

**Appendix**  
**Promoting Excellence in End-of-Life Care Demonstration Projects**

<b>Grantee Site</b>	<b>Project Name</b>	<b>Project Description*</b>	<b>Status</b>	<b>Articles Describing Project</b>
Baystate Medical Center, Springfield, MA	<i>Renal Palliative Care Initiative</i>	Developed palliative care program for patients in eight dialysis centers in western Massachusetts to guide patients through advance care planning and help them confront issues, including the possibility of eventually discontinuing dialysis.	Sustained through adoption of policies and practices into routine care; additional grants have been secured to continue affiliated research.	"The Renal Palliative Initiative." <i>JPM</i> ** 6 (2): 321-326, 2003.
Bristol Bay Area Health Corporation, Dillingham, AK	<i>Helping Hands</i>	Developed end-of-life care services for 32 Alaskan Native villages throughout a 47,000-square-mile area of Bristol Bay, building on existing networks.	Skeletal program sustained in Bristol Bay; Replication underway via recent award of five-year \$1.6m NCI grant to ANTHC to establish a palliative care training program for health care providers of Alaska Natives.	"Establishing a Culturally Sensitive Palliative Care Program in Rural Alaska Native American Communities." <i>JPM</i> , 6 (3): 501-510, 2003.
Children's Hospital and Regional Medical Center, Seattle, WA	<i>Pediatric Palliative Care Project</i>	Created a system of support and decision making for families who have children with life-threatening illnesses, through co-case management involving hospice and payers.	Sustained as formal program with hospital operating funds; expanded to include inpatient consult service, a formal palliative care residency training program, and additional partnerships with providers and payers.	"Enhancing the Quality of Life for Dying Children," <i>Children's Hospitals Today</i> , Fall, 2001.
Comprehensive Cancer Center, University of Michigan, Ann Arbor, MI	<i>Palliative Care Program</i>	Worked in collaboration with Hospice of Michigan to bring palliative care to community-based cancer patients while they are undergoing disease-modifying treatment.	Randomized control trial designed to conclude at grant's end; data continuing to be analyzed for future dissemination; formal program discontinued at grant's end.	
Cooper Green Hospital, Birmingham, AL	<i>Balm of Gilead</i>	Established a comprehensive palliative care program, including a 10-bed inpatient palliative care unit, training for	Sustained as a formal program at Cooper Green Hospital. Replication of aspects of the program is underway in the VA system.	"The Balm of Gilead Project: A Demonstration Project on End-of-Life Care for Safety-Net Populations." <i>JPM</i> , 7 (3): 486-

		medical residents, interns, and medical students on rotation, and coordinated care in area nursing homes.		493, 2004.
Dartmouth-Hitchcock Medical Center, Norris Cotton Cancer Center, Lebanon, NH	<i>Project ENABLE</i>	Provided palliative care throughout the course of cancer treatment in New Hampshire's regional cancer center, a community-based oncology practice and in a rural community, emphasizing patient education and empowerment.	Sustained in the regional cancer center; modified some program components, expanding into a clinical service, continuing its educational component, and receiving NIH funding for a clinical trial to further test ENABLE.	"Project ENABLE: A Palliative Care Demonstration Project for Advanced Cancer Patients in Three Settings." <i>JPM</i> , 7 (2): 363-372, 2004.
Department of Veterans Affairs, West Los Angeles Medical Center, Los Angeles, CA	<i>Pathways of Caring</i>	Integrated palliative care into its continuum of services for veterans with lung cancer, advanced congestive heart failure, chronic obstructive pulmonary disease, and cirrhosis.	Sustained; expanded to include patients with all poor prognosis diagnoses with expanded staff & space; received funding for a four-year randomized control trial based on Pathways program that is anticipated to serve as basis for national dissemination.	"Palliative Care Management: A Veterans Administration Demonstration Project." <i>JPM</i> , 6 (5): 831-839, 2003.
Henry Ford Health System, Detroit, MI	<i>Enhancing Communication for Improved End-of-Life Care</i>	Expanded its state-of-the-art computerized record system to include patients' preferences and end-of-life plans; collaborated with Michigan State University to develop an interactive CD-ROM to assist with advance care planning.	Sustained through adoption of products and protocols into electronic record system, institutional policies and into institutional educational resources.	"Enhancing Communication for End-of-Life Care: An Electronic Advance Directive Process." <i>JPM</i> , 6 (3): 511-519, 2003 "Completing a Life: Development of an Interactive Multimedia CD-ROM for Patient and Family Education in End-of-Life Care." <i>JPM</i> , 6 (5): 841-850, 2003.
Ireland Cancer Center: University Hospitals & Case Western Reserve University, Cleveland, OH	<i>Project Safe Conduct</i>	Established a palliative team within the cancer center in conjunction with the Hospice of the Western Reserve to provide symptom management, psychosocial and spiritual support for lung	Sustained as formal program; expanded to include additional diagnoses.	"Project Safe Conduct Integrates Palliative Goals into Comprehensive Cancer Care." <i>JPM</i> , 6 (4): 645-655, 2003.

