

Closing the Loop With Ministry Assessments

BILL BRINKMANN

Catholic health care in the United States has lots of pieces. It includes many organizations, a diversity of sponsors, and multiple operational models and processes. Yet, these Catholic health ministries, sometimes independently and sometimes in cooperation with the Catholic Health Association, have produced a robust collection of ethical guidelines, effective formation processes, compassionate pastoral care procedures, meaningful community outreach, and approaches to finance that aim to balance justice and sustainability. Along with that, many Catholic health care systems have been conducting assessments of how effective these activities are at accomplishing their stated mission.

OUR MISSION

Although the many organizational ministries of Catholic health care have expressed their mission in a variety of formulas, these statements are generally cohesive in their intent to “answer God’s call to foster healing, act with compassion, and promote wellness for all persons and communities with special attention to our neighbors who are poor, underserved and most vulnerable.”¹ This is a special mission, which commits us to respond to a powerful call. And, much has already been done by the ministries to develop, clarify and implement this mission. For over a century the Catholic bishops of the United States, in collaboration with Catholic health care and CHA, have been refining moral and ethical guidance for the healing ministry in the *Ethical and Religious Directives for Catholic Health Services* (ERDs), a fundamental source of guidance on how to manage a Catholic health ministry.

Further, the founding sponsors of these ministries and their successors have developed formation programs and values training that are supportive of the mission. And, the sponsors have encouraged everyone working in the healing ministry to participate in formation or spiritual development programs. Perhaps the most useful development in the understanding of the mission of Catholic health care is *The Shared Statement*

of Identity for the Catholic Health Ministry. This short document (pocket card) is well recognized and becoming the de facto mission statement for many Catholic health ministries. Each ministry’s Community Health Needs Assessments and its strategic plan provide the specific context for the actions that must be taken to fulfill the mission. I know of no other organization that provides more thoughtful analysis of its mission statement than the Catholic health ministry. The Gospel call to heal, the ERDs, the foundational stories, the sponsors’ unique charisms and the resources of CHA have all been utilized in deepening the understanding of our mission. Truly, the mission is a treasure that can inspire those who come to serve with us.

THE PROCESSES TO PERFORM THE MISSION

The movement from understanding our mission to implementing it effectively requires an institution to establish and continuously improve many processes, including clinical practice, pastoral care, administrative function, financial strategy and many more. Most people want to believe that they are engaged in meaningful work: work that is helping others. The Shared Statement not only lists the goals of our mission, it also invites the commitment of all those working in Catholic health care to fully engage in the ministry. One

of the primary intents of the spiritual formation and values training that health care systems and CHA have produced is to provide a sacred context for the work that is being done throughout the ministry.

That said, if we view Catholic health care as a whole, the processes it uses to accomplish its mission can be surprisingly dissimilar. While the Shared Identity document provides our context — our inspiration and our commitments to promote and defend human dignity, attend to the whole person, care for poor and vulnerable persons, promote the common good, act on behalf of justice, steward resources and act in communion with the Church — the manner in which these commitments are carried out in the individual ministries has great variety. This is true not only when we compare the processes implemented between Catholic health systems, but even in hospitals within the same system there is often a lack of consistency.

The Total Quality philosophy with its strong emphasis on process documentation, measurement and improvement has spread slowly through health care in general, including Catholic health care. This, unfortunately, has delayed how quickly best practices can be implemented. For example, the report “To Err Is Human: Building a Safer Health System” issued by the U.S. Institute of Medicine in 1999 has tracked health care’s reluctance to readily embrace established safety protocols. And, in the field of spiritual formation, systems seem much more willing to share the materials they have developed than they are to accept the materials developed by other systems.

