



GIVE-AND-TAKE IN AN ECUMENICAL SYSTEM

When St. Joseph's Hospital in St. Paul, MN, joined the ecumenical HealthEast healthcare system in 1987, many observers were skeptical of the venture's success. The attempt to merge a Catholic hospital with Lutheran and Baptist organizations would never work, they said; the differences in our denominational sponsorships would be our downfall, and St. Joseph's would lose its Catholic values and traditions.

The skeptics were wrong. Not only has St. Joseph's retained its mission, values, and vision, but elements of its philosophy and system of spiritual care have been adopted by the other facilities in the HealthEast system. Our denominational differences were not our downfall—in fact, our common Judeo-Christian heritage has been our strength.

THE MERGER

St. Joseph's, owned and operated by the Sisters of St. Joseph of Carondelet, was established in 1853, Minnesota's first hospital. By the early 1980s, St. Joseph's was experiencing the same problems all Minnesota hospitals then faced, as outpatient and home care became more widespread. St. Joseph's held its market share, but inpatient occupancy was on the decline.



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*HealthEast
St. Joseph's
Shared Its
Traditions
And Gained
A Better
Balance*

**BY SR. MARIAN
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St. Joseph's began to explore its options. Teaming with another Catholic facility was its first preference, but a joint venture with St. Mary's Hospital and Rehabilitation Center in Minneapolis ended after a few years. Cultural dif-

Summary When St. Joseph's Hospital in St. Paul, MN, owned and operated by the Sisters of St. Joseph of Carondelet, joined the ecumenical HealthEast healthcare system in 1987, many observers were skeptical of the venture's success. But an emphasis on their shared Judeo-Christian values has enabled the Catholic, Lutheran, and Baptist facilities to build a strong system.

The beginnings of the merger were difficult, as facilities closed, others expanded their services, and staff shifted between them. An open communications policy between HealthEast leaders and staff members and dedication to the mission of healthcare that all the system facilities shared helped blend denominational identity and traditions at each member hospital and establish a corporate identity.

The HealthEast system has adopted some of St. Joseph's policies and practices, particularly in the areas of mission, ethics, and spiritual care. HealthEast St. Joseph's has also benefited from being part of the HealthEast system, gaining a more diverse staff respectful of each others' beliefs, expanded spiritual care, and the means to continue serving its community.

HealthEast plans to discontinue inpatient services at HealthEast St. Joseph's in downtown St. Paul and build a suburban facility, but the Sisters of St. Joseph of Carondelet are working with HealthEast to assess the downtown community's healthcare needs, especially among the homeless and immigrant populations, and ensure those needs will continue to be met.



ferences had overshadowed similarities, and the two decided it was in both communities' best interests to discontinue the agreement. Both healthcare centers subsequently entered into collaboration with health systems closer to home.

Two organizations that also operated hospitals in the St. Paul area—Health Resources, which was Lutheran, and the Baptist Hospital Fund—had formed a small joint venture called HealthEast to develop home-delivered services. The joint venture partners added Bethesda Lutheran Medical Center in a full-fledged merger in 1986. St. Joseph's entered the HealthEast system in 1987.

A FAITH-BASED ORIENTATION

The HealthEast system merger was a balancing act, as each individual facility adapted to being part of a system while maintaining its own values. St. Joseph's board retained some reserved powers (see **Box**, p. 41), but the system as a whole had to address its denominational differences.

Each of the four organizations in the merger believed in maintaining a strong faith-based orientation in its delivery of healthcare. When the pastoral leaders from each organization sat down together to discuss cultural issues, they were struck by how much they had in common, rather than by the differences between them. As they worked to shape a values statement to recommend to the HealthEast board of directors, they concentrated on strengthening the common Judeo-Christian values that molded their idea of what healthcare should be.

The shared emphasis on values—such as providing healthcare to the needy—was the glue that held the system together through difficult times. During the first few years of the merger, hospital utilization was declining. HealthEast closed some of its facilities and consolidated others. Staff members were transferred to different facilities, and employees had to adjust to new cultures and changing teams. HealthEast St. Joseph's, a downtown facility, began a transformation from a specialty hospital to a family-centered hospital that also offered tertiary services. Many employees from the non-Catholic facilities in the system came to

work at HealthEast St. Joseph's, and St. Joseph's staff grew to respect their religious values.

Effective communication between the hospital staff and HealthEast leaders became crucial. HealthEast's communications strategy embraced openness and honesty. System leaders told employees that change was inevitable because of the merger and kept employees informed of developments ahead of the media. In addition, HealthEast standardized personnel policies and treated everyone as employees of the system, not of individual facilities. This was a significant mental shift; previously, the facilities had been competitors, but now they needed to act as a team.

