

COMPANIONS ON THE JOURNEY

*Working Together, Two Congregations Preserve
The Catholic Healing Mission*



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For the Sisters of St. Joseph of Tipton, IN, and the Daughters of Charity National Health System (DCNHS), a long courtship became a marriage in July 1994, when the Sisters of St. Joseph transferred sponsorship of Saint Joseph Hospital & Health Center, Kokomo, IN, and Mercy Hospital, Elwood, IN, to DCNHS-East Central (EC), Evansville, IN.

The transfer of sponsorship marked the culmination of a three-year affiliation of Saint Joseph Hospital & Health Center with the system. The affiliation period was key in what both parties believe has been a successful transfer, according to Sr. M. Martin McEntee, CSJ, who continues as president and chief executive officer of Saint Joseph, a position she has held for 26 years. She explains that the Sisters of St. Joseph realized almost 10 years ago that, as their numbers decreased, they would need the strength of a larger system to assume responsibility for the congregation's two hospitals.

"But we wanted to get acquainted and know we had the right partner. We wanted to be sure we were compatible," she says. "The period of affiliation gave us the opportunity to get to know the system better and determine our comfort level. We knew our hospital was strong and an attractive partner. We had a sense it was our decision."

The congregation chose to affiliate with the Daughters because the Daughters had a strong presence in the area. "We felt the most important thing was to preserve the Catholic identity, rather than the congregational identity, in Kokomo and Elwood," Sr. McEntee says.

It seemed natural for the Sisters of St. Joseph to enter into affiliate membership in DCNHS, a category the system established for organizations that have separate sponsorship but want a close

working relationship with the system, explains Larry Prybil, chief executive officer of DCNHS-EC. The two sponsors had already built mutual respect and trust, he says, in successful collaborations. In the 1980s Saint Joseph and a DCNHS-EC hospital, St. Vincent Hospital & Health Care Center, Indianapolis, entered into joint ventures in cardiac catheterization and renal dialysis.

"The most important benefit of affiliation was the opportunity to network with peers in a large system," says Sr. McEntee. Throughout the affiliation period, the staff and boards of the two organizations worked together. Sr. McEntee met regularly with the DCNHS-EC chief executive officer advisory committee. Internal conversations with hospital staff about a year and a half before the transfer revealed a unanimous feeling that the system had welcomed and respected them.

IMPLEMENTING THE TRANSFER

"The critical element in making the transfer successful was taking time to develop relationships," agrees Ron Mead, vice president for administration, DCNHS-EC, who coordinated the sponsorship transfer process, working closely with Peter Publow, Saint Joseph's vice president of marketing and corporate development. Publow believes that "for anyone going through a sponsorship change, consolidation, or merger, the most important question is how to manage the mental transition, rather than the legal or management issues." He credits Prybil and the DCNHS-EC with being sensitive to the hospitals' concerns about losing their independence and giving sisters and staff time to adjust to new reporting and decision-making procedures.

At Saint Joseph's annual leadership planning retreat with the hospital's governing board, the executive committee of the medical staff, and

senior staff, Prybil and Mead answered many questions about the impending sponsorship transfer. And during the three years of affiliation, the hospital regularly updated the advisory, foundation, and governing boards; management and medical staffs; and employees.

Once the final transfer decision was made in August 1993, Sr. McEntee and Publow held sessions with those

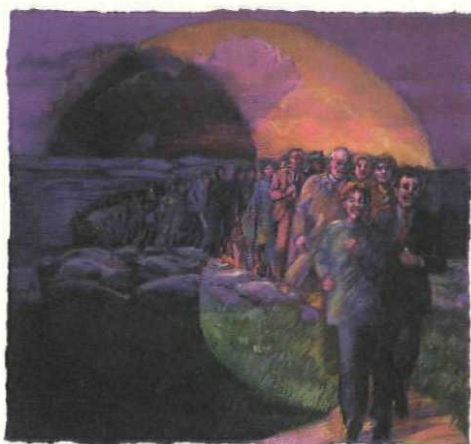
groups. In their presentation they described the DCNHS and the reasons for the decision. They also met with media representatives to ensure that the community learned the news in an orderly fashion. As a result, a major article in the Kokomo newspaper accurately explained the transfer. The community was reassured that the transition was not a takeover by a large national system, but a way for the sisters' ministries to continue with firm support.

Mead and Publow played a critical role in the smoothness of the transition. Each understood the other organization's language and perspective and "interpreted" it to his own organization. The hospitals needed to learn to function in a system environment and adapt to systemwide accountability and documentation processes. On the other hand, Mead notes, "We needed to ensure that everyone at the system understood why the hospitals needed time for the transition. It's important to have someone on each side who's extremely sensitive to the concerns of both sides and can help work through differing expectations in a respectful way."

BISHOP'S PARTICIPATION

The Sisters of St. Joseph communicated with Bp. William L. Higi of the Lafayette-in-Indiana diocese throughout the transfer process. He participated in the celebration of the affiliation in 1991, and Sr. McEntee met with him regularly to keep him up to date. In February 1993 she explained why the two congregations were moving toward a more permanent relationship, and a year later the bishop accompanied her to the DCNHS-EC office in Evansville to learn more about the Daughters and the impending transfer.

"It was a positive transfer. I am pleased because the hospitals remain under Catholic auspices. That the Daughters is a solid healthcare system was reassuring to people," Bp. Higi says.



CULTURAL TRANSFORMATION

Sim Gellman

COMPATIBLE CULTURES

The bishop participated in formal transfer ceremonies at the two hospitals. His presence at what he describes as a "bittersweet moment for the Sisters of St. Joseph" affirmed the contribution they have made and also welcomed the Daughters. "To have done the transfer without ceremonies would not have served the sisters' need to grieve," he says. Saint

Joseph has served the Kokomo area since 1913, and Mercy was founded in Elwood in 1926.

The ceremonies demonstrated the sensitivity and love that helped the two organizations with different cultures come together successfully. The two congregations recalled their closely connected histories and their common commitment to serving the poor. Both congregations were founded in France in the seventeenth century, and in the nineteenth century established provinces in the United States.

The congregations' shared values and philosophy, "especially as they are lived out," contributed to the organizations' compatibility, and the hospitals' missions remain unaltered, Sr. McEntee says. As part of a "slow and gracious transition," she says, the Daughters' mission statement has been placed next to the Saint Joseph mission statement throughout the hospital. "The Daughters have core values that are virtually the same as those of Saint Joseph hospital," she adds. "In Catholic healthcare, our missions may be identical, but the personality of each institution is different and the compatibility is exciting."

"This was not just a business transaction," Prybil stresses. "It is important for parties to work together closely and come to know each others' values and philosophies and be sure they are congruent."

Sr. Veronica Baumgartner, CSJ, who was president of her congregation at the time of the transfer, adds, "Our charisms jelled. The transfer was an example of Christianity at its best."

Sr. Xavier Ballance, DC, president of DCNHS-EC, says the transfer was "almost transparent" because of the compatibility of the congregations: "We are both committed to being companions on the journey of carrying on the healing ministry of Jesus Christ to the sick and the poor in Kokomo and Elwood."
—Judy Cassidy



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