalized patients with comfort-oriented goals, and 3) incorporation of a required palliative care rotation for internal medicine residents and geriatric fellows.	**Services:** • 9,437 medical resident automated prognostications were completed in the first 30 months. Over 1,000 of these triggered a palliative care consult upon admission **Tools:** • Implemented a computerized prognostication protocol that helps residents recognize patients who would benefit from palliative care at the time of hospital admission **Education:** • Resident training on prognostication, required palliative care rotation for internal medicine residents and geriatric fellows, which features a rigorous competency-based curriculum; training of ward staff by PC staff, including ELNEC trained nurses

Grantee	Project Name	Project Focus	Outputs
Brentwood Biomedical Research Institute/Veterans Administration Greater Los Angeles Healthcare System	Incorporating Spiritual Care into Palliative Care	To improve spiritual care for veterans with advanced illness at the Veterans Administration Greater Los Angeles Healthcare System by developing, implementing, and continuously improving on a spiritual assessment and treatment model.	**Services:** • Integrated spiritual care into the palliative care service at the VA Greater Los Angeles • Completed 1,856 chaplain spiritual assessments and reassessments • Provided 7,452 instances of spiritual care to 2,262 unique veterans **Tools:** • Integrated spiritual assessments into the electronic medical record system **Education:** • Trained over 250 medical care providers (including doctors, medical students, Palliative Care Fellows, and nurses) in conducting spiritual assessments
California State University, San Marcos	Creation of a CSU Institute for Palliative Care	To create a CSU Institute for Palliative Care, focusing on increasing access to, understanding of, and demand for palliative care by delivering a comprehensive palliative care education initiative in California.	**Events:** • Educated more than 2,200 community members through online and community programs and presentations **Education:** • Trained 191 nurses, 62 socials workers, 528 chaplains, and 353 hospital administrators and allied health professionals in palliative care • Integrated palliative care content into 30 courses at California State University San Marcos, resulting in providing more than 800 future health care professionals with a foundational knowledge of end-of-life care • Expanded the model to six additional campuses within the California State University System, including: San Francisco, Fresno, Los Angeles, Fullerton, Long Beach, and East Bay

Grantee	Project Name	Project Focus	Outputs
California State University, San Marcos	Creation of a CSU Institute for Palliative Care	To support the continuation of the CSU Institute for Palliative Care (Institute). The Institute will focus on establishing the CSU Institute for Palliative Care as the CSU system "hub" for palliative care training. Over three years, the Institute proposes to train nurses, social workers, chaplains, physicians, multidisciplinary students, and community education participants	**Events:** • Hosted an annual Symposium on Quality Palliative Care at CSU San Marcos **Education:** • Launched 58 self-paced and two instructor-led courses on palliative care • Created a self-paced course specifically for Kaiser Permanente Specialty Care Essentials Nursing • In total, over three years, the project trained: 1,351 nurses; 723 social workers; 1,390 chaplains; 221 physicians; 2,179 multidisciplinary professionals; 1,357 specialty areas; and 1,439 Care Management/Care Excellence • Worked with six CSU campus partner sites **Reports:** • Presented project findings at national conferences
Camarillo Hospice	Oxnard Services and Outreach Project for Seniors	A three-part project that incudes, 1) Patient and Family Support Services, 2) Bereavement Support and Education, and 3) Outreach and Education for the community about end-of-life issues, the benefits of hospice, and the realities of dealing with a life-limiting illness.	**Events:** • Provided education and outreach to 136 individuals at community presentations **Services:** • Served a total of 438 older adults through grief counseling, practical and emotional support, music and pet therapy, and friendly visiting • Provided support services, including bereavement counseling and respite services, to 436 older adult family members and caregivers

Grantee	Project Name	Project Focus	Outputs
Cedars-Sinai Medical Center	Spiritual Care Demonstration Project: Spiritual Care Integration Project	A three-part project that includes: 1) Establishing an organizational structure that systematically and consistently integrates spiritual care into patient care with appropriate follow-up; 2) expanding the capabilities of palliative care team members and social workers to assess patients' spiritual needs; and 3) integrating spiritual care into the overall palliative care treatment plan by adding a dedicated chaplain on four units in the hospital	**Events:** • Trained 140 medical professionals about spiritual care at four events, including grand rounds **Services:** • Hired a dedicated chaplain • Added chaplain attendance to IDT rounds for hospital units with the highest percentage of palliative care patients **Tools:** • Integrated spiritual assessments into the EMR **Evaluation:** • Completed QI surveys of 40 patients and 40 families **Reports:** • Presented project findings at the Association of Professional Chaplains conference
Center to Advance Palliative Care (CAPC)	Ensuring Quality Palliative Care in Hospitals: Establishing National Benchmarks	To establish a national benchmarking tool for hospital-based palliative care programs in the United States	**Tools:** • Created a web-based survey instrument to collect organizational structures and processes of care for hospital palliative care programs **Evaluation:** • Assessed the state of hospital palliative care teams to identify features associated with successful care **Reports:** • Developed reports allowing hospitals to view aggregate data on the features of hospital palliative care teams

