

The Stewardship Imperative

BY JOSEPH TOOMEY

Recently I decided to look up the precise meaning of the word *stewardship*. My dictionary defined it as “the conducting, supervising or managing of something, especially the careful and responsible management of something entrusted to one’s care.”¹

The dictionary defines the word *imperative* as meaning “an obligatory act or duty . . . not to be avoided or evaded.”²

Creating and carrying out a *stewardship imperative*—that, I think, is the big task facing Catholic health care today.

A STEWARDSHIP “WILL”

Redefining sponsorship for the future is like creating a testament or will to ensure the careful and responsible management of a health care ministry—a “stewardship will,” so to speak. Wills preserve assets from one generation to another. They are designed to block interference from the government or other outside parties. In so doing, they attempt to maximize the transfer of wealth. Wills provide a level of confidence—a trust—that the intended legacy will be carried into the future.

The executor of an estate is entrusted with seeing that the terms of the will are carried out. As stewards of the Catholic health care ministry, we are the executors of that estate, entrusted with protecting the ministries—which are the assets—for the future.

So we need to look at how best our health care ministries can continue to survive and flourish, not just over the next 10 to 20 years but continuously—25 to 50 years from now and beyond.

Over the years, as our institutions grew larger and the sisters available to work in them became fewer, lay people have assisted in more and more aspects of our ministry. The importance of lay people to the vitality of the ministry has thus steadily increased. As with a will, our ministry needs planned, written, and executed documents for transferring the stewardship from the sisters to lay persons. Our ministry needs a “stewardship will” not only to protect the work of previous



Mr. Toomey is president and CEO, Resurrection Health Care, Chicago. This article is adapted from a talk he gave in April 2002 at the seventh Annual Conference on Catholic Health Care at Loyola University.

generations but also to ensure a rich legacy for all who seek our care.

CHOOSING BOARD MEMBERS

In our ministry, the people who will carry out a “stewardship will” are our board members.

How do we appoint board members? Where do they come from? What do we consider an ideal background for a board member? Often-times board members are good, reliable people who serve an organization because they have a sense of civic obligation. Perhaps they are people the organization’s leaders feel comfortable with or are significant donors to the organization. But we must ask of our board candidates: Are these the best people to meet the needs of health care as it exists in today’s world?

The board selection process was pretty easy in the past. We often chose lawyers, bankers, and businessmen who worked with our facilities on a professional basis. But wouldn’t it also make sense to choose a specialist in ethics, for example, or a world-class physician, an esteemed theologian, or a university professor of business administration?

While considering some top health care and religious professionals, we might also look at leaders from vastly different backgrounds. Think of what such a person might contribute by providing new perspectives and ways of solving problems!

However, we then might have to break tradition and consider reimbursing the people we ask to join our boards, as many business organizations do. Such a stipend would not be unlike the sponsorship fees we currently provide. Altruism is wonderful, but some of these men and women spend a great deal of their time on our health care business. Awarding board members a stipend would be a way to show that we respect the time they give us.

At some point, it may be necessary to turn over the entire governance of our organizations to boards of lay people, without even religious to serve as board chairpersons. As “executors of the estate,” so to speak, such boards will carry out

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FINAL SAY

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the wishes of the estate, ensuring that the legacy endures. It's likely that lay members of these boards will participate in establishing the "will" to begin with. If that's the case, no "us-versus-them" mentality will obstruct the aligning of the sponsors with the lay people.

JESUS' HEALING MINISTRY

The roots of Catholic health care sponsorship go back 2000 years to the healing ministry of Jesus Christ. Today's Catholic health ministry, which finds itself in an enormously complex health care environment, nevertheless maintains the same goal—to care for those who need us, one person at a time: the sick, the maimed, the poor, and the disenfranchised. It is vital that Catholic health care remain a strong and solid presence in our society.

Seven years ago, the late Cardinal Joseph Bernardin asked, "How can we revitalize the 'Catholic imagination' of healthcare that sustained and challenged those who went before us? Unless we attend to this spiritual and formational vision, we will not be able to experience the rebirth we all desire."³

The complex environment we find ourselves in is *not* the problem, the cardinal reminded us. "Economic, technological, systemic, and medical realities are not enemies," he wrote. "Rather, it is also to them that we bring our ministry of Christian hope."

Cardinal Bernardin was right. Our real enemy is our own reluctance to see these realities for what they are, define our legacy into a "will" or "trust," and identify our "executors. □

NOTES

1. Merriam Webster's Collegiate Dictionary, 10th ed., Merriam-Webster, Springfield, MA, 1996, p. 1,154.
2. Merriam Webster's Collegiate Dictionary, p. 582.
3. Joseph Bernardin, *A Sign of Hope*, Catholic Health Association, St. Louis, 1995, p. 16.