Panel Presentations



The Changing Structure of Mission Naming Our New Reality

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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?

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The Changing Structure of Mission: Naming Our New Reality



CHRISTUS Health

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

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CHRISTUS Santa Rose Health System, San Antonio, Texas

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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



Dignity Respect for the worth of every person with special concern for the poor and underserved.
Integrity Honesty, justice and consistency in all relationships.
Excellence High standards of service and performance.
Compassion Service in a spirit of empathy, love and concern.
Stewardship Wise and just use of talents and resources in a collaborative manner.

CHRISTUS Health Fact & Figures & CHRISTUS

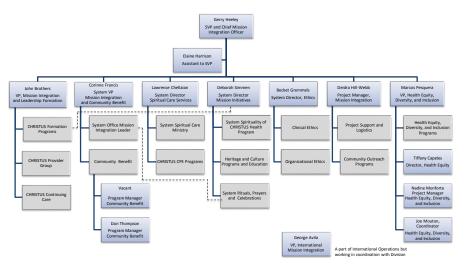
Headquartered in Irving, Texas
Assets of \$6.2 billion
Approximately 42,000 Associates
Almost 14,000 Physicians on medical staffs throughout the system

CHRISTUS Health Fact & Figures & CHRISTUS Comprised of almost 350 services and facilities, TRINITY MOTHER FRANCES 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 COLOMBIA cities in six U.S. Sates, REGIÓN METROPOLITANA DE SANTIAGO including Texas, Arkansas, Iowa, Louisiana, Georgia, New Mexico. Located internationally in CHRISTUS Health.

six states in Mexico, Chile and Colombia.



Mission Integration Division



EH/10-17-16

CHRISTUS Santa Rosa



Red de Salud UC-CHRISTUS



Red de Salud UC-CHRISTUS



Context:

- $\circ \quad \hbox{$2$ Hospitals in the capital City}\\$
 - o 500 beds in Marcoleta
 - o 103 beds in CSC
- o 7 Clinics
- o 17 Sampling Units
- o 4800 associates

Patient Mix:

- o 37% Public (FONASA)
- o 63% Private (ISAPRE)

Annual Activity (without ANCORA Clinics)

- o Discharges: 29,400
- o Consultations: 798,000
- o 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?

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The Changing Structure of Mission: Naming Our New Reality



Ascension Health

TIMM GLOVER

Senior Vice President, Mission Integration

JONATHAN FORD

Chief Mission Integration Officer, Ascension Texas

LINDA ROOT

Chief Mission Integration Officer, Ascension Michigan Vice President, Ascension Health

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The Changing Structure of Mission Integration

Implications and Applications

Ascension Health

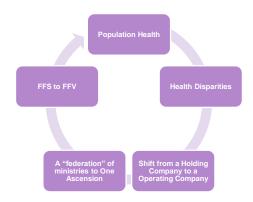
Jonathan Ford, MAHCM, Chief Mission Integration Officer, Texas Ministry Market Linda Root, RN, MAHCM, Chief Mission Integration Officer, Michigan Ministry Market Timothy Glover, M.Div., Senior Vice President, Mission Integration, Ascension Health

One Mission. One Integrated Ministry. One Ascension.



A Frame of Reference







Ascension

Ascension Healthcare

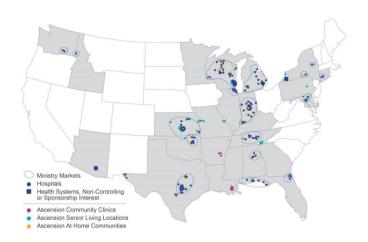
- Ministry Markets organized according to Large, Mid-Size and Small designations
- · Includes:
 - Ascension Medical Group
 - Ascension Senior Living
 - Ascension Home Health
 - Ascension Care Management
 - Ascension Community Health Centers

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

19 October 20, 2016







Ministry-Wide Functions: Enhancing Capabilities & Expertise



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CONFIDENTIAL DRAFT

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

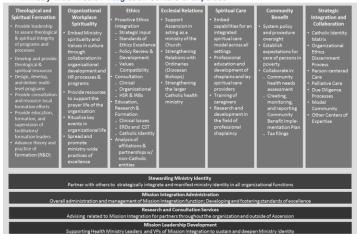


To achieve our purpose, we believe Mission Integration must:

- 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



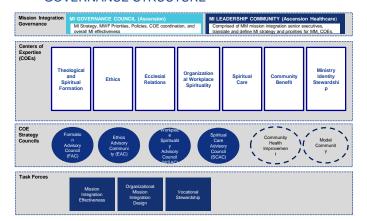
Ministry-wide Mission Integration Centers of Expertise



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GOVERNANCE STRUCTURE





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?

25 October 20, 2016

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

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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?