Grantee	Project Name	Project Focus	Outputs
City of Hope National Medical Center	System-wide and Systemic Screening for Spiritual Suffering	Project to: 1) implement a system-wide and systematic spiritual and/or existential needs screening program on both an inpatient and outpatient basis that is documented in the hospital electronic medical record; and 2) equip social workers with basic skills to help patients deal with their spiritual and/or existential issues, and with the skills to recognize when to involve an expert spiritual care professional.	**Events:** • Conducted a training presentation on the role of spiritual care in medicine **Services:** • Hired a board-certified chaplain to support patient care/research efforts **Tools:** • Developed and implemented spiritual support distress questions • Modified EMR to include "psychosocial/ spiritual" needs **Education:** • Developed a spiritual care curriculum for social workers **Reports:** • Made presentations about the project at the National Association of Professional Chaplains Meeting and at the George Washington Institute for Spirituality and Health Conference
City of Hope National Medical Center	Convening and Technical Assistance to Support the Spiritual Care Demonstration Projects	Project to facilitate convenings, provide technical assistance, and mentoring of projects supported through the Archstone Foundation's Spiritual Care Demonstration Projects. The City of Hope (Convening Center) will convene key staff from each of the funded projects, as well as mentor and support the progress of each project's development.	**Technical Assistance:** • Hosted monthly technical assistance conference calls with educational presentations and project updates • Hosted four in-person convening meetings • Conducted individualized technical assistance site visits to each of the nine hospitals **Reports:** • Published an article, "Integrating Spiritual Care within Palliative Care: An Overview of Nine Demonstration Projects," in the Journal of Palliative Medicine
City of Hope National Medical Center	Six-Month Extension of the Convening and Technical Assistance to Support the Spiritual Care Demonstration Projects	To provide an additional six months of technical assistance and mentoring to the Foundation's Spiritual Care Demonstration Projects.	**Technical Assistance:** • Hosted monthly technical assistance conference calls with educational presentations and project updates and two additional in-person convening meetings • Conducted technical assistance site visits twice per year to each of the nine hospitals

Grantee	Project Name	Project Focus	Outputs
City of Hope National Medical Center	National Summit to Improve Spiritual Care as a Dimension of Palliative Care	To hold a two-day summit of 50 thought leaders to develop recommendations on how to improve spiritual care as a component of quality palliative care in hospitals and long-term care settings, and to disseminate a document that summarizes recommendations.	**Events:** • Held a summit of leaders in the field to review and get input on a consensus document summarizing key aspects of spiritual care **Tools:** • Drafted a consensus document, "Improving the Quality of Spiritual Care as a Dimension of Palliative Care" **Reports:** • The project report was published in the Journal of Palliative Medicine in October 2009 • A book "Making Health Care Whole" published by the Templeton Press in 2010, that expanded upon the consensus document
City of Hope National Medical Center	Promoting Palliative Care in California Nursing Schools and Hospitals	To extend the ELNEC training in California undergraduate nursing schools and clinical settings by offering an ELNEC Core training and by developing an ELNEC Critical Care program, that is specific to issues within critical care settings.	**Education:** • A total of 193 students were competitively selected to participate, representing 21 different counties in California **Evaluation:** • The six-month evaluation demonstrated that participants were using the ELNEC curriculum to train other medical staff; providing support to patients and families; performing interdisciplinary rounds to encourage palliative care; improving hospital policies; and advocating for improved palliative care at local, state, and national levels
City of Hope National Medical Center	End-of-Life Nursing Education Consortium (ELNEC) for Geriatrics and Critical Care Settings	To offer six intensive ELNEC Critical Care and Geriatric courses, specifically targeting nurses working in hospital critical care units and long-term care settings.	**Education:** • 686 nurses participated in the six courses **Reports:** • The statewide training efforts were presented at the at the 2009 Academy of Hospice and Palliative Medicine's annual meeting and at nine other national/state nursing meetings • Two peer-reviewed articles on the project appeared in the Journal of Palliative Medicine and Critical Care Nursing

Grantee	Project Name	Project Focus	Outputs
City of Hope National Medical Center	Web-Based End-of-Life Nursing Education Consortium Training for Public Hospitals	To provide web-based ELNEC training for two years to nursing staff working in 16 California public hospitals. Funding would provide a two-year subscription to Hospice Education Network (HEN), a web-based training program accessible to nurses at any time.	**Education:** • Completed videotaped modules of the ELNEC for Public Hospitals curriculum • Facilitated 4,646 total views of the eight ELNEC modules with 871 users from across all 16 California public hospitals • In total, 315 nurses completed all eight ELNEC modules offered in the online format • Conducted monthly conference calls with the 16 hospitals to support online training
City of Hope National Medical Center	COMFORT Project	To develop and test a new model of communication education, COMFORT, for interdisciplinary professionals in palliative care.	**Education:** • Adapted the COMFORT communication principles to create a curriculum to train professionals from palliative care programs • Delivered the first COMFORT communication training to 58 palliative care professionals from 29 palliative care teams based at California hospitals **Evaluation:** • Conducted nine-month follow-up evaluation with course participants, noting that the 58 course attendees trained an additional 962 providers at their home institutions **Reports** • Published a manuscript about the project in the Journal of Palliative Medicine • Presented information about the project at the following national conferences: American Association for Cancer Education, National Communication Association, European Association for Palliative Care, and the American Academy of Hospice and Palliative Medicine

