

Living the Mission in a Business Model of Health Care

Sisters of Charity Health System Uses 'Balanced Scorecard' to Measure Operations



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Often people have asked me if I knew that I would be a CEO of a complex health care system when I entered the convent more than 43 years ago. My answer, not surprisingly, is that I did not have a clue. I entered our congregation because I wanted to deepen my relationship with God through living in community and serving people. I had worked as a pharmacy technician before I entered and saw the hospital community give wonderful service, respecting the dignity of all persons coming for care and continuing to respond to the needs of God's people. I was hoping to either become a pharmacist or work as a nurse in Rosary Hall. My story is similar to many women that entered religious life.

I am writing this reflection on the day that I will be witnessing another Sister of Charity of St. Augustine, the late Sr. Ignatia Gavin, CSA, being inducted into the *Modern Healthcare* Hall of Fame. Sr. Ignatia worked with the co-founders of Alcoholics Anonymous to begin care for alcoholics at a time when their malady was not considered a disease but a social ill. She gave the men a Sacred Heart badge upon discharge which they were to return if they did not maintain sobriety. It was luck that she was admissions officer and able to find rooms, like the flower room, to detoxify them in with an admitting diagnosis of gastritis. She was ardent in her desire to remove all barriers in responding to this human need.

I have often thought of the environment for Sr. Ignatia to take care of the alcoholics. In some ways, I have envied her freedom to respond without the complex environment we face today. Yet, today, we in Catholic health care are called again and again to witness to Jesus' ministry and

respond to the needs of God's people. We are called today with the same mission.

The difference today is that we live our mission in an environment where the business imperatives of operating this ministry are significant. The economic impact of the health care industry has created a complex regulated business model. Public policy has moved from "health care is a right" to one that the basic premise is that a market-driven competitive system will control rising health care costs. We have moved from asking ourselves "what we owe each other as a nation?" to a rising level of uninsured.

The market-driven health care system does not reward hospitals or physicians that care for the least among us. Hospitals that have a high indigent care load find it more difficult to earn dollars for reinvestment in facilities and technology to remain competitive. Success in a pure business model of health care may only be defined as operating margin.

More discussion exists on what is the purpose of Catholic health care in this environment. In conversations with colleagues, we have discussed whether it is feasible to continue the mission of Catholic health care in the acute care setting. Are we being called to a new way of providing the healing ministry of Jesus? Are there new needs? We all take great pride in the legacy that Catholic health care has provided in our nation. The same needs are present today in a ministry that touches so profoundly the dignity of the human person.

Catholic health care is counter-cultural and prophetic in the market-driven health care model. We work at increasing access to those who cannot pay. We continue to strive to find ways to assure access to health care in a time of diminished reimbursement. In 2004, we led a call to action for all of the entities within our system to find ways to increase access to health care in each of the communities we serve. The results were the development of prescription assistance programs, dental care network for the uninsured, placement of health care advocates, creation of

medical homes, and Healthy Learners, which is a program for school age children providing medical, dental, vision and psychological care.

On one hand, none of us are naive to consider that we should not be wise stewards. It is mandated that we operate this mission driven ministry utilizing sound business acumen. "No dollars, no mission" has been frequently used. On the other hand, we have an ideal opportunity to serve God's people at a precious moment in their lives. We continue to witness Catholic social teaching, respecting the dignity of the person, creating communities of service, and caring for the underserved.

For our system, in order to have a balanced scorecard to measure how we operate a multi-million dollar business for the purpose of mission, we have implemented the following initiatives that are integral to our operations:

1. Integral to business planning is a mission due diligence analysis that assures that the decision to be made is compliant to our mission. Criteria based on Catholic social teaching and our faith obligations are used to analyze whether a decision first meets our mission objectives.

2. On an annual basis, a mission audit is conducted with input by the employees, volunteers and medical staff. The mission and values committees of our boards conduct the audit. Actions plans are developed by the management and presented to the board.

3. In 2008 and beyond, we have integrated the mission competencies developed by our mission council in evaluating leadership using a 360 tool.

4. New employees are "missioned" to their position.

5. The formation and establishment of on-going mission and values committees, ethics committees, leadership formation programs and orientation sessions took place.

The above represents many ways that we attempt to bridge the gap between the business model and the mission imperatives.

Sr. Ignatia pioneered treatment of the alcoholic in response to a compelling need. She did so by hiding them in the flower room for detoxifica-

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tion. I also know that we have been called today to do the same mission. Our challenge is to be highly successful with the business model so that the mission may flourish. Being successful may mean collaboration with others to bring greater resources, expertise and ministry energy to the table. For example, the mission of Caritas Connection, a collaboration of Catholic Charities, health care, education, etc., in the Diocese of Cleveland is based on the premise that we can serve the people of God to a greater extent together than we can do on our own. Focusing on the people being served enables us to break apart what divides us to best be about ministry.

Although I did not enter the convent to run hospitals, these years has been most rewarding. I have experienced first hand grateful patients and mission driven co-ministers who are the hearts and hands of this ministry. We have attempted to form communities of service that not only care for patients but each other. A renowned cardiologist of the Muslim faith told me that the mission of our hospital means so much to him personally because prayer is in the integral fabric of how we do business. There are many stories to be told of persons who have chosen this faith based ministry as an employee or volunteer. As we conduct audits each year, the employees continue to voice that the mission is a compelling reason on why they stay employed in faith based health care. Each year in our hospitals we induct physicians into the Society of St. Luke for outstanding models of living the healing mission.

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