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Catholic Health Care in the 21st Century

Ithough memories of Christmas 2000 and New Year celebrations may already have faded as you read your first 2001 issue of *Health Progress*, much of the year and nearly all of the century remain ahead of us. We have, therefore, included in this issue several articles that address topics critical to Catholic health care as we move forward together into the 21st century.

Two authors continue discussions related to leadership for the future that they began in previous issues. With the likelihood that rapid changes in technology and economics will continue, Tim Porter O'Grady identifies a need for innovative rules for doing business in health care and provides insights to assist leaders to be fluid and flexible so that they are able to meet the challenges ahead. Focusing on strategic planning that systems must undertake as they expand or merge with others, David Burik and Neal Peyser call for leaders to develop strategic plans that include explicit business transformation agendas and resolve questions concerning who will control the changed or new organization.

As heirs of the founders of the health care ministry, those working today in the ministry are called upon by Rev. Fred Kammer to better understand the idea of *prophetic ministry* and to apply that understanding to a renewed commitment to advocating for the needs of poor and underserved.

This century, as did the last, will see astonishing advances in the application of science to health care. In two separate articles, first James M. DuBois and then Johnny Cox and Carol Bayley discuss ethical issues and the development of protocols related to one such advance, retrieval of organs for transplantation from non–heart-beating donors.

One challenge Catholic health care carries with it into the new century is that of maintaining quality of care and service to those in need while functioning in a competitive marketplace characterized by limited resources. Sr. Sherri Coleman describes a response SSM Rehab made to arrest its declining patient base through an enhanced sales and

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marketing focus that remained consistent with its mission. Turning to acute care, Mehmet C. Kocakulah and co-authors provide a model for investigating and implementing potentially unpopular cost saving measures by securing the support of the staff most affected by the measures.

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