In the end, the devotion to the mission and effective communication with the staff resulted in a merger that successfully blended denominational identity and traditions at each member hospital while establishing a corporate identity.

A COMMITMENT TO MISSION

St. Joseph's commitment to mission has always been one of its highest priorities. Before the merger, St. Joseph's had a reputation in the community for developing support groups and community education programs as part of its mission. The hospital's mission committee designed activities such as providing temporary housing for homeless people, celebrating St. Joseph's Day, and explaining the mission to new employees. St. Joseph's has always supported the needy at Christmas by purchasing gifts and food certificates for families, a program that has now been adopted throughout the HealthEast system. As part of its ongoing commitment to social justice, HealthEast St. Joseph's and all the HealthEast units, plus the Ramsey County Medical Society, headed a drive for supplies for homeless people in Ramsey County. Employees and the community donated \$24,000 worth of medical supplies, toiletries, and clothing.

Following St. Joseph's example, the HealthEast system has instituted mission committees at all the system's hospitals. The system's board of directors has a mission effectiveness committee, chaired by a sister of St. Joseph. Its mission statement is taken very seriously throughout



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HealthEast and has been changed only once since the merger.

HealthEast's employees are dedicated to its mission and celebrate Mission Month every April. Systemwide events include:

- A lecture on ethical issues
 - An employee seminar on organizational change and how to achieve the organization's vision
 - A president's prayer breakfast
- At HealthEast St. Joseph's, events include:
- Brown bag lunches, at which speakers discuss values and social issues
 - A canned food drive
 - The blessing of employees' hands for ministry

IMPROVED SPIRITUAL CARE

In the area of spiritual care, HealthEast St. Joseph's has both contributed to the HealthEast system and gained by being part of an ecumenical system. St. Joseph's specializations in oncology, cardiology, and hospice care had created a need to address end-of-life issues at the hospital, and spiritual care was an important aspect of patients' treatment. Drawing on this expertise, HealthEast's vice president of pastoral care used St. Joseph's standards to craft the model of spiritual care for the system.

Today, spiritual care directors from all HealthEast hospitals and long-term care facilities meet every other week to develop policies and protocols for spiritual care. A systemwide on-call schedule ensures a priest and a chaplain are always available to respond to patients' spiritual needs. The ecumenical staff members are cross-trained in many religions so they can provide spiritual guidance to all.

HealthEast St. Joseph's has benefited from the mix of religious and denominational backgrounds in its spiritual care staff. Staff members have a good relationship with the Protestant chaplains, and the community appreciates the fact that HealthEast St. Joseph's now has more than just Catholic staff.

The spiritual care staff works together to develop policies and divide responsibilities. An ecumenical team also reviews the delivery of spiritual care in the light of diverse religious traditions. At least twice a year, the members of the spiritual care staff take half a day to learn new developments in spiritual care. This is only possible because of the expanded staff and the backup system.

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ATTENTION TO ETHICS

The ethics committee is another tradition of HealthEast St. Joseph's that has spread to all HealthEast hospitals and long-term care centers. The system's home care program is also forming an ethics committee. Ethics committees meet every other month and focus on ethical issues and staff education. In May 1995 a four-part staff seminar addressed the issue of pain, and in early 1996 a three-part seminar helped the staff understand the culture and beliefs of the large Hmong population that has settled in St. Paul.

The HealthEast system has also collaborated with the College of St. Catherine, Fairview-Riverside Medical Center, and the Sisters of St. Joseph to establish an ethics center, which hosts visiting ethicists.

A POSITIVE EXPERIENCE

The opportunity to collaborate, the need to restructure or avoid duplication of services, the development of new delivery systems, and financial pressures are some of the reasons hospitals consider joining a system of healthcare organiza-

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SUMMARY OF RESERVED POWERS

The retention of reserved powers was a vital component in the merger of St. Joseph's with the HealthEast system. These powers, which are part of the HealthEast bylaws, ensure that St. Joseph's religious identity will be preserved. This summarizes the powers retained by the St. Joseph's Hospital's sponsor board of directors.

- To approve the use of the name "St. Joseph's Hospital"
- To require observance of the *Ethical and Religious Directives for Catholic Health Care Services*
- To approve any changes in the mission statement
- To approve any change in the fundamental nature of St. Joseph's Hospital, such as the discontinuance of a healthcare mission
- To approve a total discontinuance of hospital operations or a dissolution of St. Joseph's Hospital
- To maintain a reasonably staffed and budgeted pastoral care program
- To maintain the current chapel and appropriate signs, symbols, and images of Catholic identity within and outside the facility
- To maintain an institutional ethics committee
- To approve a sale of St. Joseph's
- To approve a merger of St. Joseph's Hospital into any other corporation not connected or affiliated with HealthEast
- To approve any changes to the above reserved powers

GIVE-AND-TAKE

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tions. To maintain their Judeo-Christian values and a commitment to community, Catholic hospitals should seek other organizations that share their values.

