Peter Clark

Catholic Presence

A Post-Merger Assessment

BY TERRY WEINBURGER, M.S.

On July 1, 2004, Mercy Medical Center, a Catholic hospital in Springfield, Ohio, merged with Community Hospital, a standalone facility only four miles away. The two parent organizations created a new legal entity that, according to their definitive merger agreement, would be "a community hospital with a Catholic presence."

That's an uncommon description for such mergers, and a committee recently spent nine months focusing on how the combined hospitals reflect what the merger partners intended. The entity known as Springfield Regional Medical Center is part of a regional health care organization, Community Mercy Health Partners, itself a health care region and member of the Cincinnati-based Catholic Healthcare Partners (CHP) system.

Five years after the merger, the critical question was: How do physicians, staff — and most importantly, the patients, families and visitors who walk through the Springfield Regional Medical Center doors — experience a Catholic presence? Are there tangibles that represent the healing ministry of Jesus, sustaining and nourishing this Catholic presence?

MERGER AGREEMENT AND A 'CATHOLIC PRESENCE'

But first, some history: The hospital merger's goals were to reduce the duplication of health care services; improve quality in a two-hospital town; access capital to replace the two aging facilities; then build a single new, state-of-the-art hospital encompassing them both.

One of the merger partners, Community Hospital Foundation, wanted to maintain a non-Catholic identity honoring its more than 120 years of history and heritage. Thus it was a particular challenge to find a creative way to carry Mercy Medical Center's healing ministry into the future through a Catholic presence versus a Catholic *identity* for the merged entity, an important distinction. Articulating elements of the Catholic presence was part of the merger's preliminary planning phase and subsequent negotiation process.

The result: a definitive agreement between the merger partners, approved by Archbishop Daniel E. Pilarczyk of Cincinnati, specifying the new hospital would establish a Catholic presence by:

- Ensuring compliance and adherence to the *Ethical and Religious Directives* within the hospital and as part of the credentialing process for all physicians when practicing within the hospital
- Providing Catholic spiritual care services with a chaplaincy program and inviting other faiths to use the hospital facilities for chaplaincy and spiritual care programs
- Maintaining a chapel
- Displaying Catholic and other religious symbols within the hospital
- Employing a full-time vice president of mission services who actively participates in the senior leadership team and reports directly to the chief executive

■ Consistently using and displaying the new CHP logo

■ Inviting the archbishop to be a part of the ground-blessing ceremony and dedication of the new hospital to be built in downtown Springfield

WHO LOOKED INTO 'CATHOLIC PRESENCE?'

A multi-faith ground-blessing ceremony in 2008 marked the start of construction on a state-of-the-art, $235 million, 254-bed hospital that will replace the two old hospital buildings dating back to 1931 and 1950. With the new hospital's construction plans under way — it is scheduled to open in 2012 — the regional chief executive officer and I, vice president for mission services, recommended the operating board charter a committee to study and report on the Catholic presence as set out in the five-year-old merger agreement.

I chaired the committee which included the director of spiritual care services (an ordained Catholic priest); the director of resident services (a Sister of Mercy); the ICU manager (member of a local Catholic church); the hospital chaplain (non-denominational; member of a local church); two community representatives (an ordained minister of a local Baptist church and an ordained minister of a local Lutheran church); a former patient and volunteer (member of a local United Church of Christ congregation).

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After a nine-month assessment, the committee issued its report with recommendations to the full board. In short, committee members found ample evidence of Catholic presence at Springfield Regional Medical Center as defined by the merger partners. The group charged hospital leadership with the responsibility of ensuring that presence continues to evolve.

ASSESSMENT REVIEW PROCESS

Documents. The committee first studied the section of the merger agreement that defined the elements of a Catholic presence. It also reviewed Springfield Regional Medical Center's mission statement and core values; the *Directives*; CHP's Spiritual Care Standards; a white paper on evidence-based spiritual care services; various human resources documents used at Springfield Regional Medical Center, including the interview format on core values, a written behavior guide for staff that aligns expected behaviors with the core values, and a values-based performance evaluation form used for all staff. The committee also reviewed relevant data from patient satisfaction surveys specifically related to the two statements: "Degree to which hospital staff were responsive to your spiritual well-being" and "Your rating of spiritual care services provided to you by hospital chaplains."

CATHOLIC HEALTHCARE PARTNERS

Interviews. Committee members talked with such institutional thought leaders as the vice president for human resources, a physician recruiter and relations representative and the director of the medical center's school of nursing. The committee focused on this question: *"How do associates, physicians, and candidates for the school of nursing become aware of our Catholic presence, our mission, and our values?"*

Through these interviews, the committee learned of methods used during the five years after the merger to elevate awareness of a Catholic presence, such as revamping our new associates orientation program with special attention to Catholic presence and the confluence of other faith traditions surrounding holistic, healing care. Another example is the use of "mission extenders" throughout the health care region. Interviewed and selected by the vice president of mission services, the mission extenders typically see their work as a calling and have defined responsibilities as members of a mission council in addition to their regular full-time staff position.

