Briefing

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"The need to survive has pushed us into a competitive modality that at times has made the community's healthcare needs and patient care secondary to the bottom line. . . . Collaboration is no longer an option; it is a necessity." Sr. Virginia Gillis, RSM, the Catholic Health Association's (CHA's) associate vice president for sponsorship, sounds this alert as she describes sponsorship networks (p. 34). These networks, which bring together both lay and religious leaders in a region, are a visionary concept sponsors are beginning to explore as they evaluate their role in meeting the needs of their communities.

The changing role of sponsors also was uppermost in the minds of seven leaders of religious institutes who recently participated in a *Health Progress* roundtable discussion (p. 28). We asked these women to express their views on issues such as continuing sponsorship of the Catholic healthcare ministry, working with laity, reforming the healthcare system, and collaboration. Their frank perspectives will help you understand the challenges they are facing and what the future may hold for all who work in the ministry.

Another critical concern of the participants—that the mission be incorporated in the governance and management of the organizations they sponsor—is being addressed by St. Edward Mercy Medical Center, Fort Smith, AR. The facility changed its approach from "mission effectiveness," a program orientation, to "mission integration." As Sr. Judith Marie Keith, RSM, explains (p. 38), the new approach resulted in changes throughout the hospital to ensure that the mission of the Religious Sisters of Mercy permeates all operations.

Care of the Dying

The second article in our series adapted from CHA's document *Care of the Dying: A Catholic Perspective* appears on p. 16. This installment delves into "the war of words" and other social and political influences affecting providers who care for patients at the end of life. Included are specific actions that will help all Catholic healthcare organizations respond to these forces. Care of the dying continues to provoke intense ethical debate, and this is one article you won't want to miss.

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Follow-up on Patient-centered Care

Bain J. Farris's case study (p. 22) details the conversion of a hospital unit from the traditional paradigm to patient-focused care at Saint Vincent, Indianapolis. The article updates a brief description in the May 1992 issue of *Health Progress.*

CHA Services, Assembly

To carry out CHA's Vision Statement, adopted in 1991, the association is pursuing six strategic directions that guide its services to members. The vision statement and directions are presented on the reverse side of CHA's "Directory of Services" in this issue (the directory includes names of CHA staff members who can help you access the services).

This issue's articles on sponsorship reinforce CHA's strategic direction to promote continuity and collaboration among participants in the Church's healing ministry, in part by describing the meaning of sponsorship in the changing environment.

The articles also advance CHA's strategy to be a leader in efforts to redesign the U.S. healthcare system, particularly through integrated delivery networks (IDNs).

Health Progress has been exploring the IDN concept in recent months (e.g., Philip J. Karst, "IDN Development: Issues to Resolve," March 1993). In this issue Nancy Gorshe describes Providence ElderPlace, Portland, OR, a type of IDN that serves the frail elderly (p. 57). ElderPlace is based on a model developed by On Lok Health Services in San Francisco. On Lok's programs will be the subject of a session at CHA's annual assembly June 6-9, New Orleans. See the assembly schedule inside (p. 65) and plan now to attend so that you can prepare for the operational challenges of a reformed system.