MISSION OUTCOMES

How do we know how well we are implementing the commitments we made in the Shared Statement? To answer, we must measure the outcomes of the many processes put in place to serve those who come to us for healing. Most importantly, these outcomes must impact our patients positively. They must be measurable and be related to the commitments we make in the Shared Statement. Rarely can a single measure capture all the impact of one of our commitments. Attending to the whole person, for example, can be partially assessed through several of the Hospital Con-

sumer Assessment of Healthcare Providers and Systems, or HCAHPS, survey questions concerning the attentiveness of the staff, but it must also include clinical measures such as infection rates and return visits as well as feedback on pastoral care. Stewarding resources can include financial measures such as cash on hand and budget compliance, but it should also attend to how the organization is impacting its physical environment. Many ministries have developed systems to help them determine how well they are fulfilling their commitments to their mission.

For over 10 years I was a member of a team that supported ministries conducting self-assessments of how well they were living their mission as expressed by the Shared Statement of Identity.

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We conducted these assessments in over 150 hospitals in eight different Catholic health care systems. In general, the maturity and effectiveness of processes varied significantly. The greatest strengths seemed to be in processes related to Care for Poor and Vulnerable People and to Stewarding Resources. The greatest opportunities for improvement in my opinion were in the commitment to Acting on Behalf of Justice, specifically how we engage, recognize and compensate our employees.

In 2019 the Catholic Health Association, in cooperation with many of the Catholic health systems, produced the *Ministry Identity Assessment* resource. It makes use of the commitments embedded in the Shared Statement as well as the good work that has been ongoing in the ministries to provide an extensive description of a process for conducting a ministry assessment. The purposes of ministry assessments are to improve care by identifying potential process improvements and to inform ministry sponsors about the effectiveness of the ministry.

USING MISSION ASSESSMENTS FOR PROCESS IMPROVEMENT

One ministry assessment discovered that the system had “Holistic Care” as a key component of its mission statement, but that it did not have a precise definition of holistic care. Caregivers were not certain of its meaning and what processes of their work were affected. To remedy that, a team of clinical, quality, safety and mission representatives worked together to develop a definition of holistic care for system-wide implementation and is now measuring patient reaction.

Another system assessed itself as relatively low in enabling co-workers to recommend changes to processes. The system decided to create formation materials that could assist leaders in empowering associates and placed associate engagement scores on the executive compensation formula.

The finance department at one system office felt detached from the mission, which caused a perceived lack of purpose. A series of reflections was developed to assist the department in seeing their role in stewarding the mission.

A review of HCAHPS data concerning the attentiveness of nurses and physicians toward patients revealed that a particular ministry was performing below national norms. To improve clinician attentiveness, a team was charged with

determining causes and developing a plan of corrective actions.

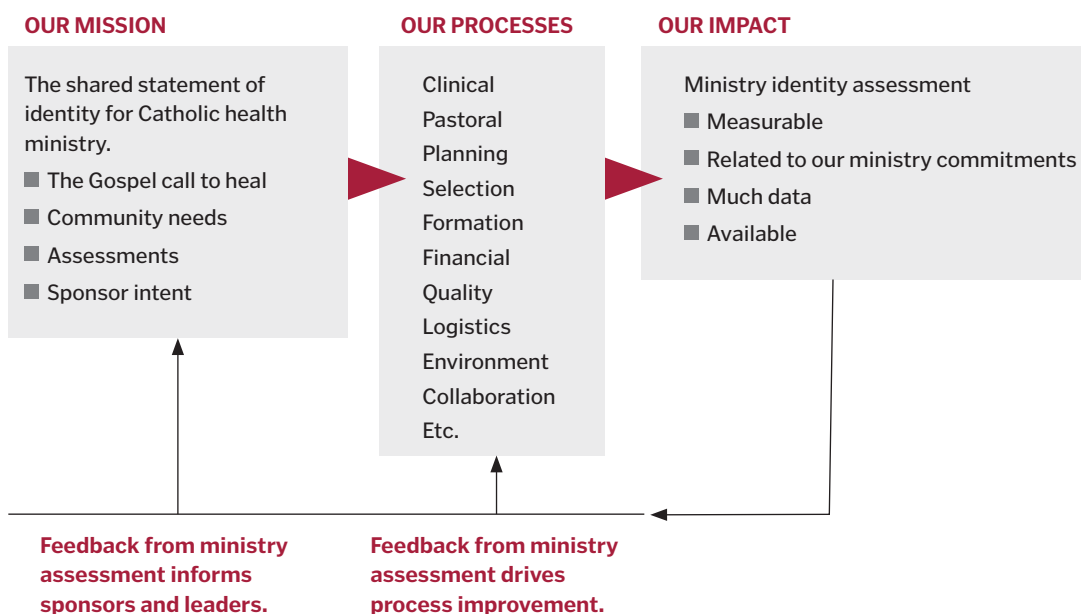
These are among the significant lessons learned by ministries that have systematically engaged a mission identity assessment process:

