

Briefing

Judy Cassidy EDITOR

With the rapid changes in healthcare delivery, is strategic plannning possible—or desirable? Many healthcare decision makers are asking that question, and with good reason. Traditional step-by-step strategic planning, according to management professor Henry Mintzberg (see his article "The Fall and Rise of Strategic Planning" in the January-February 1994 Harvard Business Review), follows the assumption that the world will "hold still while a plan is being developed and then stay on the predicted course while that plan is being implemented."

I can hear the laughter of those of you working in the chaos of today's marketplace. But don't yield to the temptation to scrap your planning department. Planners are assuming new roles to help their organizations stay focused on their

goals as they respond to change.

Mintzberg says planners should challenge decision makers' mental models by asking questions rather than giving answers. They should encourage thoughtful consideration of complex issues, acting as catalysts that help managers generate strategic visions for the organization. Then, planners can make the strategies operational. They can work out the details that make them a reality—articulating the necessary actions, policies, and procedures.

These ideas are not just hypothetical. Planners in the Catholic systems described in this issue have adapted their planning to respond to an environment in which care is delivered through

integrated delivery systems.

In the early 1990s the Franciscan Health System, Aston, PA, created a strategic vision for the organization that included developing "an affordable integrated delivery system that provides a continuum of care in the communities we serve." On p. 38, Ellen Barron and Donald A. Westermann describe how the system linked its strategic and financial planning processes in order to realize its goals.

About the same time, the Daughters of Charity National Health System-East Central, Evansville, IN, developed a strategic vision that also called for the forging of networks to provide a continuPlanners
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um of services. Lawrence Prybil; Rev. Paul Golden, CM; and Sr. Xavier Ballance, DC, describe the system's 11 guidelines designed to help corporate leaders plan community-based networks (p. 34).

Communicating the planning guidelines to managers, trustees, and potential partners was an essential element in the process. Karen Jones (p. 41) warns that communications is often an afterthought in strategic planning. She tells how to include communications in strategic planning right from the beginning.

ETHICAL AND RELIGIOUS DIRECTIVES

The recently revised Ethical and Religious Directives for Catholic Health Services provide clear direction for all persons associated with the health ministry of the Church today. A working knowledge of the ERD is essential for leaders who must ensure that the values of the Catholic moral and social tradition inform and guide every aspect of the ministry. Health Progress is publishing a series of articles that offer help in this regard. In the first article (p. 18), Sr. Jean deBlois, CSJ, and Rev. Kevin D. O'Rourke, OP, provide a historical overview of the directives and situate them in their broader theological context.

In a related article on p. 23, Rev. James F. Keenan, SJ, and Rev. Thomas R. Kopfensteiner answer frequently asked questions about the principle of cooperation. An explanation of the principle appears in the Appendix of the Ethical and Religious Directives.

ANNIVERSARY ARTICLE

On p. 28, you will find this issue's "anniversary article." This article was chosen to represent *Health Progress*'s 75th anniversary because it illustrates the values underlying the Catholic health ministry—holistic care and respect for the dignity of all persons. Sr. Jean Maher, DC, and Sr. Theresa Peck, DC, describe a unique program that gives homeless men a chance for a new life.