The Palliative Care Center of Excellence

The Cambia Palliative Care Center of Excellence (C-PCCE) was launched in October of 2012 to enhance research, education and patient-centered care for patients with severe illness and their families. The Center integrates, coordinates and augments the clinical palliative care provided throughout UW Medicine and in the region through key activities such as development and implementation of standards, program evaluation and program development support.

Directors J. Randall Curtis, MD, MPH and Anthony Back, MD are national leaders in palliative care and have been recognized by awards from the Cambia Health Foundation, Seattle Business Magazine, and the American Academy of Hospice and Palliative Medicine. The Center is supported by Cambia Health Foundation, the University of Washington and UW Medicine.

What is Palliative Care?

Palliative care is specialized health care focused on relieving and preventing the suffering of patients. Whatever the diagnosis, palliative care provides relief from symptoms, pain and stress of a serious illness. Palliative care adds an extra layer of support. It is appropriate for patients of any age and for all stages of a serious illness, whether the disease is curable or not.

The goals of palliative care:
- Improve the quality of life for patients and their families
- Facilitate teamwork among health care workers caring for the patient and family

PCCE Mission and Strategy

- Further improve health care received by patients with serious illness and their families
- Provide tools to support patients’ family members and loved ones
- Provide support to clinicians providing health care for patients with serious illness
- To generate new knowledge along with educational and clinical resources to improve palliative care regionally, nationally and globally

The Cambia Palliative Care Center of Excellence is fulfilling its mission by enhancing interprofessional and interdisciplinary research, education, and clinical practice in palliative care at the University of Washington and in the region.

Community Advisory Board

The Community Advisory Board provides advice, input, and support for the Cambia Palliative Care Center of Excellence to help ensure that the Center meets its mission as effectively and efficiently as possible.

The Community Advisory Board is comprised of volunteers from the community who have faced serious illness themselves or through a loved one. They bring their experiences and perspectives to advise the leaders and other members of the Cambia Palliative Care Center of Excellence.
Community Advisory Board Roles & Responsibilities

1. To be informed about the Cambia Palliative Care Center of Excellence and its major activities
2. To attend quarterly meetings of the Community Advisory Board
3. To provide advice, input and support to the C-PCCE to help ensure that the Center meets its mission
4. To provide input on patient-centered outcomes research regarding improving palliative care for all patients with serious illness and their families
5. To share experiences as a patient or family member with serious or terminal illness
6. To help raise awareness in the community about palliative care and the Cambia Palliative Care Center of Excellence, which includes volunteering at community events where the Center has a presence
7. To assist in recruiting future Board members
8. To assist in the planning and execution of any Community Advisory Board sponsored activities

Additional Responsibilities of the Chair

1. To plan meeting agendas and assist in planning meeting logistics
2. To communicate with Board members between meetings
3. To maintain a cohesive and engaged Board
4. To provide feedback to new Board members
5. To provide leadership for any Board sponsored activities
6. To represent the Board to outside entities

Responsibilities of the PCCE Staff

1. To act as the primary point of contact for all Board members
2. To assist in planning all Board meetings and Board sponsored activities
3. To participate in all Board meetings, keeping notes and records of activities
4. To keep Board members informed of all C-PCCE activities
5. To assist with communication between Board members
6. To represent the Board to outside entities

Community Advisory Board Goals

1. Advise and provide feedback for research, clinical and educational programs and materials
2. Promote the concept of palliative care in health care systems and communities
3. Participate in community outreach and communication about palliative care through community-based activities
4. Advance understanding of palliative care in communities and throughout the region
5. Promote conversation and action regarding implementation of and access to palliative care
6. Educate caregivers and clinicians as well as patients and their families about palliative care
7. Keep the C-PCCE on track to achieve its mission through advice and input on the three operations of the Center: education, research, and clinical care
Community Advisory Board Operating Principles

Meeting attendance
• All members should strive to attend quarterly meetings. Each meeting will be approximately 1.5 hours long and be held at Harborview Medical Center unless posted otherwise.

Event attendance
• All members are encouraged to attend any Community Advisory Board sponsored activity.

Communications
• The Community Advisory Board will communicate as needed between meetings.
• The Community Advisory Board Chair or staff will be in contact with the Board via email at least once between each quarterly meeting.
• The Community Advisory Board will receive the C-PCCE Quarterly Newsletter informing all members of the activities of the C-PCCE.
• The C-PCCE Staff will take meeting minutes and circulate them to the group after each meeting and plan upcoming meetings with regular reminders.

Term Limits
• Each Community Advisory Board Member is asked to serve a three-year term which is renewable as long as the member remains active.
• The Board Chair will serve a three-year term with a subsequent one-year term as Immediate Past Chair.
• A new Chair will be jointly appointed by the Center Director and current Chair and presented to the Board for approval.

Current Membership

Amy Hamblin, Chair
J. Randall Curtis, MD
Jimmy Hoard
Ruth Engelberg, PhD
Patsy Treece, RN
Adam Barnes
Melissa Barnes
Maddie Andrews
Gail Madden
Helene Starks, PhD
Jennifer Given-Helms

Suzanne Gwynn
Elyse Salend
Ronald Peck
Elizabeth Nielsen
Judy Young
Karen Franklin
Stephanie Mehl, RN, MS
Nita Stein
Kathryn Crawford
Diane Adam