		cancer patients – even those receiving life prolonging care, including experimental therapy protocols.		
Louisiana State University Medical Center, New Orleans, LA	<i>PalCare</i>	Created a palliative care service for people with HIV/AIDS – often with additional diagnoses – that treats symptoms, coordinates care and assists with clarification of treatment goals.	Sustained and expanded as a formal service providing consults and case management.	“The positive outcomes of HIV palliative care consultations: five meaningful cases.” <i>HIV Clinician</i> , 2003. 15(1): p. 1-5.
Massachusetts Department of Mental Health, Metro Suburban Area, Medfield, MA	<i>End-of-Life Care for Persons with Serious Mental Illness</i>	Created a bridge between hospice and mental health providers to improve care for dying people with long standing severe psychiatric illness, and developed tools for evaluating the competency of these patients to make decisions and to complete advance directives.	Research portion of project completed; palliative care practices sustained via adoption of policies and practices and continuing education; expanded via adoption of statewide policies on end-of-life care and advance directives.	“Do It Your Way: A Demonstration Project on End-of-Life Care for Persons with Serious Mental Illness.” <i>JPM</i> , 6 (4): 661-669, 2003.
Medical University of South Carolina, Charleston, SC	<i>Palliative Care Services for Urban African Americans</i>	Investigated end-of-life attitudes, beliefs and needs of African-Americans in an economically disadvantaged urban area.	Community assessment concluded at end of planning grant.	“End-of-Life Care for African Americans: Voices from the Community,” <i>JPM</i> . In Press.
Mount Sinai School of Medicine, New York, NY	<i>Integrating Community Case Management and Palliative Care</i>	Partnered with Franklin Health, Inc. and Blue Cross/Blue Shield of South Carolina to infuse palliative care into the comprehensive case management provided to high-risk homebound commercially insured patients with life-limiting illnesses.	Maintained and extended to all clients of Franklin Health (now “Paradigm Health”) and is implemented in health plans and self-insured plans covering five million lives.	“Integrating Case Management and Palliative Care,” <i>JPM</i> , 7 (1): 119-134, 2004.
PhoenixCare at Hospice	<i>PhoenixCare</i>	Collaborated with several	Sustained via a five-year Medicare	“The PhoenixCare Program.”

of the Valley, Phoenix, AZ		large managed-care organizations to bring key components of hospice care to patients with cancer, congestive heart failure, and chronic obstructive pulmonary disease, and at an earlier stage than traditional hospice.	Demonstration Project grant, with similar PhoenixCare service package offered to non-managed high-risk Medicare recipients.	<i>JPM</i> , 6 (6): 1001-10012, 2003.
SSM Cardinal Glennon Children's Hospital, St. Louis, MO	<i>Footprints</i>	Developed a statewide network of health care providers to care for children dying at home by: providing inpatient palliative care at the tertiary pediatric hospital; educating pediatricians, the staffs of community hospitals and area hospices; and creating educational modules.	Sustained with expanded staffing and additional venues; received federal grant to export Footprints to five sites in Missouri.	"The FOOTPRINTS <sup>(SM)</sup> Model of Pediatric Palliative Care." <i>JPM</i> , 6 (6): 989-1000, 2003.
Sutter VNA and Hospice, Emeryville, CA	<i>CHOICES</i>	Offered palliative care to home-based patients receiving life-extending care with emphasis on advance care planning and individualized plans of care that include preparations for potential crises.	Sustained, with CHOICES becoming AIM (Advanced Illness Management); expanded from Emeryville throughout the Bay Area and expanding to include inpatients at two hospitals.	"CHOICES: Promoting Early Access to End-of-Life Care Through Home-Based Transition Management." <i>JPM</i> , 6 (4): 671-683, 2003.
University of California, Davis, School of Medicine, Sacramento, CA	<i>Simultaneous Care</i>	Extended palliative care to patients and families pursuing life-prolonging treatment; used satellite telecommunications to link the teaching physicians at the university with their rural colleagues; and introduced palliative care services to women in prison in	Simultaneous Care program sustained via federal grant for five-year multi-site randomized control trial. Rural component's telemedicine conferencing replicated for other diagnoses. Prison component skeletally sustained, with designated hospice beds in women's prison.	"Widening the Circle for Palliative Care: Bringing Palliative Care Home to Patients Engaged in Clinical Trials: An Interview with Joan Blais" <i>Innovations in End-of-Life Care</i> , 5 (4): July-August 2003 (an online journal).

