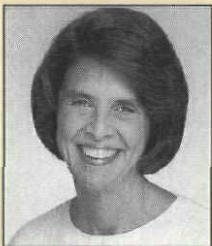


GRANTING AUTHORITY TO A NEW POLICY

A Community Benefit Services Policy Becomes Part of the General Business Strategy

BY JOEANN KARIBO



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Knowledge and understanding of communities' needs and priorities, senior managers' commitment to help meet those needs, and the skillful direction of human and financial resources, are the cornerstones of an integrated approach to providing effective community benefit services. Bon Secours Health System's new strategic plan and community benefit services policy builds on this foundation by integrating the planning, budgeting, evaluating, and reporting of community benefit services into management processes at the same level of authority as other operational activities.

REDUCING REACTIVITY

As a part of the Catholic healthcare ministry, Bon Secours Health System, headquartered in Marriottsville, MD, is called to help meet the healthcare and related socioeconomic needs of the communities we serve, particularly the needs

of persons who are financially disadvantaged.

In evaluating our performance, we found that most of our community benefit services have been provided as a reaction to the needs of persons in crisis who come to our institutions. We have provided such services with compassion and caring, but with little planning for or evaluation of their effectiveness. The reactive nature of this approach suggests a certain acceptance of current conditions. Symptoms are patched while the underlying causes go untouched.

Realizing the need to become proactive, the healthcare system's leaders recently developed a strategic plan and an operating policy that integrate community benefit services into the fabric of everything we do. Our strategic plan documents our mission, operating principles, vision, and five goals, one of which is to improve the communities' health status. Specific subgoals are to be accomplished during the next three to five years (see **Figure**).

Summary Bon Secours Health System's new strategic plan and community benefit services policy integrates the planning, budgeting, evaluating, and reporting of community benefit services into management processes at the same level of authority as other operational activities.

The strategic plan of Bon Secours Health System, headquartered in Marriottsville, MD, documents the system's mission, operating principles, vision, and five goals, one of which is to improve the communities' health status.

The community benefit services operating policy requires that the Bon Secours Health System chief executive officer (CEO) and each local system CEO and nursing home administrator form a multidisciplinary local work group to be responsible for community benefit services. Each local work group

assesses the needs of its community within the framework of the annual planning process.

Determining what services are needed and how to deliver them is relatively easy. The difficult task is determining *which* of the many needs to address.

What a community lacks may be the result of poor or inadequate public policy. For example, its priority may not be healthcare. In these situations healthcare providers may be best able to serve the community by providing indirect support to social service providers or by advocating for change. The community benefit services operating policy provides a standard approach to match the community's priority needs with the institution's resources and produce a measurable improvement in health status.

To achieve the community benefit goal, our focus must change from treatment to prevention. As healthcare providers, we will be required to take risks to find solutions that eliminate the underlying causes of poor health in our communities. To set improvement targets and monitor the effectiveness of our services, the healthcare system's leaders identified baseline health indicators for each of the subgoals (see **Figure**).

Our strategic plan makes community benefit services part of the general business strategy, thus ensuring managers' attention. The operating policy provides standard procedures to integrate the planning, budgeting, evaluation, and reporting of community benefit services into existing management processes at the same level of authority for review and approval as other operational activities.

The operating policy requires that the Bon Secours Health System chief executive officer (CEO) and each local system CEO and nursing home administrator form a local work group to be responsible for community benefit services. Five to eight multidisciplinary members, representing operations, advocacy, marketing, plan-

ning, finance, communications, and mission, form the local work groups.