Grantee	Project Name	Project Focus	Outputs
City of Hope National Medical Center	Communication Training for an Expanded Workforce in Palliative Care	Project to support the Communication Training for an Expanded Workforce in Palliative Care project, which will expand communication education for interdisciplinary professionals in palliative care. The project builds upon the work of the Spiritual Care Demonstration Projects and the pilot-tested COMFORT training. The training includes skills such as listening, presence, non-verbal communication, leading family conferences, and addressing sensitive end-of-life topics.	**Education:** • Revised an interdisciplinary communication training curriculum based on findings from the pilot courses • Created a new curriculum organized by the eight domains of the National Consensus Project (NCP) guidelines for quality palliative care • Delivered the revised training curriculum to 135 palliative care providers (73 teams), who attended the two-day interdisciplinary palliative care communication courses over three years **Evaluation:** • Nine-month follow-up for all three courses showed that the 135 course participants have trained 3,297 health care professionals at their institutions, including 293 physicians, 2,150 nurses, 259 social workers, 170 chaplains, and 425 others (e.g., volunteers)
Coalition for Compassionate Care of California	California Coalition for Compassionate Care: Organizational Development and Sustainability	To increase CCCC's impact on end-of-life care in California by increasing its organizational capacity and long-term financial stability.	**Technical Assistance:** • CCCC successfully transitioned to an independent non-profit organization
Coalition for Compassionate Care of California	Faith Leaders Outreach Phase II: Partners in Caring	To extend the work of the Faith Leaders Outreach Project by developing additional materials and supporting an additional five community coalitions to host introductory faith leader seminars.	**Events:** • Worked with five local faith coalitions to host seminars for faith leaders on death and dying • Five sites held seven meetings, with 272 participants **Tools:** • Developed two new tool kits, Advance Care Planning and Working with a Hospice or Palliative Care Team, for engaging faith leaders on death and dying **Technical Assistance:** • Provided technical assistance to coalitions through monthly calls

Grantee	Project Name	Project Focus	Outputs
Coalition for Compassionate Care of California	Improving POLST Implementation in Nursing Homes and Seminars for Faith Leaders on End-of-Life Care	To increase the capacity of California's faith leaders and communities to provide comfort and support for seriously ill and dying individuals.	**Events:** • Seminars attended by 290 faith leaders from across California to learn how to provide comfort and support for seriously ill and dying members of their faith communities. **Technical Assistance:** • Worked with local faith coalitions in four counties and at the Shiley CSU Institute for Palliative Care to host one-day seminars for faith leaders • CCCC provided a sample agenda, PowerPoint presentations, packet, and materials so that each coalition could organize an introductory seminar
Coalition for Compassionate Care of California	7th Annual Palliative Care Summit & Conference	To support the 7th Annual Palliative Care Summit & Conference, "Palliative Care: A Call to Action."	**Events:** • Held the 7th Annual Palliative Care Summit & Conference, "Palliative Care: A Call to Action," with over 300 attendees, including physicians, hospice providers, nursing home administrators, emergency medical personnel, health plan administrators, hospital administrators, government health department staff, home health providers, assisted living providers, consumer advocates, chaplains, and others
Coalition for Compassionate Care of California	Communications Effort – Expanding the Conversation	To help ensure that people receive quality, compassionate end-of-life care by 1) increasing media coverage of advance care planning, treatment options, and death and dying; 2) bringing more consumer organizations into the discussion; and 3) providing easy access to resources that support informed medical decision making and ACP.	**Technical Assistance:** • Updated the Coalition for Compassionate Care of California website to increase ease of use for providers and consumers • Hired a Communications Director • Formed a media advisory group to provide input on media outreach • Completed a media plan, list of media contacts, and press kit for National Healthcare Decisions Day

Grantee	Project Name	Project Focus	Outputs
Health Research and Educational Trust of the American Hospital Association	2009 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	Support for the Circle of Life Awards, an annual awards program to recognize hospices, hospitals, and long-term care facilities for innovations in palliative and end-of-life care. Award presentations are made at the American Hospital Association's annual Leadership Summit held in California.	**Events:** • At the AHA's annual Health Forum Leadership Summit, the awardees were recognized in front of peers and hospital administrators from across the United States • Honorees described their programs in a concurrent session at the Summit **Reports:** • Award winners and organizations that received Citations of Honor were featured in a booklet that described the notable features of their services
Health Research and Educational Trust of the American Hospital Association	2010 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	Support for the Circle of Life Awards, an annual awards program to recognize hospices, hospitals, and long-term care facilities for innovations in palliative and end-of-life care. Award presentations are made at the American Hospital Association's annual Leadership Summit held in California.	**Events:** • At the AHA's annual Health Forum Leadership Summit, the awardees were recognized in front of peers and hospital administrators from across the United States • Honorees described their programs in a concurrent session at the Summit **Reports:** • Award winners and organizations that received Citations of Honor were featured in a booklet that described the notable features of their services
Health Research and Educational Trust of the American Hospital Association	2011 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	Support for the Circle of Life Awards, an annual awards program to recognize hospices, hospitals, and long-term care facilities for innovations in palliative and end-of-life care. Award presentations are made at the American Hospital Association's annual Leadership Summit held in California.	**Events:** • At the AHA's annual Health Forum Leadership Summit, the awardees were recognized in front of peers and hospital administrators from across the United States • Honorees described their programs in a concurrent session at the Summit **Reports:** • Award winners and organizations that received Citations of Honor were featured in a booklet that described the notable features of their services

