An Introduction to the

CATHOLIC IDENTITY MATRIX

The enhanced Catholic Identity Matrix is the product of a collaboration between Ascension Health and the SAIP Institute at the University of St. Thomas, with support from the John A. Ryan Institute for Catholic Social Thought at the University of St. Thomas and the Gonzaga Ethics Institute at Gonzaga University.

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I. DEVELOPMENT OF THE CATHOLIC IDENTITY MATRIX

In December 2005, the Ascension Health Sponsors Council requested a high level assessment tool to assist their evaluation of Ascension Health’s fidelity to its Catholic identity and mission. The Catholic Identity Matrix (CIM) was developed in response to that request. The CIM facilitates an assessment of Catholic health care organizations in light of six principles: Solidarity with the poor, holistic care, respect for human life and dignity, participatory community of work and mutual respect, common good/stewardship, and acting in communion with the church.

The first implementation of the CIM took place in 2006. A report of findings was made to Ascension Health’s Sponsors Council in December of that year. Although the initial evaluation was useful, it was clear that additional analytic rigor was needed to produce more actionable data.

In 2007 the Sponsors Council endorsed the development of an improved CIM. The enhanced process is the product of a collaboration between Ascension Health and the SAIP Institute of the University of St. Thomas. Located within the university’s Opus College of Business, the Institute fosters responsible organizational conduct by developing and promoting assessment tools designed to help for-profit and not-for-profit firms improve their performance on issues of corporate ethics and corporate social responsibility. Additional support for the enhanced CIM’s development was provided by the Gonzaga Ethics Institute at Gonzaga University and the University of St. Thomas’ John A. Ryan Institute for Catholic Social Thought.

An assessment using the improved process was performed within Ascension Health during August 2007. The Sponsor Council’s response to the results of this evaluation was very favorable, and its members recommended that biannual assessments be conducted at the system level. Ascension Health also plans to pilot the CIM within a selected set of ministries during 2008.

II. AN OVERVIEW OF THE PROCESS

The CIM is an organizational assessment and enhancement process. Its structure combines two elements (Figure 1). Its foundation is an organizational self-assessment patterned after the process pioneered by the Malcolm Baldrige National Quality Program. The CIM combines this assessment template with a set of ethical principles for Catholic health care institutions. These principles are rooted in the Catholic social tradition, the Ethical and Religious Directives for Catholic Health Care Services, and the experience of Catholic health care leaders within the United States.

The CIM is designed to help a Catholic health care institution evaluate the degree to which its current policies and operating processes are consistent with the aspirations of the Catholic moral tradition. The CIM translates standards founded upon this tradition into detailed behavioral benchmarks for Catholic health care services. By illuminating gaps between these detailed requirements and its present practices, the CIM enables an
organization to modify its operations in a way that brings behavior into closer alignment with moral aspiration. Thus, the CIM catalyzes both critical reflection upon an organization’s current state and practical improvements guided by Catholic moral teaching, thought, and practice.

**Figure 1: Key Elements within the Catholic Identity Matrix**

The CIM does not provide a “quick fix” to the challenge of Catholic institutional identity. Rather, it is a multistage process involving data collection, scoring, feedback, and action. It begins with an organizational self-evaluation that entails a careful, evidence-based examination of the institution’s current policies and processes. By facilitating qualitative and quantitative analyses of the self-assessment’s results, the CIM leads to the formulation and implementation of improvement initiatives that can help health care institutions realize more fully the critical ideals of the Church’s moral tradition. Woven into an institution’s processes, the CIM establishes a discipline of continual learning and improvement that helps to build and sustain Catholic identity over time.

The CIM employs a maturation framework. The maturation framework identifies six tasks an organization must perform to implement a principle effectively within its clinical or administrative operations: planning, alignment, process development, training, the
measurement of process outcomes, and impact evaluation. The CIM is formed by juxtaposing these tasks against the principles for Catholic health care organizations. The result is a six-by-six assessment matrix (Figure 2).

**Figure 2: The Catholic Identity Matrix**

<table>
<thead>
<tr>
<th>Solidarity with the Poor</th>
<th>Planning</th>
<th>Alignment</th>
<th>Process</th>
<th>Training</th>
<th>Measurement</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symmetry conceive</td>
<td>1.1</td>
<td>1.2</td>
<td>1.3</td>
<td>1.4</td>
<td>1.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Holistic Care</td>
<td>2.1</td>
<td>2.2</td>
<td>2.3</td>
<td>2.4</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Respect for Human Life and Dignity</td>
<td>3.1</td>
<td>3.2</td>
<td>3.3</td>
<td>3.4</td>
<td>3.5</td>
<td>3.6</td>
</tr>
<tr>
<td>Participatory Community of Work and Mutual Respect</td>
<td>4.1</td>
<td>4.2</td>
<td>4.3</td>
<td>4.4</td>
<td>4.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Common Good/ Stewardship</td>
<td>5.1</td>
<td>5.2</td>
<td>5.3</td>
<td>5.4</td>
<td>5.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Act in Communion With the Church</td>
<td>6.1</td>
<td>6.2</td>
<td>6.3</td>
<td>6.4</td>
<td>6.5</td>
<td>6.6</td>
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</tbody>
</table>

Each cell within the matrix contains a series of detailed behavioral benchmarks – that is, specific reference standards for an organization’s conduct. These standards are expressed as questions. Answering the questions within a given cell helps an organization consider how well it has addressed one of the six tasks necessary to implement a given principle. Answering all the questions within the matrix provides the organization with a data-based profile of its current efforts to operationalize the moral aspirations articulated by the six principles.

