Creating a Ministry of Caregiving

Employees at Springfield (Ill.) Hospital Encouraged to be a ‘Healing Presence’ for Patients

Business acumen is the significant indicator of financial success in the health care marketplace. At a minimum, it requires both a mastery of relationships and the business savvy to secure a favorable margin. In turn, it’s the margin that allows the health care business to attract the best physicians; buy state-of-the-art equipment; be competitive; hire the best and the brightest; and maintain the necessary bond ratings to build and buy for delivery of ever-advancing health care. Often, the intermingling and output of a vast complexity of legal, financial and relational components determine the business success in health care today. Senior leaders down to front line clinical managers find their success — financial and personal — tied to meeting the budget and financial objectives for their given area(s) of responsibility while producing high marks in patient satisfaction. Health care, faith-based or not, is complex. The job isn’t easy, the stakes are high, the rewards variable.

But our challenge isn’t intended to be rooted in business acumen alone. We are faith-based — we are Catholic health care. Our deepest roots are discovered in the lives of saints — people who died many years ago; people who lived so authentically, they found God in every person — especially those in need; the sick, the poor, the disenfranchised.

Asked whether or not, with such a high Medicare/Medi-Cal ratio, his hospital provided psychiatric services, the administrator responded: “with our payer mix at 92 percent Medicare or MediCal, finances, in general, are a challenge and we all know reimbursement for psychiatric services is very difficult, at best. But isn’t the psychiatric patient one that St. Vincent de Paul would want us to reach out to and care for?” The room fell silent. We were absorbing, in awe, the depth of his response and the power of his convictions.

Stories from the Field

The response was that of Jerry Kozai of St. Francis Hospital in Los Angeles. He and Sr. Joyce Weller, DC, mission leader at St. Vincent’s Medical Center, a sister facility in the same city, were sharing information about their sponsorship model and mission of caring with a group of leaders from Hospital Sisters Health System, Springfield, Ill. Mr. Kozai was asked, “with such a high percentage of Medi-Cal/Medicare patients, can your facility provide psychiatric services?” He responded by stating “Vincent” with such reverence, clarity and purpose — it seemed like the two shared a personal relationship.

Clearly, he had internalized and actualized Vincent’s message, example and profound love for God’s creation. Catholic identity is defined by our actions.

She was young. Her name was Kim. The latest lab work and physician notes in her now quite thick medical record told the clinical story. She was not responding to treatment. There were no more options her doctors could offer. Those closest to her knew these past several months had been a roller coaster — in and out of the hospital; arduous chemo treatments; in and out of remission; time spent away from friends and classmates. It must have been very confusing, frightening and scary — it would be for anyone, especially for a teenager.

Working with her biological family, Kim’s adopted family of caregivers helped her dream during the trying times when the treatments, blood tests and generalized weakness robbed her of the energy a healthy teen would use for many things including looking toward life after high
school. Kim’s dreams were for her, a bright beacon of hope. When she dreamed, Kim saw herself graduating from high school, going to college and becoming an interior designer. She had great plans for a booming career that would match any on HGTV. However, the future she dreamed about was different. This bright, creative and brave girl faced the reality that her body wasn’t responding to the chemo.

The child-life specialist, who had the most consistent quality time with Kim, entered the world of her dreams with enough frequency to help her use them as a powerful spiritual tool to both manage the treatments and cope with the rough days. The specialist was determined not to let those dreams fade. One call to an administrative secretary and plans were set in motion. Vendors would put jobs for the main hospital on the back burner to accommodate a project now called urgent — the Children’s Hospital Teen Lounge. Kim would be the re-design specialist.

With the gift of seeing many of her design plans in place, Kim died peacefully. A few weeks later, her family returned to the unit to cut the ribbon for the re-opening of the new teen lounge designed by her daughter. The stories about the women and men who founded, staffed and supported our hospitals, nursing homes, home health agencies, health care systems and organizations give us reason to describe them as risk takers, selfless, visionary, and steeped in what we call “business savvy” today. Yet, as religious, it has always been their personal commitment to grow in their understanding of the meaning of God’s presence in their lives and act accordingly.

We have the unlimited potential for using that child of God relationship. Our spirituality is rooted in the quality of our relationship with God. Catholic identity is an outgrowth of personal spirituality.

