

"LIVING OUR PROMISES, ACTING ON FAITH"

Year Two Update of CHA's Performance Improvement Project in Health Ministry

BY ED GIGANTI



*Mr. Giganti is
director, Leadership
Development and
Programs, Catholic
Health Association,
St. Louis.*

At the 2000 Catholic Health Assembly in San Francisco, attendees were introduced to the first year's findings of a landmark performance improvement project in health ministry. The project, titled "Living Our Promises, Acting On Faith," was the first of its kind in the history of the Catholic Health Association (CHA), an attempt to identify and measure the ways in which Catholic health care organizations are living out their Catholic identity.

"Living Our Promises, Acting On Faith," initiated by the CHA board of trustees in 1998 and built on the *Ethical and Religious Directives for Catholic Health Care Services*, was designed to achieve three objectives:

- Convert descriptions of Catholic identity into measurable and accountable outcomes
- Identify successful practices as hallmarks of the health care ministry of the church
- Provide measures for ongoing performance improvement

Focused in its first year on acute care facilities, the project, under the direction of a task force of ministry leaders, defined a set of demonstrations and measures of fidelity to Catholic identity and implemented a nationwide data collection initiative based on those demonstrations and measures. (See Ed Giganti, "Living Our Promises, Acting On Faith," *Health Progress*, November-December 1999, pp. 52-55.) Thirty-six percent of CHA-member acute care facilities submitted data, and the resulting database presented some striking examples of how Catholic health ministry is fulfilling its core commitments. For example, on average, 90 percent of patients in ministry acute care facilities indicated on surveys that they were treated with respect and dignity. Three-quarters of all employees surveyed said they experience mutual respect among their co-workers. On average, 88

percent of patients surveyed expressed satisfaction with the pastoral care services they received.

The report on the data collected, "Year One: Baseline Data and Observations," was distributed to CHA-member organizations and bishops in the United States. Across the ministry, acute care facilities and systems are using the report for numerous purposes, including board education about Catholic identity and the *Ethical and Religious Directives*, discussion topics for meetings with bishops and diocesan health care coordinators, mission integration objectives, mission assessment, and strategic planning.

Now in its second year of operation, "Living Our Promises, Acting On Faith" is moving forward on two parallel tracks. First, drawing on findings from the data collection project among acute care facilities, a program of "collaborative benchmarking" is mining ways to improve employee satisfaction with involvement in decision-making. (About half the facilities participating in the data collection submitted data for the measure "percent of employees indicating satisfaction with their involvement in decision making." For those reporting, on average, 63 percent responded that they were satisfied.)

On a second front, the long-term care sector of the health ministry—specifically Catholic-sponsored nursing facilities—are now participating in "Living Our Promises" by conducting a data collection initiative similar to that accomplished by acute care facilities during early 2000.

COLLABORATIVE BENCHMARKING

The data collection among acute care facilities and the comparative database accomplished during the first half of 2000 were ultimately directed at identifying organizations that are reaching high levels of performance on indicators of Catholic identity. Once identified, these high performers' practices

can be studied, and their success practices can be shared throughout the ministry, thereby allowing for ministry-wide improvement.

The year two project currently being conducted by 12 CHA-member acute care facilities (see **Box** for participants) is examining success practices contributing to high levels of employee satisfaction with involvement in decision-making, a topic suggested by the year one findings and chosen based on member input.

The project steering committee, made up of one or two representatives from each of the 12 participating facilities, met for the first time on October 3 and 4 at CHA's headquarters in St. Louis. Facilitated by management consultant Robert G. Gift, the steering committee identified a set of factors that contribute to employee satisfaction in organizational decision-making and articulated in-depth questions for investigating these factors. Gift, who has consulted on the "Living Our Promises" project since its inception, developed the group's questions into a "data guide."

"The steering committee accomplished a great deal of work in that first meeting," said Regina Clifton, CHA acting vice president for sponsorship and mission services, who is the project coordinator. "This is a 'blue-ribbon' group of talented ministry leaders representing mission, human resources, quality, and clinical care areas within their facilities. They demonstrated a strong commitment to the project and a great desire to learn from one another."

The data guide created by the steering committee addresses five areas that affect employee satisfaction with decision-making: performance management, alternative dispute resolution, communications, management and leadership styles, and participation in teams. Each section of the guide contains 20 to 40 in-depth questions about organizational practices, policies, and programs. During November, steering committee members responded to these questions, submitting the data to Gift for compilation and analysis.

In addition to the study of practices within the participating CHA-member facilities, Gift and CHA staff are studying practices of organizations outside the Catholic health ministry—including some outside the health care industry—that are noted for high levels of employee satisfaction with involvement in decision-making. Findings from this "external" study will be incorporated into the final project report, which will be released at the 2001 Catholic Health Assembly in Atlanta.

DATA COLLECTION IN LONG-TERM CARE

In designing "Living Our Promises, Acting On Faith," the task force recognized early that organizational demonstrations of fidelity to Catholic

identity are significantly different in acute care facilities and long-term care facilities. The task force decided to collect data from acute care facilities in year one with similar data collection from long-term care facilities to follow in year two.

Continued on page 50

COLLABORATIVE BENCHMARKING STEERING COMMITTEE

The facilities represented on the steering committee reflect the diversity of CHA-member acute care facilities. Among the participating facilities are urban and rural, large and small facilities from across the county, as well as one community hospital partner of a Catholic health care system.