IDENTIFYING SERVICE OPPORTUNITIES

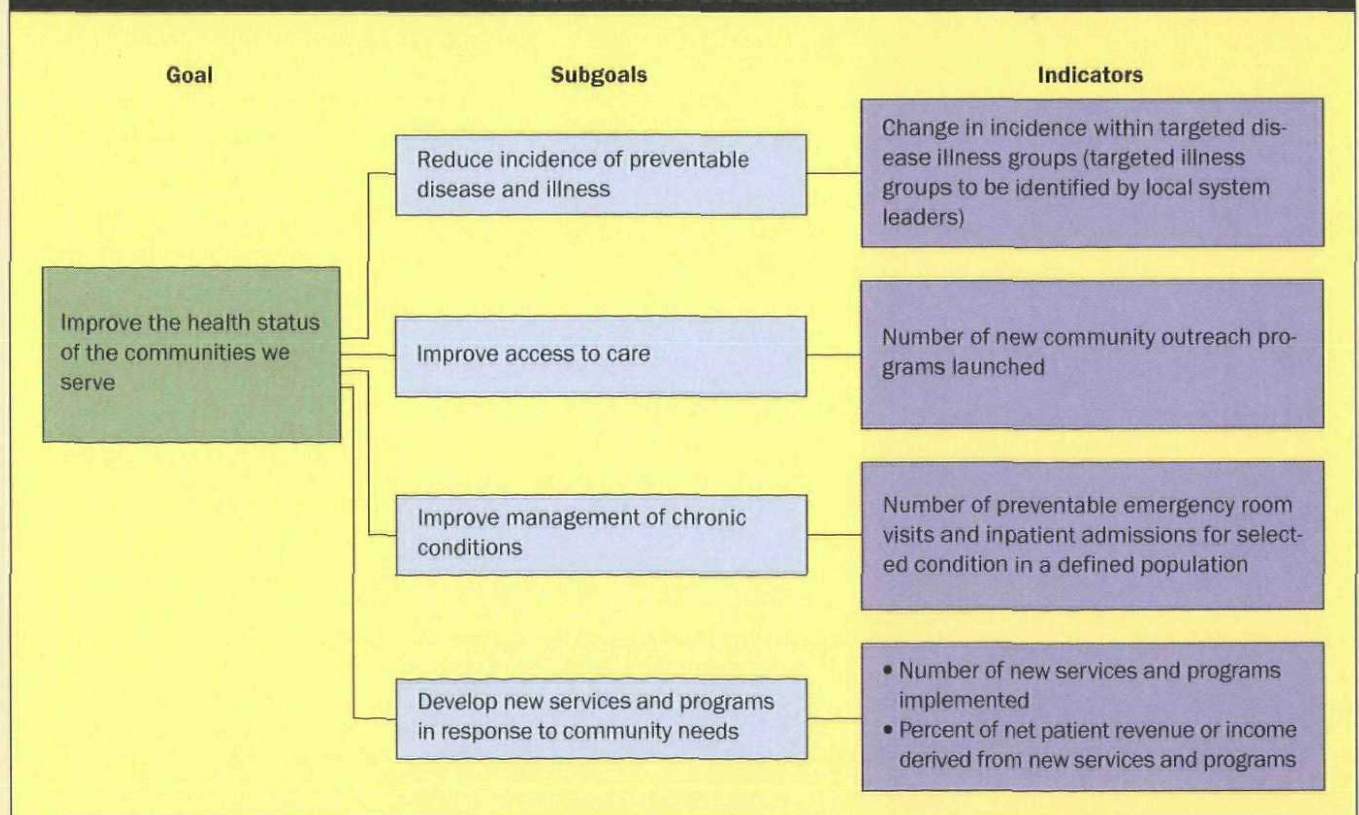
Each local work group assesses the needs of its community within the framework of the annual planning process. The needs of each community are unique, and so is the ability of each healthcare organization to meet those needs. Each local work group has focused planning on the geographic area in which its institution's resources are capable of producing a measurable improvement in health status.

For example, Bon Secours member St. Mary's Hospital of Richmond, Inc., Richmond, VA, is a tertiary hospital with many resources. The local work group has chosen to address the need for preventive services for disadvantaged women and children throughout its entire service area. In contrast, Bon Secours Hospital Baltimore, Inc., a secondary care facility, is located in a poor neighborhood. Because the needs are so great, the local work group is focusing on the needs of people who live within a mile or so of the hospital, addressing socioeconomic issues and health-



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GOALS AND SUBGOALS



care needs relevant to this population.

The information required to identify the geographic area in which the greatest opportunity to benefit the community exists can usually be collected through research and analysis of existing data such as:

- Socioeconomic characteristics from the 1990 U.S. Census
- State, county, and city public health and social service data
- Information from community agencies such as United Way

UNDERSTANDING SERVICE NEEDS AND EXPECTATIONS

Service delivery design is as important as identification of the service opportunities. Unless we understand the expectations of the people we are trying to serve, we cannot ensure that our response will generate the desired outcome.