Grantee	Project Name	Project Focus	Outputs
Health Research and Educational Trust of the American Hospital Association	2012 Award Cycle of the Circle of Life Awards: Celebrating Innovation in Palliative Care and End-of-Life Care	Support for the Circle of Life Awards, an annual awards program to recognize hospices, hospitals, and long-term care facilities for innovations in palliative and end-of-life care. Award presentations are made at the American Hospital Association's annual Leadership Summit held in California.	**Events:** • At the AHA's annual Health Forum Leadership Summit, the awardees were recognized in front of peers and hospital administrators from across the United States • Honorees described their programs in a concurrent session at the Summit **Reports:** • Award winners and organizations that received Citations of Honor were featured in a booklet that described the notable features of their services
Health Research Association, Inc./ LAC + USC	Emergency Department - Hospice Emergency Liaison Program (ED-HELP)	To support Emergency Department – Hospice Emergency Liaison Program (ED-HELP), which will provide emergency department-based consultation for poor, elderly persons presenting to the Emergency Department (ED) and who have late-stage illnesses, as an extension of the recently established inpatient palliative care consult service.	**Evaluation:** • Conducted a prospective, randomized controlled trial that compared ED-based palliative care consultation versus usual care **Reports:** • Quantitative findings of the project were presented at the 2011 AAHPM meeting • Two papers describing findings were published
Heart Touch Project	Hospice Care Program	Massage therapists will be trained to provide massage and touch therapy to individuals at the end of their lives. The Hospice Care Program trains an average of 60 massage therapists annually in the specific skills needed to offer therapy to seniors in hospice. These trained therapists agree to donate one year of their time to provide weekly massages to older adults through a network of eighteen hospice care facilities.	**Services:** • Provided weekly massage therapy sessions to 138 individuals in hospice **Tools:** • Created two outreach and education brochures designed to increase knowledge and benefits of the project and its services: one targeting hospice staff and the other to hospice clients **Education:** • Conducted four training workshops with a total of 61 participants; of those, 46 trainees were assigned to hospices • Facilitated two trainings for 48 hospice staff

Grantee	Project Name	Project Focus	Outputs
Hospice of Santa Barbara	Advance Care Planning Center for Santa Barbara	To create an Advance Care Planning Center for Santa Barbara that would provide integrated, comprehensive, coordinated, and high-quality advance care planning for adults over 65 years of age and older adults with chronic illness.	**Events:** • Provided an average of eight workshops per month to discuss ACP **Services:** • Provided 2,161 unduplicated older adults with high-quality education and support for advance care planning conversations • Provided 478 persons with chronic/ progressive illness with a facilitated advance care planning conversation • Delivered 450 completed Advance Care Health Directives for scanning into the hospital system **Education:** • Trained 109 facilitators, including 33 Cottage Health employees, 47 health care professionals in other agencies, and 29 select volunteers
Hospice of Santa Barbara	Community Spiritual Care Program End-of-Life Initiative	To support and establish a Community Spiritual Care program. The project will: 1) integrate spiritual care into the new Community Palliative Care Service, 2) deepen the spiritual dimension of the work HSB is currently providing, and 3) foster new opportunities for spiritual care in the broader community, particularly in long-term care settings.	**Services:** • The Spiritual Care Counselor attended a Community Palliative Care clinic, was present at 43 interdisciplinary team meetings, was a part of 15 individual patient meetings, made 125 home visits, participated in 45 care management consults, completed 409 in-home counseling sessions, and attended one bereavement group and five memorial services • Program staff began offering spiritual support to residents at three long-term care facilities **Education:** • Five Spiritual Care Volunteers completed the training

Grantee	Project Name	Project Focus	Outputs
Hospice of Santa Barbara	Continuation of the Community Spiritual Care Program	To support the continuation of the Community Spiritual Care Program by: 1) integrating spiritual care into the local Community Palliative Care Service; 2) deepening the spiritual dimension of the work done presently for clients; and 3) meeting unmet spiritual needs in long-term care settings.	**Services** • Spiritual care counselors participated in four Interdisciplinary Team (IDT) meetings the Community Palliative Care Service to provide consultation on the spiritual dimensions of care to the physician, nurse practitioner, nurse, and social worker • Provided 100 home visits to meet with patients and their families; visits included spiritual assessment, spiritual counseling, prayer, and guided meditation • Participated in over 40 Care Management consults • Completed 352 counseling sessions/home visits • Completed 393 client visits to patients and residents at six long-term care facilities
Hospice of Santa Barbara	Community Spiritual Care Program	The project will: 1) advance the integration of spiritual care into the organization's nonmedical, community-based palliative care program; 2) decrease the spiritual suffering and isolation of residents of long-term care facilities in the greater Santa Barbara area by bringing spiritual care to them; and 3) extend the reach of trained spiritual care volunteers in long-term care facilities and community-based palliative care by doubling the size of the Spiritual Companions Volunteer Program.	**Services:** • Spiritual care is now offered to 100% of Care Management cases • Completed 197 home visits to meet with patients and their families • Completed 10 joint care management interviews • Completed 991 Spiritual Companion visits to residents in LTC facilities **Tools:** • Created a manual for other hospice organizations to offer spiritual care in LTC facilities **Education:** • Trained six spiritual care volunteers **Evaluation:** • Completed a program evaluation