Rene Campagna

Director, Mission Integration
Providence Portland Medical Center
Portland, OR

Nicole Morin-Scribner

Director, Human Resources
St. Mary's Regional Medical Center
Lewiston, ME

Rovena Claxton

Director, Human Resources/Education
Lourdes Hospital
Paducah, KY

Cheryl Perry

Quality Improvement
CHRISTUS St. Joseph Health System
Paris, TX

Jacquelyn Espree

Director, Human Resources
Our Lady of Lourdes Regional Medical
Center
Lafayette, LA

Lisa Rutherford

Vice President, Mission Services
CHRISTUS St. Joseph Health System
Paris, TX

Sr. Roseann Hitchens, DC

Director, Mission Services
Providence Hospital
Washington, DC

Deborah Siemens

Director, Senior Services
Sioux Center Community Hospital &
Health Center
Sioux Center, IA

Keith Hufnagel

Human Resources
St. Joseph Regional Medical Center
Ponca City, OK

Ann Varner

Mission Integration Coordinator/
Patient Representative
St. John's Mercy Medical Center
St. Louis

Carolyn Jones

Director, Respiring the Workplace
Program
St. John's Mercy Medical Center
St. Louis

LaTisha Wells

Vice President, Mission Integration
St. Mary's Hospital & Medical Center
Grand Junction, CO

Kim Kubasek

Vice President, Ambulatory Services/
Mission Leader
St. Charles Hospital & Rehabilitation
Center
Port Jefferson, NY

Consultant

Robert G. Gift

President
Systems Management Associates, Inc.
Omaha

Patrick Lampe

Director, Mission Integration
St. Alexius Hospital
St. Louis

CHA Staff

Regina M. Clifton

Ed Giganti

Julie M. Jones

Janet Lewis

Director, Quality Care
Providence Hospital
Washington, DC

"LIVING OUR PROMISES, ACTING ON FAITH"

Continued from page 33

Once identified, high performers' practices can be studied and then shared throughout the ministry.

Work began in spring 2000 to develop a data collection tool for use in long-term care similar to the tool used to collect data from acute care facilities. Julie M. Jones, mission associate at CHA, is coordinator for this phase of the project. "The first obstacle we had to overcome was the diversity among CHA's long-term care members," she said. "In order to create a comparative database that will yield success practices, we have to collect data from like facilities. We decided, with the input of CHA's Continuum of Care Committee, to collect data from freestanding and hospital-based nursing care facilities only."

Another early step in the development of the data collection tool was the identification of crucial issues facing the Catholic nursing facility in living out its Catholic identity. Input from a number of CHA-member facilities resulted in the naming of four crucial issues: fulfilling social responsibility, respecting residents' dignity in health decisions and treatment, providing spiritual care, and caring at the end of life.


Jones facilitated focus groups at six Catholic nursing facilities to identify the demonstrations, measures, and characteristics related to directives (selected from the *Ethical and Religious Directives*) that were most relevant to the crucial issues. The focus groups' work formed the basis for the final data collection tool. The six facilities where focus groups were conducted are Our Lady of Consolation, West Islip, NY; Providence Mount St. Vincent, Seattle; Health Partners, Springfield, OH; Mercy Community Health, West Hartford, CT; Uihlein Mercy Center, Inc., Lake Placid, NY; and Unity Health, St. Louis. Additionally, CHA consulted individuals with expertise in

U.S. Health Care Financing Administration requirements and quality indicators to ensure the data collection tool would be consistent with regulations and standard practice.

The data collection tool was finalized during fall 2000 with the assistance of numerous reviewers in ministry organizations. In December, 17 CHA-member nursing facilities pilot-tested the tool. (See "Long-Term Care Facilities Pilot Benchmarking Data Collection Tool," *Catholic Health World*, December 15, 2000, p. 13.) After any necessary revisions are made, data collection will be accomplished across the ministry in February 2001. Participation of at least 200 nursing facilities is needed for creating a useful comparative database.

Facilities that participate in "Living Our Promises" data collection will receive an individual report of their data along with an aggregate report. The information yielded can serve a number of purposes: informing a facility's ongoing performance improvement, expanding mission assessment and effectiveness efforts, and demonstrating organization faithfulness to Catholic identity and the *Ethical and Religious Directives*.

A report of baseline data and observations for nursing facilities will be published and released at the 2001 Catholic Health Assembly. □

 For information on the collaborative benchmarking study of employee satisfaction with involvement in decision-making, contact Regina M. Clifton at CHA, 314-253-3562, relifto@chausa.org. For information on data collection from nursing facilities, contact Julie M. Jones at CHA, 314-253-3544, jjones@chausa.org. For a copy of the report, "Year One: Baseline Data and Observations," contact Sr. Mary Fran Flynn at CHA, 314-253-3417, mflynn@chausa.org.

Help us light a new flame

A flame of hope that burns brighter for each child living with a seizure disorder.

A new light to guide us to a cure for epilepsy and a better quality of life for everyone affected by seizures.

Formerly known as the Epilepsy Foundation of America, the Epilepsy Foundation is a non-profit, charitable agency serving people with epilepsy and their families.

The Foundation's new logo is a flame of hope for more than 2 million Americans with seizure disorders.

Your gift today helps us make a significant difference.



EPILEPSY
FOUNDATION

4351 GARDEN CITY DRIVE
LANDOVER, MD 20785
1-800-EFA-1000
www.efa.org

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, January-February 2001
Copyright © 2001 by The Catholic Health Association of the United States
