CAMBIA PALLIATIVE CARE CENTER OF EXCELLENCE
MESSAGE FROM THE DIRECTORS

Each year the annual report allows us an opportunity to reflect on our accomplishments and highlight the talented clinicians, educators, and researchers that we have the opportunity to work with at the Cambia Palliative Care Center of Excellence. In 2018, we completed a successful trial to increase patient participation in goals of care discussions and advance care planning among patients with serious illness that was funded by the Patient Centered Outcomes Research Institute. We also received a charitable donation that allowed us to open a competitive application process for a community education project and worked in tandem with UW Medicine leadership to develop a palliative care strategy for the health system. These accomplishments and more are highlighted in the following pages of this annual report. This year was also marked by continued strategic visioning for future direction of the Cambia PCCE.

In the 2017 Annual Report, we outlined a new strategic vision for the Cambia PCCE which we feel will help us best navigate the changing landscape of health care and reinforce our commitment to patient-centered and family-focused care. That vision included the following three specific strategic initiatives: 1) developing a population health approach to palliative care through early identification of patients with unmet palliative care needs; 2) enhancing the capacity to deliver palliative care by all providers and caregivers through training in serious illness and goals of care communication; and 3) committing to continual improvement of our specialty palliative care services through strategies such as incorporating benchmarking data from the Palliative Care Quality Network (http://pcqn.org). This strategic vision allows us to strengthen and expand our previously established collaboration with UW Medicine.

We have continued to work on achieving this strategic vision in 2018 with good progress. We have built upon the previous year’s work by conducting an internal and external assessment of our activities, focusing on tasks associated with the three components of the Center: clinical services, education, and research. Our assessment renewed our interest in strengthening the collaboration across these components. The Cambia PCCE’s commitment to excelling in all three areas and creating synergies across these three areas uniquely positions us to make advances in palliative care at UW Medicine as well as regionally and nationally. We are striving to promote research programs that assess and improve clinical palliative care at UW Medicine and target our educational programs to provide the workforce needed regionally to enhance primary and specialty palliative care. We are also focusing on strengthening our primary and specialty palliative care clinical services through these programs. We look forward to the coming year to be able to document and promote the fruits of these labors!

J. Randall Curtis, MD MPH
Director

Anthony Back, MD
Co-Director

MISSION

To improve the palliative care received by patients with life-threatening or life-limiting illness and their families, support clinicians providing this care, and to generate new knowledge and educational and clinical resources to improve palliative care regionally, nationally and globally.
In the spring of 2018, three UW Medicine hospitals received site visits from the Joint Commission. Each site worked diligently for several months to prepare for their visit collecting data, preparing staff, and running simulations. This work paid off as the Joint Commission representative was again extremely impressed with our programs.

These hospitals were again recognized and awarded Advanced Certification for Palliative Care, a distinction given to hospital inpatient palliative care programs that demonstrate exceptional patient- and family-centered care and optimize the quality of life for adult and pediatric patients with serious illnesses. Please join us in congratulating the University of Washington Medical Center, Harborview Medical Center, and Valley Medical Center for their Joint Commission Palliative Care Recertification.
The 2018 PNW Palliative Care Conference marked another incredibly successful year for this two-day annual conference. We had nearly 250 attendees from all regions of the Pacific Northwest and across the country, involving a wide range of disciplines including doctors, nurses, social workers and spiritual care providers. The theme “Transforming Moral Distress into Professional Resiliency: A Toolkit for Frontline Clinicians Caring for Patients with Serious Illness” clearly resonated with the community, based on the evaluation scores and requests for more information. We are grateful to our dynamic keynote speaker, Pastor Corey L. Kennard, the other speakers and contributors whose expertise and insights made the conference a success.
We are proud to announce the selection of two proposals for funding through our 2018 Palliative Care Community Education Initiative. We received thirteen applications, all of exceptional quality, which was significantly more than we anticipated. The Selection Committee comprised of community members, educators, and Cambia PCCE leadership had the difficult task of determining how to distribute the $10,000 budget. We are grateful to each of our applicants, and we are encouraged by the number of activists working to educate our communities about palliative care.

