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| **G:\CHA Logo\2017 CHA Logos\Print only logos\Cha_Logo BLACK_no words.pngLocal / Regional Mission Leader** | | | | | | |
| In a dynamic jobs, there is no such thing as a “typical week.” However, this snapshot gives a sense of what types of things may be on the calendar of a local or regional mission leader. For more information on the purpose, participants and role of the mission leader click the meeting. | | | | | | |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | | **Thursday** | **Friday** |
| **6:00-6:30** | **Exercise[[1]](#endnote-1)** | **Exercise** | **Exercise** | | **Exercise** | **Exercise** |
| **6:30-7:00** | **Prayer[[2]](#endnote-2)** | **Prayer** | **Prayer** | | **Prayer** | **Prayer** |
| **7:00-7:30** |  |  |  | |  |  |
| **7:30-8:00** |  | **Clinic Managers Meeting[[3]](#endnote-3)** |  | |  |  |
| **8:00-8:30** |  |  | | **Spiritual Care Team: Interfaith Services[[4]](#endnote-4)** |  |
| **8:30-9:00** |  | **Call with Sr. Catherine[[5]](#endnote-5)** | |  |
| **9:00-9:30** |  |  | |  | **Rounding[[6]](#endnote-6)** |
| **9:30-10:00** | **Meeting-Free Time[[7]](#endnote-7)** | **Meeting-Free Time** | **Meeting-Free Time** |  | **Meeting-Free Time** |
| **10:00-10:30** | **Travel to Springfield[[8]](#endnote-8)** |
| **10:30-11:00** |
| **11:00-11:30** |  |  | **Lunch with Candidate for Open Role[[9]](#endnote-9)** | |  | **Urgent Care Partnership Review[[10]](#endnote-10)** |
| **11:30-12:00** |  | **Regional Mission Leader Call[[11]](#endnote-11)** |  |
| **12:00-12:30** |  |  |
| **12:30-1:00** |  |  | |  |
| **1:00-1:30** | **Catholic Charities Immigration Task Force[[12]](#endnote-12)** |  | **Springfield Identity Assessment Debrief[[13]](#endnote-13)** | | **Community Health and Mission[[14]](#endnote-14)** |  |
| **1:30-2:00** |  |  |
| **2:00-2:30** |  |  |  |
| **2:30-3:00** | **Foundations of Catholic Health Care Session 2[[15]](#endnote-15)** | **Monthly 1:1 with Dr. Sam and Alex P[[16]](#endnote-16)** | |  |  |
| **3:00-3:30** |  | **Church Relations Planning Meeting[[17]](#endnote-17)** |  |
| **3:30-4:00** | **Complex Care Team[[18]](#endnote-18)** | **Meeting Free Time Springfield Office** | |  |  |
| **4:00-4:30** |  |  |
| **4:30-5:00** |  |  | **Jordan Soccer Regional Game[[19]](#endnote-19)** |  |
| **5:00-5:30** |  | **Mission to the Future Road Show w/Dinner[[20]](#endnote-20) Washington** | **Mission to the Future Road Show w/Dinner  Springfield** | |  |
| **5:30-6:00** |  |  |
| **6:00-6:30** |  |  |

1. EXERCISE. Just like maintaining a spiritual practice and keeping current on new information, physical health and wellness are a part of what makes a balanced mission leader. Having nothing to do with the scales or waistline, physical activity has everything to do with making time to focus on you because you focus so much on serving and caring for others the rest of the day. [↑](#endnote-ref-1)
2. PRAYER. Mission Leadership is a ministry and a calling. Cultivating a personal spiritual practice, be it meditation, Liturgy of the Hours, daily mass, yoga, *Lectio Divina*, centering prayer or any combination thereof, is essential to the vocation and integrity of the mission leader. It is critical to make this practice a scheduled part of a daily routine and to protect that time.   