Each local work group uses standard primary market research techniques such as mail and telephone surveys; focus groups with community

members; interviews with employees, physicians, and community leaders; and customer satisfaction surveys.

The unique characteristics of disadvantaged persons frequently dictate the need for unique service delivery design. Poverty can negatively affect a person's ability or willingness to access healthcare and social services, even when such services are plentiful.

Frequently, disadvantaged individuals do not have transportation, are illiterate, have limited knowledge of illness prevention and healthcare, are isolated with no support systems, and are fearful and suspicious of formal service organizations. This reality often requires the use of innovative community-based market research methods to reach out and learn about the social and cultural characteristics that demand special delivery designs.

IMPROVING OUR ABILITY TO RESPOND

Determining what services are needed and how to deliver them is relatively easy. The difficult task is determining *which* of the many needs to address.

What a community lacks may be the result of poor or inadequate public policy. Its priority may not be healthcare. In these situations healthcare providers may be best able to serve the community by providing indirect support to social service providers or by advocating for change. Therefore the service definitions of the Bon Secours Health System community benefit services policy are classified by service type (see **Box**, left).

The policy provides a standard approach to classify needed service. It includes a series of questions or screens to categorize the service opportunities into four planning categories: direct services and available existing resources, direct services and new resources, indirect support services, and advocacy (see **Figure**, right).

The planning categories reflect the desire of Bon Secours Health System to:

- More fully serve existing customers
- Fully use existing resources
- Directly deliver only healthcare services
- Invest new resources in innovative and collaborative programs
- Support other providers that may be better qualified to deliver the needed services
- Advocate for persons' rights or to change public policy

Each local work group is responsible for developing its own service selection criteria. The following are examples of some local facility service selection criteria:

- Contribution to the Catholic healthcare ministry

SERVICE TYPE

DIRECT SERVICES

The following services are delivered to customers by Bon Secours employees or within Bon Secours facilities:

- *Indigent care*: Free or discounted healthcare services provided to those who cannot afford to pay (i.e., charity care)
- *Cash and in-kind donations*: Contributions of cash, equipment, supplies, and employee skill and time
- *Zero or negative margins*: Services needed by the community that do not have adequate sources of payment to generate an operating income margin, even when well managed
- *Healthcare professional education and training*: The difference between the amount paid and the costs to render certified education and training programs such as rotating medical residents and students of nursing and allied health professions and community-based high school work experience programs (not including education, in-service training, and orientation costs for physicians, nurses, or other employees)
- *Research*: The difference between the amount paid and the costs to conduct health-related research such as controlled studies of therapeutic protocols

INDIRECT SUPPORT

Money, supplies, or equipment that Bon Secours contributes to other providers that deliver services to customers

ADVOCACY

Speaking or acting on behalf of a cause, a policy, or the interest of a group, specifically to promote human dignity and to protect human rights with a preferential concern for the poor and disadvantaged



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- Importance in ensuring access to underserved individuals
- Impact on the community's health status
- Availability of third-party funding or philanthropic contributions

Each local work group annually evaluates existing community benefit services to ensure that resources are being allocated efficiently. Favorable outcomes are more important than the amount of money spent. Therefore, to aid in the evaluation process, Bon Secours Health System's operating policy requires that monitoring and recording be completed on real-time basis and include narrative reports, as well as financial statistics.

At the same time it submits all other plans and operating budgets, each local work group submits its plan and budget for community benefit services to its respective CEO for review. Compelling needs beyond a local facility's authority or financial ability are submitted to Bon Secours Health System's CEO for funding consideration.

ENCOURAGING OTHERS TO JOIN

Bon Secours facilities cannot meet all our communities' needs on our own. One resource is our position as major corporate entities in local markets. In this regard, we advocate and use our influence to act as catalysts to get others involved.

One way to raise community awareness and influence others to participate is through published reports. Bon Secours Community benefit services policy requires that each local system publish annual reports to communicate not only how we have responded to the needs of our communities, but also the needs we have not met.

Irrespective of the direction national healthcare reform takes, the mission of Bon Secours Health System requires that we continue to focus on the needs of those we serve. Integrating community benefit services into the strategic plan will allow our facilities to maximize the benefit of their services to the community, empower care givers to respond to needs, and engage resources to develop innovative ways to better serve. □

SERVICE PLANNING CATEGORIES AND SELECTION CRITERIA