What power is unleashed in me when I look within myself and allow my spirit to be one with God or a higher being most of us call God? What can I accomplish when I see in you God’s creation and a person with inherent dignity? How does my focus change when I see each of us and all God’s creation, as people destined for a relationship with him beyond this earth? When I sit with you in budget meetings, strategic planning retreats or to solve patient care issues and I see each of us as instruments in a plan much bigger than either of us, then I am beginning to see myself and you as stewards of a ministry, not just players on an organizational chart.

Cheryl was 27 years old and dying of metastatic ovarian cancer. Married, she and her husband lost their only child in a drowning accident just 12 months before her diagnosis. Cheryl was an only child. Her father died 18 months earlier. Her husband and mother were always at her side but rarely at the same time. The pain Cheryl’s husband endured was visibly horrific. Her mother’s pain, held deeply and quietly inside her diminutive body, must have been equally horrific. Cheryl’s physical pain was horrendous and control of it was delicate at best. In and out of consciousness, Cheryl’s emotional and spiritual pain, the hospice team sensed, was deep.

A patient in our new hospice unit back in the early 80s, Cheryl had the benefit of a loving staff who, though suffering from the psychological effects of transference, cared for her and her family...
in tender and effective ways. Our medical director, who was both knowledgeable and compassionate, worked tirelessly with pharmacy and nursing to titrate the right combinations of pain medications to control Cheryl's physical pain. Pastoral care, along with the physicians and nursing staff, lead the team's efforts to be present, identify and control pain — physical, spiritual and emotional. The hospice team knew this small family needed love, prayers and support in equal proportions to physical care as they experienced yet another loss further fracturing their relationship.

**Catholic Identity: It's About Relationships**

During employee orientation, most new hires have an introduction to the organization's mission statement, core values, history and philosophy of care. They are likely to hear the story about the founders, the facility's name — it's patron saint and the religious symbols they'll find throughout the facility. New employees will hear about the place the organization holds in the community, the importance of teamwork and striving for excellence in patient satisfaction. Our relationship with our employees begins at a basic level: we ask them to understand and live-out the intent of our mission statement and identify with our values. We ask them to love God's people through their work. It's a beginning step. In various ways, we are asking our employees to connect our rich history of service and their job of caring for or supporting the care of God's people today. Catholic identity is about relationships.

Once we are open to be transformed by the message of Catholic health care, we can transform and effectively lead others. Then, we become God's healing touch, his healing eyes, his healing ears, his healing mouth, hands and feet for all his creation.

As leaders in Catholic health care, we have an awareness of our relationship with the Catholic church through, but not limited to, the Ethical and Religious Directives. As good stewards, we are introduced to and study the charisms, the mission, values and ministry of our sponsors. We grow in our stewardship role when we are open to be formed (or further formed) by what we've learned from this study. Relationships grow and become richer and more fruitful when the charism, mission and values are internalized and acted upon.

In other words, when I'm open to the essence of the charisms, the mission, values and ministry of my organization as the basis for forming my actions, I broaden the capacity of my heart to love. Also, I'm likely to deepen my personal relationship with peers and the community wherein I work and live while enhancing relationships with family and loved ones. Concurrently, my relationship with God deepens; I can grow in my appreciation of my sacredness and potential as his child and the holiness of my work. With such clear vision, I can see the dignity and potential in another person. I have greatly enriched my life and capacity to love or conversely, handle stress and other negative emotions that serve to limit my personal and professional freedom and potential.

In Catholic health care, we are called to inhale, absorb and exhale the sacred influences of our charisms, ministry, mission and values. When taken seriously, these forces help us grow to appreciate the intense spirituality inherent in the places we serve. Actualizing these influences in our relationships with one another is what makes those places sacred. When our words and actions reflect the charisms and our mission, values and ministry, the places become holy ground. The work we do is intended to be healing, holy and sacred — today how have I experienced those dimensions in my work?

Every day, we are called to be a healing presence. Our healing presence is needed by a patient or one who serves the patient, by a physician or someone unhappy about a given situation, by the employee in the boiler room or one in the executive suite. Our challenge is to give to each situation a response rooted in our founders' charisms, our mission and values — one that reflects the ministry to which we are committed. But like the directions by the airline attendant, we must put the oxygen mask on ourselves first — in this case, feed ourselves spiritually through our relationship with God.

Once we are open to be transformed by the message of Catholic health care, we can transform and effectively lead others. Then, we become God's healing touch, his healing eyes, his healing ears, his healing mouth, hands and feet for all his creation. Those around us "catch" mission, values and the charisms of our founders when our actions transform our work space into holy ground. Our Catholic identity is formed by the Gospel message.

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