In the past, many volunteers, employees, and healthcare professionals worked at St. Joseph's because they were attracted by its spiritual values, and spiritual values continue to attract both patients and staff members. New employees know from the start that Judeo-Christian values are esteemed at HealthEast and St. Joseph's. The orientation booklet states, "We concentrate on the Judeo-Christian values that we agree on: that is, a philosophy of care grounded in love of God and love of neighbor." This emphasis on shared values has made the merger into an ecumenical system a positive experience for St. Joseph's.

HealthEast is also a corporate success story. The system is financially viable and has added new service lines, acquired physician practices, opened a healing center, and sought to address the changing needs of the healthcare marketplace. HealthEast hospitals, including HealthEast St. Joseph's, have seen increased occupancy levels.

However, overall, hospital use continues to decline, and in August 1996 HealthEast announced its decision to discontinue inpatient services at the current HealthEast St. Joseph's in downtown St. Paul and to construct a smaller facility in a St. Paul suburb, to open in 2000.

HealthEast hopes to continue the HealthEast St. Joseph's name and Catholic traditions at the suburban hospital. The Sisters of St. Joseph of Carondelet are working with HealthEast to assess the downtown community's healthcare needs, especially among the homeless and the Hmong immigrants, and ensure those needs will be met after the relocation of the hospital. □

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THE COMMON GOOD

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make up the common societal good described in Catholic social teaching. By identifying these specific goods as essential common goods and by classifying these goods as human rights, Catholic social teaching provides the rationale for the development of a just healthcare system.

A National System For those committed to promotion of the common good, advocacy of a national healthcare system that embodies such a commitment must be a priority. Such a system would have the characteristics listed in the Box on p. 33.

A Commitment to the Common Good In addition to advocating for a national healthcare system designed to serve the common societal good, Catholic healthcare entities must evaluate their own strategic plans and ongoing services in light of their impact on the common good of their communities and regions. In this era of networking and restructuring, it is especially important to evaluate proposed initiatives with other providers in light of their effect on the common good. For example, Catholic providers might assess whether a potential partner:

- Has established its current programs and services with an eye to promoting the common good of the communities they serve

- Is willing to participate in, and commit resources to, advocacy efforts for a redesigned national healthcare system that serves the common good

- Is willing to dedicate resources from the proposed joint venture to create programs to promote the common good of the community

In the course of establishing new alliances, Catholic healthcare entities should insist that the service of the common good be at least as high a priority as the goals aimed at securing economic advantages, such as increased market share. It is particularly important for those who are committed to the Catholic social ethic to carefully

scrutinize proposed partnerships with for-profit organizations.

Commitment to the common good is an essential part of the mission of Catholic institutions. An appreciation of the theological and ethical context of the notion of the common good must combine with stamina and creativity to promote programs and secure partnerships that will convert the theory into practice. □

NOTES

1. Catholic Health Association, *Setting Relationships Right: A Proposal for Systematic Healthcare Reform*, St. Louis, 1993, p. 3; Catholic Health Association, *With Justice for All? The Ethics of Healthcare Rationing*, St. Louis, 1991, p. 15; National Conference of Catholic Bishops, "Resolution on Health Care Reform," *Origins*, vol. 23, no. 7, 1993, p. 97.
2. Leo XIII, *Rerum Novarum*, 1891, paras. 26-28.
3. Pius XI, *Quadragesimo Anno*, 1931, para. 87.
4. John XXIII, *Mater et Magistra*, 1961, paras. 80, 155, 157; *Pacem in Terris*, 1963, paras. 99, 138.
5. Paul VI, *Populorum Progressio*, 1967, paras. 43, 44, 47, 76.
6. See Drew Christiansen, "On Relative Equality: Catholic Egalitarianism after Vatican II," *Theological Studies*, vol. 45, 1984, pp. 651-675.
7. *Pacem in Terris*, 1963, para. 11.
8. Thomas Aquinas, *Summa Theologiae*, II-II, quest. 47, sect. 10.
9. *Gaudium et Spes*, para. 74, in Walter Abbott, ed., *The Documents of Vatican II*, Guild Press, New York City, 1966.
10. National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy*, U.S. Catholic Conference, Washington, DC, 1986.
11. *Economic Justice for All*, para. 71.
12. *Economic Justice for All*, para. 79.
13. *Economic Justice for All*, para. 85.
14. *Economic Justice for All*, para. 87 (Third General Conference of the Latin American Episcopate, *Evangelization in Latin America's Present and Future*, part VI, chapter 1, Puebla, Mexico, 1979).