    [↑](#endnote-ref-2)
3. CLINIC MANAGERS MEETING. Mission leaders are sometimes called to lead formation for particular groups in the organization. These meetings are opportunities to invite associates to engage in their own spirituality and find overlap with the values and commitments of Catholic health care. In this way formation is a part of whole person care for associates and allows mission leaders the opportunity to hear the concerns and joys of co-workers. [↑](#endnote-ref-3)
4. SPIRITUAL CARE TEAM: INTERFAITH SERVICES. In many locations, Pastoral and Spiritual Care reports to mission. Catholic health care is committed to the provision of spiritual care for all patients and families, not just Catholics. Pastoral and Spiritual Care teams often work closely with the local clergy to ensure quality services that meet the needs of the community served. In this meeting, as the leader, the mission leader is responsible for listening to the needs of the spiritual care team and ensuring they have what they need to serve as they are called. [↑](#endnote-ref-4)
5. MEETING WITH SR. CATHERINE. Keeping connected to mentors, other mission leaders and colleagues is an important part of effective leadership. Many mission leaders are solo practitioners or subject matter experts on their teams. Maintaining relationships, sharing best practices and building a collegial community are important for mission leaders as individuals as well as the field of mission leadership. [↑](#endnote-ref-5)
6. ROUNDING. Making time to connect with associates as well as patients and their families is important for the local and regional mission leader. By making rounds a mission leader can informally listen to the needs and concerns of the community as well as build relationships of trust and mutuality. [↑](#endnote-ref-6)
7. MEETING FREE TIME. Some executive leaders find value in creating blocks of “meeting free time” or one “meeting free” day a week. The practice ensures blocks of time are available for projects that require greater focus, writing, strategic thinking and complex analysis and avoids the considerable cognitive load that constantly switching from subject to subject take on the brain. [↑](#endnote-ref-7)
8. TRAVEL TO SPRINGFIELD. Local and regional mission leaders often serve more than one facility and balance different days in different offices. [↑](#endnote-ref-8)
9. LUNCH WITH CANDIDATE FOR OPEN ROLE. Hiring well is among the most important things an organization does to protect culture and identity. Hiring for a new mission position can be particularly complex as the position has to balance the requirements of organizational management, leadership, theological and ethical awareness as well as spiritual integrity and experience. A mission interview does not seek homogeneity or uniformity, but rather an overlap in values and an openness to the meaning of working in the Catholic health care environment. [↑](#endnote-ref-9)
10. URGENT CARE PARTNERSHIP REVIEW. Partnerships, mergers and acquisitions are common in modern health care, including Catholic organizations. Part Six of *The* *Ethical and Religious Directives for Catholic Health Care Services* put forth certain considerations and qualifications for how Catholic ministries can partner with non-Catholic entities. In this meeting the mission leader listens for an alignment in values and commitments between potential partners as well as possible scandal and may guide a the discernment process though prayer and reflection. [↑](#endnote-ref-10)
11. REGIONAL MISSION LEADER CALL. It is important for mission leaders across a system to touch base. A regular phone or video conference call is a meaningful way to build community, share best practices and collaborate on joint work. In this meeting, mission leaders are able to get support as well as work together to build momentum on mission related projects. [↑](#endnote-ref-11)
12. CATHOLIC CHARITIES IMMIGRATION TASK FORCE. As a ministry of the church, Catholic health care has a responsibility to partner with other Catholic services. With both documented and undocumented immigrants coming to us for care as well as working in our ministries, immigration is a key issue impacting Catholic health care. Mission leaders serve in the community to help strengthen these connections, listen to the needs of the community and be an ambassador of the ministry. [↑](#endnote-ref-12)
13. SPRINGFIELD IDENTITY ASSESSMENT DEBRIEF. Many organizations use a ministry identity assessment process. Some use outside vendors and others conduct internal reviews. From start to finish, these assessments take several months. The process is formative for all participants as well as informs continuous quality improvement in ministry identity, by placing ongoing improvement planning with regular measurement and reporting. A local or regional mission leader often serves as the point person for this type of assessment in the local facility level. [↑](#endnote-ref-13)
14. COMMUNITY HEALTH AND MISSION. It is not uncommon for the Community Health or Community Benefit activities of a ministry to report to mission. Even if that isn’t the case, the mission leader has an important role to play in supporting the process of Community Health Needs Assessments and as well as the planning and implementation of Community Health Improvement Plans. The mission leader must be attentive to the way the voice of the community is identified in the CHNA process and ensure that CHIP strategies and tactics are in line with the commitments of Catholic Social Teaching. [↑](#endnote-ref-14)
15. FOUNDATIONS OF CATHOLIC HEALTH CARE SESSION 2. Many mission leaders participate in facilitating ongoing formation programs for leaders. These programs are not about proselyting, rather they invite leaders to engage in their own spirituality in light of the values, commitments and traditions of Catholic health care so that they can lead the health ministry with passion and integrity. [↑](#endnote-ref-15)
16. MONTHLY 1:1 DR. SAM AND ALEX P. In both formal and informal ways, mission leaders have to build trust and credibility with operational as well as clinical leaders. Understanding the needs and concerns of other leaders, being transparent about their own struggles and finding ways to work together for mutual benefit is essential to strong mission leadership. [↑](#endnote-ref-16)
17. CHURCH RELATIONS PLANNING MEETING. As a ministry of the church, Catholic health care is accountable to the local bishops who are responsible for all Catholic works in the dioceses. Having strong supportive, transparent relationships with local bishops is important for maintaining Catholic identity. [↑](#endnote-ref-17)
18. COMPLEX CARE TEAM. Mission leaders are often called on to provide ethics support in both organization and clinical capacities. In this case the mission leader serves on the multidisciplinary team that reviews complex cases. If a chaplain isn’t also involved, the mission leader may be looking through the lens of spiritual care as well in this meeting. This requires a proficiency with *The* *Ethical and Religious Directives for Catholic Health Care Services* (ERDs) as well as the humility to know when to seek consultation from an ethicist with formal training. [↑](#endnote-ref-18)
19. JORDAN SOCCER REGIONAL GAME. Achieving a balance between professional and personal commitments doesn’t just happen, it takes deliberate planning and work. Mission leadership coexists within other vocations or vows (religious sisters and brothers, clergy as well as married life) as well as our commitments to families and communities. [↑](#endnote-ref-19)
20. MISSION TO THE FUTURE ROAD SHOW AND DINNER. Many systems have an annual series of “town hall” meetings as a way for senior leadership to share important information as well as listen to the needs of the local associates. These “road show” events are important ways for executive leadership to remain connected and grounded. [↑](#endnote-ref-20)