- The utility of the ministry assessment process is only realized when the results of the assessments are used to enhance the processes that have been developed to meet stated commitments. What is learned in these assessments should be used in a continuous process improvement effort. This is what is meant by Closing the Loop.

- There is already voluminous data available that relates to the commitments of the Shared Statement. This includes patient feedback required by government programs as well as ministry-developed patient satisfaction programs; many financial measures, already in place, that relate to the commitment of stewarding the ministry; community needs assessments data that relate to justice; and ongoing relationships with local bishops that reflect our communion as a ministry of the Church.

- The adage from the Total Quality movement holds true: “what gets measured gets improved.” As a rule, leaders focus attention and corrective action on process outcomes that are measurably unfavorable.

CLOSING THE LOOP WITH MINISTRY ASSESSMENTS



■ Formation programs should identify the relationship between our ministry commitments as outlined in the Shared Statement and the outcomes we are experiencing, thereby highlighting the mission context of every person's role in the ministry as well as appropriate responsibilities for participants and leaders in the ministry.

■ The measurement of ministry outcomes can provide vital feedback for sponsors in their role as stewards of the mission of Catholic health care.

CONCLUSION

Our formation programs, process improvement and ministry assessments should be directly derivative of the commitments outlined in the Shared Statement. They should address why and how we: promote and defend human dignity, attend to the whole person, care for poor and vulnerable persons, promote the common good, act on behalf of justice, steward resources and act as a ministry of the Church. Alignment of these activities will strengthen our efforts to "answer God's call to foster healing." I believe that, as the collective ministry of Catholic health care, we are called to continuously document, improve, share and measure our practices.

Measuring the outcomes of these processes can then lead us to establish benchmarks that can demonstrate what is possible and assist all our ministries to improve the care we provide. Some common benchmarks that the ministries have used in this endeavor are: 1) ranking in the tenth percentile on HCAHPS measures of caregiver attentiveness; caregivers' willingness to recommend their ministry to others as a great place to work; an A++ Bond rating; and high-ranking measures of clinical excellence, such as infection control. The pursuit of excellence is a spiritual journey that is nourished by our being grounded in the mission and exercised through our management of a holistic healing process.

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RESOURCE

1. A Shared Statement of Identity, <https://www.chausa.org/mission/a-shared-statement-of-identity>.

PAUSE. BREATHE. HEAL.

Joy in Sadness

For just this moment, bring your attention to your breath.

INHALE deeply and settle yourself into your body.

EXHALE the stress and tension you feel.

In these days of sadness, a moment to pause is both a gift and a necessity.

GENTLE YOUR BREATHING, your gaze and your heart as you consider:

Where have I found joy in the past days?

THINK FOR A MOMENT.

In these days of sadness where have I found joy?

[Pause to consider]

Even now, God is with you, as near to you as your breath.

Continue giving yourself the gift to pause, breathe and heal, knowing you are not alone.

Weeping may stay for the night but rejoicing comes in the morning. PSALM 30:5

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