		collaboration with the California Department of Corrections.		
University of California, San Francisco, San Francisco, CA	<i>Comprehensive Care Team</i>	Collaborated with Hospice by the Bay to offer palliative care to patients receiving concurrent curative care in an outpatient clinic, using a social worker-led case management model, and included volunteer support services, faith communities and social agencies.	Isolated portions of the original project were sustained; project is currently being adapted for the GYN-oncology outpatient practice at UCSF's Comprehensive Cancer Center.	"The Comprehensive Care Team: A Description of a Controlled Trial of Care at the Beginning of the End of Life." <i>JPM</i> , 6 (3): 489-498, 2003.
University of Chicago Medical Center, Chicago, IL	<i>PEACE</i>	Extended palliative care to people with Alzheimer's disease and their families. In Chicago, PEACE is centered within in an academic primary care geriatric practice. In Greater Detroit, the PEACE team provides care for patients with dementia in nursing homes through Hospice of Michigan.	U of Chicago: Sustained as formal program, with protocols embedded into practice; expanded to include frail elderly patients with diagnoses other than dementia. Michigan Program: Sustained through incorporation of anticipatory care planning and treatment policies and procedures into nursing homes.	"Palliative Excellence in Alzheimer Care Efforts (PEACE): A Program Description." <i>JPM</i> , 6 (2): 315-320, 2003.
University of New Mexico, Health Sciences Center, Albuquerque, NM	<i>When Cure is No Longer Possible</i>	Created a palliative care network in seven rural communities within three distinct subcultures in collaboration with hospices, and assisted the Zuni Home Health Agency in establishing a Native American palliative care program.	Sustained as Palliative Care Information, Referral and Training (PERT) office and with ongoing availability of palliative care in rural settings, including Zuni pueblo; expanded to include palliative care section in department of geriatrics, palliative care fellowship program, and telemedicine program for family practice residents.	"Palliative Care in the Pueblo of Zuni." <i>JPM</i> , 7 (1): 135-143, 2004.
University of	<i>Palliative Care in</i>	Worked with Genesis	Sustained via integration of palliative	"Integrating Palliative Care into

<p>Pennsylvania, School of Nursing, Philadelphia, PA</p>	<p><i>Nursing Homes</i></p>	<p>ElderCare to develop palliative care teams in several Maryland nursing homes; developed a training program for nursing home staff on the spiritual, psychosocial, and bereavement aspects of care, and developed techniques to embed palliative care in daily routines.</p>	<p>care policies and procedures into nursing home policies; the program has expanded to four additional nursing homes.</p>	<p>Nursing Homes.” <i>JPM</i>, 6 (2): 297-309, 2003.</p>
<p>Volunteers of America, Inc., Alexandria, VA</p>	<p><i>GRACE Project</i></p>	<p>Worked in four states to integrate palliative care into care for seriously ill prisoners, and convened a national workgroup of wardens, clinicians, pastors, attorneys, and inmate advocates to assess the changes needed in correctional end-of-life care and develop standards for hospice and palliative care prison programs.</p>	<p>Sustained through formal transfer of resource center to NHPCO and through adoption of end-of-life care standards by National Commission on Correctional Health Care.</p>	<p>“The GRACE Project: Guiding End-of-Life Care in Corrections 1998-2001.” <i>JPM</i>, 7 (2): 373-379, 2004.</p>

\* Detailed descriptions of all projects can be found at [www.promotingexcellence.org](http://www.promotingexcellence.org)

\*\* *Journal of Palliative Medicine*