The 2018 Palliative Care Community Education recipients are Julie Katz, RN and Julie Kohl, MD for their proposal, “End of Life & Advance Care Planning in Seattle’s Jewish Community: A Pilot,” and Jody Waldron, MD for his proposal, “Caring for Communities”. Please join us in congratulating our recipients.

### End of Life & Advance Care Planning in Seattle’s Jewish Community: A Pilot

**Julie Katz, RN & Julie Kohl, MD**

In partnership with the Kavana Cooperative, this project aims to stimulate conversation about palliative and end-of-life care, help people clarify what they want at the end of life, and facilitate discussion and action around advance directives in a sample of Seattle’s Jewish community. Facilitated discussions demonstrating respect for individual goals and values of all attendees will be held over lunch/dinner, with childcare and materials provided, including advance directive documents legally valid in Washington State. Two sessions will be offered in 2019, with a target of reaching 40 members of the Jewish community ages 18 and older. In addition, we will share the template and materials from this program with the Rabbinic Fellows of the Jewish Emergent Network, who represent communities in San Francisco, Los Angeles, Chicago, Washington DC, and New York City, and support them in replicating this pilot in their communities.

### Caring for Communities

**Jody Waldron, MD**

This project aims to improve access to hospice and palliative care services for Seattle’s refugee and immigrant populations. Clinical providers will partner with a cultural mediator from Harborview’s Community Housecalls program representing Somali, Amharic, Vietnamese, Cambodian and Latino communities, to prepare culturally tailored outreach material to be delivered at planned outreach events. This material will introduce Palliative Care, discuss norms of healthcare decision making both locally and within the community, and provide an introduction to advance care planning. There will be time to respond to audience questions/promote discussion with hopes that our team may learn how best to approach these topics with each community, and that we may raise community awareness of available palliative care resources. Another important aim for the project is for both providers and community members alike to have a chance to meet one another outside of a “high stakes” hospital setting. This would foster dialogue and ideally create an environment of good faith to promote shared decision-making and patient-centered care in the future.
In its fourth year, the Graduate Certificate in Palliative Care enrolled 24 participants. Jointly offered through the School of Nursing (SON) and Medicine (SOM), the 2018-2019 cohort includes professionals in medicine, nursing, social work, spiritual care and other disciplines. Among the cohort, we have a number of students training to be future facilitators as our program grows and expands to neighboring communities in the Pacific Northwest. The Graduate Certificate in Palliative Care continues to support participants in developing their expertise in person-centered communication and team-based palliative care. As part of our expansion efforts, we are happy to announce that we will be including in-person workshops next year in Portland, Oregon with the collaboration of Providence Health and Services of Oregon and Oregon Health & Science University Doernbecher Children’s Hospital (a new pediatrics track).

Help us to spread the word!

Applications are open for an autumn 2019 start in both Seattle and Portland. Check out our website http://uwpctc.org/ or email us pctc@uw.edu for more details.

The Cambia PCCE is continuing its efforts to increase UW School of Medicine’s students’ palliative care education in the clinical years. As one part of this project, all students are required to practice both the delivery of serious news and advance care planning with a patient during their third year Internal Medicine Clerkship. Students have participated fully in this exercise and found it valuable. One student reflected: “I thought this was fantastic! Definitely an eye and heart opener! I was thrilled to be working with a resident who could lead a discussion like this with such clarity and compassion!” Susan Merel, Associate Professor in General Internal Medicine and colleagues Caroline Hurd of the Cambia PCCE and Shobha Stack and Doug Paauw of Medicine Student Programs presented early results of this project as a poster during Academic Internal Medicine Week 2018, the national meeting for educators in Internal Medicine. Their poster won “Best Programmatic Innovations.” They are currently preparing a manuscript regarding this project for a national publication.