This profile facilitates a qualitative analysis of the institution’s performance, one that highlights strengths and opportunities for improvement. This qualitative examination is supported and extended by a quantitative analysis. By evaluating its responses to a cell’s questions against a set of proprietary quantification guidelines, the organization can identify a score that characterizes its current performance within that particular cell. This score is not absolutely determinative; however, it serves as a useful indicator for where an institution stands on this specific dimension of Catholic identity.
By comparing scores from cell to cell, a health care institution can detect areas where its performance is relatively strong or weak. This comparison suggests where improvement is needed to better align the institution’s conduct with the principles. In this way, the CIM fosters greater institutional integrity, helping Catholic health care leaders identify improvement initiatives that will enable their organization to more fully and comprehensively embed core values of the Catholic moral tradition within their operations. Furthermore, by sharing the assessment’s outcomes with critical stakeholders, a Catholic health system can clarify the moral and spiritual vision which guides it, and improve its credibility through greater openness and transparency.

III. PRINCIPLES OF CATHOLIC HEALTH CARE

The six principles employed within the CIM are rooted in the Catholic social tradition, a body of moral reflection that has developed over the centuries and is nourished by Scripture, official Church teaching, the reflections of scholars, and the witness of Catholic organizational leaders, workers, and activists. They also draw from the Ethical and Religious Directives for Catholic Health Care Services issued by the United States Catholic bishops, and the experience of Catholic health care leaders. The descriptions of these principles build upon work previously undertaken by the Catholic Health Association.

**Solidarity with the Poor:** Scripture tells us that the poor and the vulnerable always have been the object of God’s special concern (Dt. 15:11; Ps. 12: 5); indeed, Jesus identified himself with those who are in need (Mt. 25: 31-46). An important aspect of respect for life is serving those who are impoverished and marginalized. It is the poor who have the most urgent moral claim on our conscience: “The Church appeals to everyone to recognize a special obligation to the poor and vulnerable to defend and to promote their dignity and to ensure that they can participate fully in society” (USCCB Task Force on Catholic Social Thought and Catholic Education). Furthermore, solidarity implies that we share most deeply with the poor and marginalized when we are “with” them in their plight and not merely doing things “for” them. Ascension Health strives to practice solidarity by identifying with those who are poor, serving their needs, and advocating on their behalf.

**Holistic Care:** Holistic care is the healing of the whole person, in and through caring relationships. Each person is an inseparable unity of body and spirit (1 Cor. 15:44). Ascension Health seeks to care for the whole person in an integrated, compassionate manner, attending to the physical, psychological, social, and spiritual dimensions of each patient’s existence. This approach requires the organization to take an interdisciplinary approach to healing, providing safe, effective care through empathetic relations and coordinated, efficient processes.

**Respect for Life and Human Dignity:** At the heart of the Catholic social tradition is the conviction that each human being possesses intrinsic worth simply by virtue of his or her existence. This is not merely a matter of belonging to a highly evolved biological species. Rather, men and women possess an inherent dignity precisely because they are made in God’s image (Gn. 1: 27) and are destined for union with God (Rev. 7: 9-17). This God is
personal, and so every human being is a who, not a what, a someone, not a something. Ascension Health associates are called to see God in each other and in those they serve, and to demonstrate a profound respect for all human life, from the womb to the tomb.

**Participatory Community of Work and Mutual Respect:** Made in the image of God, people can develop authentically only if they are allowed to use the intelligence and freedom that God has bestowed upon them, to achieve shared goals and to create and sustain right relationships with one another and those served by the ministry. To this end, Ascension Health seeks to push decision-making responsibility to the most appropriate level of the organization and to provide the support, including training and development, needed to enable this responsibility to be exercised effectively. Ascension Health also is committed to fostering respectful, productive working relations between associates.

**Common Good/Stewardship:** The principle of the common good highlights the fact that humans beings live and develop in community, and that whatever our current state of division and fragmentation, God intends the human race to be a family. Ascension Health seeks to contribute to the common good by providing services which address authentic human needs and desires; by operating responsibly in its relations with stakeholders; and by promoting economic, political, and social conditions that ensure the protection of the fundamental rights of all people. A good steward is productive with the goods that have been placed in his or her care (Mt. 25:14-30). Everything we have received is part of our patrimony, and we will be judged on how well we have used it. Ascension Health must use resources effectively, as indicated by reasonable levels of revenue, margin, market share, productivity, efficiency, etc., in order to effectively advance and preserve its ministry. The organization also must respect the natural environment, which is a gift of creation. Hence, Ascension Health must evaluate regularly its patterns of service and consumption to avoid misusing and dissipating resources of all kinds.