CHP provides standardized educational content on Mission-Based Decision Making. This material is complemented with interactive exercises for all leadership, promoting internalization of the process and contributing to leadership formation. A newly designed board orientation program was launched that included themes related to Catholic presence, mission, heritage, sponsorship ethics and values-in-action.

On-site Tours. The committee took walking tours of the two Springfield Regional Medical Center hospitals to see the current artifacts, symbols, statues and artistic expressions representative of a commitment to history, heritage, mission, values and Catholic presence. They visited another Catholic hospital within the CHP system to see a recently constructed chapel. They met with architects working on the new Springfield hospital to discuss features of a healing environment and design of a non-denominational chapel. Final plans for the new Springfield Regional Medical Center chapel will include recommendations from the archdiocesan liturgical commission.

Bonita R. Chesier

POST FACTUM REFLECTION

Springfield Regional Medical Center was created by a merger between a Catholic health care provider and a community hospital that did not share the same faith-based history, religious sponsorship, heritage and traditions. Five years was deemed an appropriate interval for the medical center's board and its appointed committee to assess whether the new entity had developed a Catholic presence as the merger partners intended.

The committee determined that the merger launched a cultural evolution and that a number of documents, programs, services and activities demonstrate Springfield Regional Medical Center's Catholic presence.

Part Six of the *Directives* advises that "new partnerships can pose serious challenges to the viability of the identity of Catholic health care institutions and services"[1] if attention is not focused on directives 67 through 72. While these directives served as compass points, the committee found that application of the *Directives* was one important element through which the Catholic healing ministry was realized. Complementary elements of a Catholic presence also were evident.

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The committee found another key characteristic in the spiritual care services provided to patients, family members and staff. Sacraments, central to a Catholic presence, were available when requested upon admission for patients during their stay at the hospital.

While the committee saw clear evidence of compliance with Part Two of the *Directives* and the CHP standards for Spiritual Care Services, it also witnessed a "best practice" model in the provision of evidence-based spiritual care services reflected in the 2008 Annual Spiritual Care Services Report.

Through interviews, the committee found that spiritual care services:

- Contributed to improved patient satisfaction scores (reflected in the survey data)
- Contributed to a reduced length of stay for in-patients (based on chaplains' visits)
- Resulted in an increased frequency of physician requests to include chaplains on patient rounds

Many Catholic leaders have spoken out on the unique aspects of Catholic identity required in a health care setting. Fr. Kevin O'Rourke, OP, JCD, uses the metaphor of "leaven" to suggest that Catholic health care must accomplish a number of important functions, including advocacy for the poor and disenfranchised.[2]

In 2008, the health care region provided $26.2 million in community benefits or 8.36 percent of its operating expense to the uninsured and for a number of innovative programs designed to improve the health status of at-risk populations. In its report, the committee said this level of financial support, primarily provided in the two hospitals in Springfield, represented a strong commitment to advocacy and a "leavening" of the communities served.

Also reflected in the committee's assessment were observations of significant and ongoing efforts to collaborate with local communities to improve the health status of residents.

During their tours of the hospitals, committee members noted a healing environment in chapels as well as other reflection space for use by

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patients, family members, visitors and staff. The chapels are used for Eucharistic celebrations and by all major faith traditions for prayer services, ritual celebrations and memorials. Appropriate symbols, statues and artistic expressions representative of a commitment to the mission, values and Catholic presence were visible. For the hospital construction project underway, the committee noted, design and artwork will reflect history, heritage, values and a Catholic perspective on life, illness and healing.

Fr. Francis G. Morissey, OMI, JCD, Ph.D., posed the question, "How can we assess the Catholicity of Catholic healthcare organizations that establish connections with other-than-Catholic institutions?" Over a decade ago, he recognized the changing health care environment and identified four Catholic ingredients in a description of Catholicity: mission, sponsorship, holistic care and ethics. A health care entity that lacks one of these four would be incompletely Catholic, he concluded.[3]

The committee highlighted clear evidence of these four themes throughout the hospital and recommended their further use.

Some in the ministry have questioned whether a market-driven health care system can currently maintain a mission in Catholic-sponsored health care. Given the multi-faceted dynamics of our economy and the market forces at play, ethicist Ron Hamel, Ph.D., suggests that the jury is still out regarding our ability to maintain a mission of Catholic health care. He does affirmatively state however, that the answer is "in our hands."[4]

SUMMARY

Knowing and understanding the values that organizations hold dear actually requires rigorous analysis. Elements of a Catholic presence in this case study went beyond religious symbols and the *Directives*. Five years after the merger, the Springfield Regional Medical Center operating board concluded that a Catholic presence indeed supports the continued healing ministry intended by the sponsors of the Community Hospital-Mercy Medical Center merger.

NOTES

1. United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services* (Washington, DC: USCCB, 2001), 35.
2. Fr. Kevin D. O'Rourke, "Catholic Healthcare as Leaven," *Health Progress* 78, no. 2 (March-April 1997): 34-38, 42.
3. Fr. Francis G. Morrisey, "Catholic Identity in a Challenging Environment," *Health Progress* 80, no. 6 (November-December 1999): 38-42.
4. Ron Hamel, "Market-Driven Health Care: Can Mission Survive," *Health Progress* 89, no. 4 (July-August 2009): 8-9.

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