**GRADUATE CERTIFICATE IN PALLIATIVE CARE**

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In the past year, Center members have successfully secured grant funding to support a range of studies, including interventions to improve resilience in adolescents and young adults with advanced cancer, an examination of the quality and value of care provided to patients with multimorbidity in the ICU, and a mobile mindfulness intervention to improve psychological distress among survivors of cardiorespiratory failure. Funding agencies that support these projects have been similarly diverse including the National Cancer Institute, the National Institute of Aging and National Health, Lung and Blood Institutes of the NIH, as well as private foundations such as the National Palliative Care Research Center and the Palliative Care Research Cooperative Group. Two grants, led by Drs. Curtis and Engelberg, were funded this year and are briefly described here.

1) Using the Electronic Health Record to Identify and Promote Goals of Care Communication for Older Patients with Serious Illness

Drs. Curtis and Engelberg received a 5-year R01 from the National Institute of Aging with total costs of $3.9 million to conduct 2 randomized trials within UW Medicine. The trials include a large pragmatic trial and a comparative effectiveness trial that evaluate the “Jumpstart” intervention designed to promote and enhance goals-of-care discussions for hospitalized older patients with serious chronic illness. The Jumpstart summarizes, in a single page and to be shared with patients, families and clinicians, the patient’s questions and concerns related to planning for care if they were to become seriously ill and unable to speak for themselves. It contains suggestions to help get these difficult conversations started. The study will examine the effectiveness and implementation of system-level interventions to further improve communication about goals of care and the quality of care.

2) “Evaluating Effectiveness of a Communication Facilitator to Reduce Distress and Improve Goal Concordant Care for Critically Ill Patients and their Families: A Randomized Trial”

Highly technological, life-sustaining care for seriously ill patients is increasingly available, effective, and has resulted in improved patient survival, but this highly specialized care has resulted in fragmented care with increasing numbers of transitions for patients and their families across clinicians and care settings. This fragmented care has negative consequences for patients and their families, including confusion about goals of care that can lead to psychological distress and lower quality of life. To address these challenges, the National Institute of Nursing Research has awarded 3.3 million dollars to Drs. Curtis and Engelberg to support a 5 year randomized trial of a novel nurse “communication facilitator.” This facilitator is trained to enhance communication for patients and their families through transitions in care beginning with care in the ICU and then as patients leave the hospital for other care settings, including home, with the goal of defining, communicating, and delivering care that is consistent with the goals of informed patients and their families.
The Cambia PCCE is now in the 5th year of our NIH-funded T32 fellowship training program in palliative care research. In 2018, we welcomed one new research fellow to our program and had three fellows graduate from our program.

**Gwen Bernacki, MD, MHSA,** is a senior fellow and acting instructor in the Division of Cardiology. She joined our program in November 2018 having completed her fellowship in Cardiology at Duke University, residency in Internal Medicine at the University of Washington, and a Master of Health Services Administration at the University of Michigan. Dr. Bernacki’s research is focused on examining the effect of multi-morbidity on quality of care among older adults with cardiovascular disease. She is studying shared decision making and its effect on discussions about goals of care, as well as the approach to code status reversal for cardiovascular procedures. She is mentored by Drs. Ann O’Hare, J. Randall Curtis and James Kirkpatrick.

**Nancy Lau, MS, PhD,** is finishing her third year of her research fellowship, having previously earning a Doctorate in Clinical Psychology from Harvard University. Her research focuses on palliative care in pediatric populations with a specific interest in family-based models of resilience as well as the treatment moderators and mediators of the Promoting Resilience in Stress Management (PRISM) psychosocial intervention for adolescents and young adults with cancer and their caregivers. She is mentored by Drs. Abby Rosenberg and Elizabeth McCauley at the UW Department of Pediatrics and the Seattle Children’s Research Institute.