**Act in Communion with the Church:** Ascension Health holds in sacred trust the healing ministry of Jesus which it has inherited from both its founders and the larger Church (1 Cor. 12:4-13). Recognizing that its religious mission arose from the Church and from a profound institutional fidelity to the Church’s claims and teachings, Ascension Health acts in harmony with the institutional Church, observing its ethical and religious directives. Ascension Health also collaborates with the local Church in the communities where it operates, to address the needs of those who live and work there.

### IV. MATURATION FRAMEWORK

The maturation framework describes a process through which a principle of Catholic health care may be implemented within an organization. Its elements include six steps:

**Planning:** This element examines how well an organization has planned to implement the principles of Catholic identity. Successful planning involves inclusion of the principles in the mission, vision, values and/or written strategy of the organization. Policy documents based upon the principles also demonstrate planning. In addition, there may be planning
documents related to major programs which address a principle. The planning cells of the CIM assess the degree to which the organization has translated each principle into its documented strategic objectives.

**Alignment**: This dimension focuses upon how well the organization has communicated and reinforced the importance of the principles to the organization’s leadership. This includes the manner in which leaders are developed, incentivized and held accountable for the implementation of planning related to the principles.

**Process**: This element examines an institution’s operations in search of documented processes which support a principle’s implementation. These processes may be defined in varying levels of detail, and may cover administrative or clinical functions. They also may reside at the ministry, regional, or system level. Assessors look not only for written documentation of the process, but also for evidence of how it is applied and improved over time.

**Training**: Training should address policies and processes at all levels of the organization. It often constitutes an important component of how processes are improved over time. The assessor looks for evidence that training to support policies and processes has been designed, implemented and refined.

**Measurement**: The intent of this element is to determine if its planning has been effectively implemented. Assessors should be able to link measures to the outputs of processes previously identified. Examples of measurement include patient satisfaction surveys, associate climate surveys, clinical errors, level of resource expenditure, or ERD compliance. These metrics can be useful inputs to efforts designed to improve any of the other elements within the maturity framework.

**Impact**: This element examines whether the processes put in place as a result of planning are having their intended effect. Whereas Measurement tracks the output of processes which are internal to the organization, Impact tracks the outcomes which these processes produce in patients or communities. Measurement is internal to Ascension Health, Impact is external. For example, under Measurement Ascension Health may track the amount of resources it expends for care of the poor, while under Impact it may track what effect those resources have on the poor who reside within communities where Ascension Health operates.

V. EXAMPLE QUESTIONS

Figure 3 displays the questions contained within cell 1.3 of the Catholic Identity Matrix. This particular cell stands at the intersection of the principle “solidarity with the poor” with the maturation framework’s “process” element. The questions require the organization to identify and describe the processes it employs to address the requirements of this particular principle. Specifically, they lead the institution to consider (1) how it ensures that its facilities are readily accessible by the poor (e.g., by deliberately locating
clinics in economically disadvantaged areas, by working with local authorities to ensure easy access via public transportation); (2) how it identifies the most pressing health care needs of the poor in the various communities where it operates, and develops programs to address those needs; and (3) how the organization demonstrates solidarity by creating employment opportunities for the economically and socially marginalized, and the steps it takes to reach out to members of these groups through its sourcing efforts.

**Figure 3: An Example of Questions within the CIM**

<table>
<thead>
<tr>
<th>Cell 1.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle: <em>Solidarity with the Poor</em></td>
</tr>
<tr>
<td>Implementation Element: <em>Process</em></td>
</tr>
</tbody>
</table>

- 1.3.1 How does Ascension Health ensure that its facilities are physically accessible by the poor?

- 1.3.2 How does Ascension Health develop and implement health care programs focused upon the most urgent health care needs of the poor in the communities where it operates?

- 1.3.3 How does Ascension Health design work to create gainful employment for people with limited skills and/or disabilities?

- 1.3.4 How does Ascension Health make special efforts to recruit the poor for open positions?

In no way are the cell’s four questions intended to exhaust the requirements of the principle “solidarity with the poor.” For example, they do not address directly the issue of advocacy. However, as an organization develops traction on the specific issues raised by these questions, the queries within the cell can be modified to highlight other vital dimensions of the principle. In other words, the assessment portion of the CIM is flexible and dynamic, and can be tailored over time to bring attention to emerging issues or to moral aspirations which perhaps have not received the focus they need.

The responses to the questions are articulated in empirical terms. That is, the health system answers each question by describing what it is doing today and by providing evidence substantiating this practice. This allows the organization to develop a thorough understanding of its current processes, bringing both their strengths and weaknesses to light. Application of the proprietary scoring guidelines to the responses helps the organization determine the strength of its performance in this cell as compared with its performance in other cells within the matrix. This allows it to detect areas of relative strength and weakness, thereby permitting the organization to recognize both where it has made progress and where further progress is required.
VI. ADDITIONAL INFORMATION

For more information about the Catholic Identity Matrix, or to discuss how your organization might use the process, please feel free to contact either Bill Brinkmann at Ascension Health or Dean Maines at the SAIP Institute:

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