Panel Presentations

The Changing Structure of Mission
Naming Our New Reality

Table process
What structural changes have you seen in your organization as a result of the changing health care environment?

How has mission integration been impacted structurally and programmatically by these changes?

The Changing Structure of Mission: 
*Naming Our New Reality*

CHRISTUS Health

**CORINNE FRANCIS, MA, M.Div.**
Vice President of Mission Integration and Community Benefit

**GEORGE AVILA, MURP, MAHC**
Vice President, International Mission Integration

**CLAUDIO DANIELS**
Vice President, Mission and CSR, Santiago, Chile

**DENNIS GONZALES, Ph.D.**
Regional Vice President, Mission Integration
CHRISTUS Santa Rose Health System, San Antonio, Texas
CHRISTUS Health

Our Mission: Why We Exist

To extend the healing ministry of Jesus Christ
Our Vision

**CHRISTUS Health**, a Catholic health ministry, will be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.

Core Values

<table>
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<tr>
<th>Dignity</th>
<th>Respect for the worth of every person with special concern for the poor and underserved.</th>
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<td>Integrity</td>
<td>Honesty, justice and consistency in all relationships.</td>
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<td>Excellence</td>
<td>High standards of service and performance.</td>
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<td>Compassion</td>
<td>Service in a spirit of empathy, love and concern.</td>
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<td>Stewardship</td>
<td>Wise and just use of talents and resources in a collaborative manner.</td>
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CHRISTUS Health Fact & Figures

- Headquartered in Irving, Texas
- Assets of $6.2 billion
- Approximately 42,000 Associates
- Almost 14,000 Physicians on medical staffs throughout the system

CHRISTUS Health Fact & Figures

Comprised of almost 350 services and facilities, including more than 60 hospitals and long-term care facilities, 175 clinics and outpatient centers, and dozens of other health ministries and ventures.

Located in more than 70 cities in six U.S. States, including Texas, Arkansas, Iowa, Louisiana, Georgia, New Mexico.

Located internationally in six states in Mexico, Chile and Colombia.
Red de Salud UC-CHRISTUS

Context:
- 2 Hospitals in the capital City
  - 500 beds in Maracolota
  - 103 beds in CSC
- 7 Clinics
- 17 Sampling Units
- 4800 associates

Patient Mix:
- 37% Public (FONASA)
- 63% Private (ISAPRE)

Annual Activity (without ANCORA Clinics)
- Discharges: 29,400
- Consultations: 798,000
- Procedures: 63,000
What are the similarities or differences between the way mission is structured in your organization and what you heard?

As a result of what you have heard, what are the implications and applications you see for your organization?
The Changing Structure of Mission Integration

Implications and Applications

Ascension Health

Jonathan Ford, MAHCM, Chief Mission Integration Officer, Texas Ministry Market
Linda Root, RN, MAHCM, Chief Mission Integration Officer, Michigan Ministry Market
Timothy Glover, M.Div., Senior Vice President, Mission Integration, Ascension Health

A Frame of Reference

Population Health

FFS to FFV

Health Disparities

A “federation” of ministries to One Ascension

Shift from a Holding Company to a Operating Company
Ascension Healthcare

- Ministry Markets organized according to Large, Mid-Size and Small designations
- Includes:
  - Ascension Medical Group
  - Ascension Senior Living
  - Ascension Home Health
  - Ascension Care Management
  - Ascension Community Health Centers

Ascension Solutions

- Ascension Information Services (AIS)
- Ascension Clinical Holdings
- Ascension Global Mission
- Ascension Holdings
  - The Resource Group
  - Ascension Holdings International
  - Medxcel Facilities Management
- Ascension Ventures
- Ascension Investment Management
- Ascension SmartHealth Solutions
- Ascension Leader Institute
  - Ascension Leadership Academy
- Ascension Ministry Service Center
Ministry-Wide Functions: Enhancing Capabilities & Expertise

Chief Mission Integration Officer and/or Regional VPs and/or Directors and/or Managers Coordinators

VPs of Mission Integration or Mission Integration Lead

Ministry-Wide Mission Integration purpose and key attributes

Ascension Mission Integration provides leadership and services to sustain, deepen awareness of, and fully realize the identity of Ascension as a ministry of the Catholic Church, and to support Ascension’s broad strategic and organizational commitment to our Mission

To achieve our purpose, we believe Mission Integration must:

- Possess professional and theological expertise that is highly credible both in the eyes of the Church and the organization
- Enable and equip leaders and associates to engage in theological reflection that sustains the identity of Ascension as a ministry of the Church, with particular commitment to serving persons living in poverty and those most vulnerable
- Clearly articulate the theological, ethical, and spiritual grounding and implications of strategic and operational decisions and actions
- Be strategic and collaborative with other leaders
- Deliver high quality services in a highly-responsive manner
GOVERNANCE STRUCTURE

Ministry-wide Mission Integration Centers of Expertise

<table>
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<tr>
<th>Theological and Spiritual Formation</th>
<th>Organizational Workplace Spirituality</th>
<th>Ethics</th>
<th>Ecclesial Relations</th>
<th>Spiritual Care</th>
<th>Community Benefit</th>
<th>Strategic Integration and Collaboration</th>
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<tr>
<td>MI GOVERNANCE COUNCIL (Ascension)</td>
<td>MI LEADERSHIP COMMUNITY (Ascension Healthcare)</td>
<td>MI Strategy, MWF Priorities, Policies, COE coordination, and overall MI effectiveness</td>
<td>Comprised of MM mission integration senior executives, translate and define MI strategy and priorities for MM, COEs.</td>
<td>Support: &quot;Mission Integration&quot; in a manner consistent with MI goals.</td>
<td>MI Mission Identity in the context of MI activities.</td>
<td>MI Leadership Community serves as a mechanism for alignment of MI with organizational needs.</td>
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Centers of Expertise (COEs)

- Theological and Spiritual Formation
- Ethics
- Ecclesial Relations
- Organization Workplace Spirituality
- Spiritual Care
- Community Benefit
- Mission Identity Stewardship

Strategy Councils

- Formative advisory council
- Ethics Advisory Council
- Community Health Advisory Council

Task Forces

- Mission Integration<br>- Organizational Mission Integration<br>- Vocation Stewardship
Implications for the Future

- Are we structured in a way that truly leverages functioning in order to bring impact through our Centers of Expertise? Have we been transformational?
- How do we own stewardship and cost management as a MWF?
- How do we structure ourselves in ways that evolve how the work gets done while leveraging centralization, standardization and consolidation at the national level of our MWF?
- How do we evaluate and address variability in our MWF across the national ministry? Can we define an optimal, standard organizational structure or parameters for mission integration based upon ministry cohort?

What are the similarities or differences between the way mission is structured in your organization and what you heard?

As a result of what you have heard, what are the implications and applications you see for your organization?
Large group discussion

What similarities and differences did your table discuss after you heard these two systems present?

What were some of the implications and applications that were raised at your table?