Three research fellows graduated from the program in 2018. **Anna Halpern, MD,** completed a 1 year post-doctoral T32 fellowship and is now an Assistant Professor in the Division of Hematology at the UW and an Assistant Member in the Clinical Research Division at the Fred Hutchinson Cancer Research Center. **Cara McDermott, PharmD, PhD,** completed a 2-year post-doctoral T32 and is now an Acting Instructor in the Division of Pulmonary, Critical Care and Sleep Medicine at the UW and will be funded by an Implementation Science K12. **Jill Steiner, MD, MS,** completed a 2 year post-doctoral T32 fellowship, during which she earned a Master’s in Epidemiology from the UW School of Public Health. She is currently an Adult Congenital Heart Disease fellow in the UW Division of Cardiology.

For more details and information about the Palliative Care Research Fellowship, please visit our website at [www.uwpalliativecarecenter.org](http://www.uwpalliativecarecenter.org) or email us at pallcntr@uw.edu.
2018 SELECTED PEER REVIEWED PUBLICATIONS


The Cambia PCCE Leadership Team experienced several transitions during 2018. While change is always challenging, we are aware that each transition marks the start of a new undertaking for our colleagues and an opportunity for us to grow in new ways as a Center. We are also very fortunate that each leader will continue to contribute their talents to the palliative care community.

**Wayne McCormick | Clinical Director**

Dr. Wayne McCormick has served as the Cambia PCCE Clinical Operations Chair for the past six years. Under his leadership, all four UW Medicine hospitals adopted quality standards of practice for palliative care. Additionally, he successfully championed UW Medicine’s effort to become the first health system in the nation to be Joint Commission Certified in Palliative Care. Dr. McCormick has been pivotal in the success of the Cambia PCCE’s clinical arm and overall as a Center of Excellence.

Dr. McCormick is transitioning this role to Dr. James Fausto who currently serves as the Medical Director of Palliative Care for UW Medicine. This transition will build upon the strong foundation that Dr. McCormick has built. Dr. Fausto will grow the leadership of palliative care clinical operations across UW Medicine, while leveraging the research, education and metrics capacity of the Cambia PCCE.

Dr. McCormick will continue to be the Division Head of Gerontology and Geriatric Medicine as well as the Palliative Medicine Fellowship Director. In these roles, he continues to champion palliative care and mentor future clinicians and leaders in the field. The Cambia PCCE is extremely grateful for the leadership Dr. McCormick has provided over the years, and Dr. Fausto looks forward to his continued mentorship that Dr. McCormick has offered as this role transitions.

**Caroline Hurd | Education Director Position**

Dr. Caroline Hurd had the opportunity to move with her family to her hometown of Portland, Oregon to be closer to aging parents and extended relatives. In her time with Cambia PCCE, Dr. Hurd grew the annual PNW Palliative Care Conference to a 2-day event with interactive workshops and an attendance rate that has nearly doubled. She focused her teaching on the VitalTalk Serious Illness Communication Training Program and not only trained hundreds of internal medicine residents but also interprofessional clinicians to be communication trainers themselves. She conducted these trainings across 7 sites, and these clinicians now lead ongoing education efforts at their respective sites. Additionally, Dr. Hurd mentored faculty to expand communication training in the medical school and several residency and fellowship programs.

About her time with Cambia PCCE, Dr. Hurd shared, “I am incredibly grateful to Randy and Tony for the opportunity to be the first person to serve in this role for the Center. I’ve learned more about palliative care education and leadership than I could have imagined. It’s an honor and privilege to work with the community and all the above accomplishments were a team effort with a lot of passion, sweat, tears and laughter.”

We are very pleased that Dr. Hurd will continue on in her role with the Palliative Care Training Center (PCTC). Last year she expanded the interprofessional graduate certificate course to Oregon, Idaho and Eastern Washington. In the coming year, her efforts will focus on further expansion to other states, mentoring and training educators across four new program sites.

**Abby Rosenberg | Director of Pediatric Palliative Care Research**

We are excited to announce that Dr. Abby Rosenberg is joining the leadership of the Cambia PCCE as the Director of Pediatric Palliative Care Research for the Center. Abby is the Director of the Palliative Care and Resilience Research Program at Seattle Children’s Research Institute and an Associate Professor in the Divisions of Hematology-Oncology and Bioethics and Palliative Care in the Department of Pediatrics at the University of Washington.
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