Grantee	Project Name	Project Focus	Outputs
Kaiser Permanente, Bellflower	Inpatient Palliative Care Program	To develop an interdisciplinary consultative inpatient palliative care program at KP Bellflower Medical Center that will identify seriously ill older adults with an estimated prognosis of two years or less and provide comprehensive assessment, pain and symptom relief, care planning, counseling, and other supportive services to ensure improved care at the end of life.	**Services:** • 583 adults 65 years of age and over were provided inpatient palliative care **Education:** • All key staff attended CAPC training **Evaluation:** • Analysis of readmissions/days in the hospital among Inpatient Palliative Care patients • Family survey conducted in the month following the patient's death in the hospital
National Health Foundation	Spiritual Care Readiness Survey of Southern California Hospital CEOs	Surveyed southern California hospital CEOs regarding readiness and interest in engaging in possible spiritual care demonstration projects and sustaining project components and outcomes.	**Evaluation:** • 22 CEO surveys were completed, and results were used to inform the Spiritual Care Demonstration projects
Oregon Health and Science University	POLST - Disseminate Innovations and Share Lessons Learned	To support efforts to disseminate innovations and share lessons learned of the POLST Program.	**Events:** • Hosted nine educational webinars on POLST implementation **Tools:** • Published and distributed the POLST Quality and Research Toolkit (PQRsT) to assist state programs in collecting data that can be used to strengthen their POLST programs; the toolkit was distributed to over 700 POLST leaders nationwide • Increased electronic resources, developed a national website, and distributed e-newsletters **Reports:** • Completed, printed, and disseminated the report, "Pathways to POLST Registry Development: Lessons Learned," to funders, national leaders, and state coalitions

Grantee	Project Name	Project Focus	Outputs
Oregon Health and Science University	POLST - Advanced Technical Assistance and Expansion of Communication	To support the Physician Orders for Life Sustaining Treatment (POLST): Advanced Technical Assistance and Expansion of Communication project by 1) providing technical assistance to state POLST programs regarding POLST education, research, and quality assurance; 2) developing and disseminating education materials about POLST, including webinars, electronic newsletters, and videos (English and Spanish language); and 3) expanding and coordinating social media through the National POLST Paradigm Task Force Communications Committee.	**Tools:** • Translated the "Understanding POLST" video into Spanish, with added footage of Latino families • Produced a second video, POLST: Doing It Better, an educational tool for health care professionals, which has been viewed over 4,000 times • Created a resource library on the POLST website **Technical Assistance:** • Hosted six webinars to provide technical assistance to states in implementing the POLST paradigm • Developed a national communication strategy to improve the visibility of the National POLST Paradigm and promote consistent messaging among national and state leadership • Provided technical assistance to states implementing POLST and to help develop state coalitions **Reports:** • Presented the POLST Paradigm as one of seven innovative end-of-life programs at a meeting hosted by The John A. Hartford Foundation

Grantee	Project Name	Project Focus	Outputs
Palomar Pomerado North County Health Development, Inc.	Implementation of a Spiritual Care Model in the Medical Surgical Intensive Care Unit	To improve the quality of spiritual care provided by the transdisciplinary team to the critically ill patients in the Medical Surgical Intensive Care Units (MSICUs) at Palomar Medical Center (PMC).	**Services:** • Integrated a nurse practitioner, medical social worker, and board-certified chaplain into ICU rounds • Developed and completed 105 spiritual screenings, 20 spiritual histories, 23 spiritual assessments, and 17 spiritual care plans for ICU patients • Adopted the Fitchett and Risk spiritual care screening tool and the Faith, Importance and Influence, Community and Address (FICA) spiritual history tool **Education:** • Provided education for 1,052 registered nurses, social workers, and chaplains on spiritual screening and assessments **Reports:** • Published project findings in a case study in the journal Critical Care Nurse
Pathways Volunteer Hospice	Pathways Life Legacy Program (PLLP)	To support the Pathways Life Legacy Program (PLLP), which allows hospice participants to communicate their stories, experiences, and values to their descendants and loved ones.	**Services** • Registered 52 clients to participate in PLLP • Provided outreach, resources, referrals, and information to 18,400 community residents through newsletters, flyer distributions, and email blasts • Provided support and resources to 111 family caregivers • Provided bereavement services to 277 family caregivers • Participated in eight health/community fairs to serve 1,373 older adults **Education:** • Trained 34 volunteers to specialize in PLLP as interviewers
San Diego Hospice and The Institute for Palliative Medicine	Introducing Palliative Care into Long-Term Care Settings, Treatment Model for Chronically and Terminally Ill Patients	To teach and implement the concepts and practices of palliative care within long-term care facilities in California.	**Education:** • Developed and delivered a train-the-trainer curriculum at 12 sites that educated 53 Registered Nurses, 128 Licensed Vocational Nurses, and 275 Certified Nursing Assistants

Grantee	Project Name	Project Focus	Outputs
Scripps Memorial Hospital	Spiritual Care Enhancement Project	To improve spiritual care provided by the Palliative Care Program through increased staff support, staff education and training, implementation of screening and assessment processes, and treatment protocols.	**Services:** • Addition of dedicated chaplain and social worker to the PC Team; both achieved certification in PC via Shiley CSU Institute • Increased number of palliative care consults and, of those, the number of patients seen by the PC chaplain is at 80% **Tools:** • Created and implemented the VOICE tool, which allows staff to collect spiritual screening, history, and assessment • Development of the ECHO tool, a spiritual care discharge tool, which hands off the patient on discharge to their community spiritual provider **Education:** • Shared the VOICE and ECHO tools and trained 100 Medical Surgical nursing staff at Encinitas Hospital
Sepulveda Research Corporation/ Sepulveda Veterans Administration	17th Annual Hospice and Palliative Care Conference	To host an Annual Hospice and Palliative Care Conference, which provides low-cost, high-quality education to health care professionals in end-of-life care in Southern California.	**Events:** • 268 registrants attended the conference
Sepulveda Research Corporation/ Sepulveda Veterans Administration	18th Annual Hospice and Palliative Care Conference	To host an Annual Hospice and Palliative Care Conference, which provides low-cost, high-quality education to health care professionals in end-of-life care in Southern California.	**Events:** • 275 people attended the conference
Sepulveda Research Corporation/ Sepulveda Veterans Administration	19th Annual Hospice and Palliative Care Conference	To host an Annual Hospice and Palliative Care Conference, which provides low-cost, high-quality education to health care professionals in end-of-life care in Southern California.	**Events:** • 295 people attended the conference
Sepulveda Research Corporation/ Sepulveda Veterans Administration	15th Annual Hospice and Palliative Care Conference	To host an Annual Hospice and Palliative Care Conference, which provides low-cost, high-quality education to health care professionals in end-of-life care in Southern California.	**Events:** • The conference was held

Grantee	Project Name	Project Focus	Outputs
Sepulveda Research Corporation/ Sepulveda Veterans Administration	20th Annual Hospice and Palliative Care Conference	To host an Annual Hospice and Palliative Care Conference, which provides low-cost, high-quality education to health care professionals in end-of-life care in Southern California.	**Events:** • The conference was held
Sepulveda Research Corporation/ Sepulveda Veterans Administration	16th Annual Hospice and Palliative Care Conference	To host an Annual Hospice and Palliative Care Conference, which provides low-cost, high-quality education to health care professionals in end-of-life care in Southern California.	**Events:** • The conference was held
Southern California Cancer Pain Initiative (SCCPI)	Promoting Excellence in Pain Management & Palliative Care for Social Workers Conference	An annual conference “Promoting Excellence in Pain Management & Palliative Care for Social Workers.” The vision of the training is to change the culture of social work in California through the creation of a network of social work leaders who are skilled to more effectively provide palliative care services to patients and their families.	**Events:** • 93 social workers attended the conference • A total of 456 participants have attended the four courses held to date **Reports:** • A description of the first two courses and evaluations are featured in a paper published in the Journal of Social Work in End-of-Life and Palliative Care
Southern California Cancer Pain Initiative (SCCPI)	Promoting Excellence in Pain Management & Palliative Care for Social Workers Conference	An annual conference “Promoting Excellence in Pain Management & Palliative Care for Social Workers.” The vision of the training is to change the culture of social work in California through the creation of a network of social work leaders who are skilled to more effectively provide palliative care services to patients and their families.	**Events:** • 112 social workers attended the conference
Southern California Cancer Pain Initiative (SCCPI)	Promoting Excellence in Pain Management & Palliative Care for Social Workers Conference	An annual conference “Promoting Excellence in Pain Management & Palliative Care for Social Workers.” The vision of the training is to change the culture of social work in California through the creation of a network of social work leaders who are skilled to more effectively provide palliative care services to patients and their families.	**Events:** • The conference was held

Grantee	Project Name	Project Focus	Outputs
St. John's Healthcare Foundation	Palliative Care Services	To expand the palliative care services in the critical care units and emergency departments, and to improve pain and symptom management for patients receiving comfort care.	**Services:** • A second RN position was added • 547 patients had palliative care consultation initiated in critical care and, in final six months of the project; this represented 48% of total palliative care consults as compared to 16% prior to implementation of the ICU screening criteria for prospective case finding **Evaluation:** • Completion of a financial outcomes study at SJRMC integrating family satisfaction with end-of-life care data demonstrated significant cost savings and increased family satisfaction
St. John's Healthcare Foundation	Integrating Spiritual Care into Palliative Care Services	To improve the experience of palliative care patients and families through use of a full-time, board-certified chaplain who is specialized in end-of-life care. Additional focus on formalizing systems for screening, assessing, treating, evaluating, and documenting spiritual needs of patients, as well as fostering a supportive environment that ensures care is delivered with compassion and sensitivity within the hospital, and in the community.	**Services:** • Hired and integrated a Spanish-speaking chaplain into the palliative care team • Saw an average of 95 palliative care patients per quarter, of which an average of over 90% received spiritual screening • Provided Palliative Care Chaplaincy Certification training for 5 chaplains • Provided training to every member of the clinical team in assessing spiritual distress and addressing spiritual concerns
St. Joseph Hospital of Orange	Living the Mission: Palliative & Spiritual Care	To improve the quality of spiritual care and to better integrate it into a growing palliative care service.	**Services:** • Hired a full-time chaplain as part of the palliative care team • Implemented spiritual screening, assessment, and history tools • Saw a total of 1,067 patients, conducted 308 spiritual screenings, and completed 273 spiritual histories **Tools:** • Developed a Bereavement Workshop on Holiday Grief **Reports:** • Presented project results at the Association of Professional Chaplains (APC) National Conference

Grantee	Project Name	Project Focus	Outputs
StoryCorps	Legacy Initiative	To support Legacy, a project that allows people with life-threatening conditions the opportunity to reminisce and tell their stories. StoryCorps will work with the Archstone Foundation-funded Spiritual Care Demonstration Projects to document patients' and families' stories.	**Services:** • Collected 21 interviews from individuals served by four Archstone Foundation Spiritual Care Demonstration Project Hospitals • Edited five of the collected stories into radio-ready two-to-five-minute clips • Formatted the remaining interviews for patients and families and to be archived with the Library of Congress
The Alliance for Living and Dying Well	Advance Care Planning and Outreach to Hispanic Elders	To support adaptation and extension of the existing advance health care directive support program, to better serve Hispanic seniors and their families.	**Services:** • Over 1,000 members of the Latino community participated in education and training; 700/1,000 completed an advanced health care directive document **Education:** • Organizations that completed the Five Wishes Advance Health Care Directive train-the-trainer certification program: • South and North Promotores – both have incorporated the training into their 10-week Promotores training curriculum • Catholic Charities, with 18 sites in The Alliance for Living and Dying Well's service area – now providing regularly scheduled Five Wishes events for staff and clients • The Parish Nurses Program, under Cottage Hospital System
University of California, Los Angeles	Hospital-Based Palliative Care Service Innovation Projects	To develop Palliative Care Services at both the UCLA Ronald Reagan and Santa Monica Medical Center campuses that provide clinical care and serve as the foundation for new academic programs of research and education in palliative care.	**Services:** • Implemented consultation practices at both Ronald Reagan and Santa Monica Medical Centers • Provided 700 consults during the project period **Education:** • Developed and implemented an education plan for physicians, nurses, and trainees in geriatrics, internal medicine, nursing, social work, and chaplaincy **Evaluation:** • Developed and implemented a clinical database system to collect and analyze data for quality improvement and business plan development

Grantee	Project Name	Project Focus	Outputs
University of California, Los Angeles	Improving the Quality of Spiritual Care	To support the Improving the Quality of Spiritual Care project, which includes developing a process for all palliative care patients to have a standardized, state-of-the-art spiritual assessment during their initial palliative care consultation.	**Services:** • Hired and provided training for a board-certified chaplain • Conducted 606 spiritual care screenings/ assessments • Completed 284 spiritual care histories **Tools:** • Developed and implemented a tool to screen for spiritual distress **Education:** • Developed and delivered a standardized curriculum for the medical staff on spiritual care and how to conduct a spiritual care assessment
University of California, Los Angeles	Spiritual Assessments for Patients in Palliative Care	To implement a quality improvement project to assess the spiritual needs of older patients seen by the palliative care team.	**Evaluation:** • Completed spirituality interviews with 38 patients receiving palliative care consults and/ or their family members; findings highlighted the range of things that provided meaning in respondent lives. The most common spiritual need reported by patients was chaplain visits (53%)
University of California, San Francisco	Technical and Evaluation Assistance for the Foundation's Hospital-Based Palliative Care Service Innovation Projects	To provide convening and evaluation of the Archstone Foundation's Hospital-Based Palliative Care Service Innovations Projects. The goal of the project is to advance knowledge, develop leaders and program models, and formulate best practices that will enhance palliative care services in the State of California.	**Technical Assistance:** • Oversaw and supplemented technical assistance offered by expert faculty • Facilitated three convening conferences where participants shared best practices and developed strategies for overcoming common problems **Evaluation:** • Conducted and submitted an evaluation of the project **Reports:** • Published a paper describing how the teams were able to enlist support for their efforts by linking plans to expand or enhance their palliative care services to larger institutional needs

Grantee	Project Name	Project Focus	Outputs
University of California, San Francisco	Supplemental Funding for Hospital-Based Palliative Care Service Innovation Projects TA	To convene, evaluate, and provide technical assistance to the Foundation's two-year Hospital-Based Palliative Care Service Innovation Projects.	**Technical Assistance:** • Conducted site visits to the participating teams
University of California, San Francisco	Palliative Care Quality Network	To establish the Palliative Care Quality Network (PCQN), a quality improvement collaborative that brings together established Palliative Care Services (PCS) that share an interest in providing quality care to patients and their families. Through the PCQN, hospital-based programs will collect and share a uniform set of operational, clinical, satisfaction, and financial data that will support the sustainability, growth, and improvement of PCS.	**Events:** • Held two in-person conferences per year **Tools:** • Developed the PCQN website • Created a standardized Data Collection Form and a data dictionary that defines each data element • Developed four real-time reports (Demographics, Process & Outcomes, Discharge, and Symptoms & Length of Stay) available for sites to generate **Reports:** • Presented PCQN posters at three meetings (AAHPM Annual Assembly, the Society of Hospital Medicine's Annual Meeting, and CCCC's Annual Conference)
University of California, San Francisco	Palliative Care Quality Network Expansion	To expand the Palliative Care Quality Network (PCQN), a learning collaborative and patient level data registry, that brings together established Palliative Care Services (PCS) that share an interest in providing quality care to patients and their families.	**Events** • Held four in-person training conferences and implemented two Quality Improvement projects – Pain Management and Advanced Care Planning **Tools** • Explored data collection through the Electronic Medical Record (EMR) by creating a template for use in UCSF's Epic system that can be disseminated to other members • Created and implemented the CaseMaker PCS online financial analysis tool, which has been used by six sites

Grantee	Project Name	Project Focus	Outputs
University of California, San Francisco	Palliative Care Quality Network--Community-Based Expansion	To support the Palliative Care Quality Network (PCQN) – Community-Based Expansion.	**Events:** • Hosted five PCQN Conferences, with attendance ranging from 82 individuals representing 39 organizations to 110 individuals representing 52 organizations • Conducted ongoing webinars to support the learning community **Tools:** • Launched the community-based database • Launched a pediatric patient database • Promoted electronic medical record data collection, allowing member organizations to extract data directly from their EHRs and submit it electronically to PCQN **Reports:** • Disseminated information about the project through local and national conference presentations and peer reviewed journals
University of California, San Francisco	Palliative Care Leadership Centers	To support the UCSF Palliative Care Leadership Centers (PCLC), which offers training to palliative care teams focused on: 1) building the case for a hospital-based palliative care program, 2) designing an operational plan, 3) presenting the business plan, 4) implementing palliative care services, 5) measuring quality and impact, 6) marketing the program, and 7) sustaining and growing the program.	**Technical Assistance:** • Training and mentoring of 23 new California hospital-based palliative care programs through nine PCLC program offerings • Developed an expanded program (ProGrESS PCS) to provide existing palliative care programs with the technical assistance in data management, financial analysis, quality improvement, clinical content, and staff support, and recruitment needed to ensure sustainability and growth • Training and technical assistance support to 39 existing palliative care programs with the ProGrESS PCS program
University of California, San Francisco	Supporting Perspectives on Care at the Close of Life –JAMA Series	To support and continue a case-based series published in the Journal of the American Medical Association (JAMA) devoted to end-of-life care.	**Reports:** • The project produced nine articles in the JAMA series Perspectives on Care at the Close of Life that focused on clinical care issues of older adults nearing the end of life

Grantee	Project Name	Project Focus	Outputs
University of Southern California, Keck School of Medicine	By Your Side	Support a project that will enhance spiritual care assessment and support for palliative care patients and their families and will provide a new spiritual and human dignity context for Clinical Pastoral Education staff and medical staff.	**Services:** • Hired and provided training for one bilingual chaplain resident • Conducted 900 palliative care consults per year, of which 88% received full spiritual assessment and intervention as needed, including completing goals of care and POLST • Implemented the By Your Side volunteer program for spiritual companions to palliative care patients at USC+LAC Medical Center, Olive View Medical Center, Glendale Memorial Hospital, and additional extended care facilities in Los Angeles **Tools:** • Developed, implemented, and evaluated a spiritual assessment and treatment protocol for use with all patients and treatment plans **Education:** • Trained 413 multidisciplinary professionals (chaplains, nurses, doctors, and other hospital staff) about addressing spiritual needs and palliative care
Vital Research	Evaluation of the Foundation's Spiritual Care Demonstration Projects, a phase of the End-of-Life Initiative	Evaluation of the Foundation's Spiritual Care Demonstration Projects.	(Work completed in subsequent grant)
Vital Research	Six-Month Extension of the External Evaluation of the Foundation's Spiritual Care Demonstration Projects	Completion of the evaluation of the Foundation's Spiritual Care Demonstration Projects.	**Evaluations:** • Evaluation results were summarized in a report for the Foundation; the report summarized metrics from all participating sites, identified lessons learned, and documented practices that support delivery of spiritual care as part of a palliative care service

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A. Physician Orders for Life Sustaining Treatment (POLST) is a medical order that provides seriously ill patients with a tool to communicate their medical treatment choices in the event of a medical emergency or serious illness. POLST is designed to lead to a thoughtful, high-quality conversation between a patient and a health care provider about the patient’s diagnosis, prognosis, treatment options, treatment wishes, and quality of life. California established POLST in state statute in 2009

B. Fotonovelas are publications that use minimal text, popular language, and visuals to present accessible health messages across literacy levels.

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