Within Ascension, there is a new energy in awareness that our identity as a ministry of the church, our being, is in fact what guides our doing, the fulfillment of our mission. This sense of ministry identity has been there from the beginning, evident in our mission statement, which begins with the words, “Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable.” And yet, two very significant, fairly recent realities have invited fresh perspectives.

With the establishment of the Ascension Sponsor, a ministerial juridic person, a new process of annual reporting to the Vatican conveys a comprehensive body of mission integration work and its recent growth initiatives. In response, the church affirms again that Ascension is a ministry of the church, and in this identity we serve with an unbroken link to the healing ministry of Jesus — placed directly in our hands to continue.

The second catalyst for deeper awareness has been Ascension’s response to the shifting health care landscape. The organization has engaged in a participative, large-scale restructuring with the goal of being and functioning as one Ascension, one integrated healing ministry. This new model brings the opportunity to convey with even greater clarity the specific bodies of work, centers of expertise that constitute mission integration. With the unchanging goal of assuring fidelity to identity and mission, the new model names clear accountabilities that make evident how a ministrywide approach is effective in Ascension’s service, strategic vision and organizational life in the changing world of health care. The organizational design places mission integration leaders in a direct reporting relationship to the seniormost executive in each region of Ascension’s ministry market. The mission integration leader serves as a member of the core executive team.

Below are some highlights, insights and opportunities we have experienced in our initiatives of mission integration leadership and our centers of expertise.

**MISSION INTEGRATION LEADERSHIP**

“As the professionalism of the mission integration executive role has evolved, so too have its processes, methods and tools for ensuring the integration of mission and ministry in organizational identity, decision-making and action,” said Timm Glover, Ascension Health senior vice president, mission integration. “This journey is reflective of the
rich collaboration and mutual learning shared across all of Catholic health care. Mission integration has expanded beyond just services and programs to include a recognized body of work.

“As we defined centers of expertise for mission integration, the next notable step involved developing standardized accountability processes,” he said. “These annual planning cycles deepen the awareness of, sustain and fully realize Ascension’s identity as a ministry of the Catholic Church. Such processes are collaborative by design and require both system and local coordination. Collectively, they comprise for each ministry an annual mission integration plan.”

WORKPLACE SPIRITUALITY
From the beginning, Ascension has been committed to providing opportunities for all who serve in the ministry to find meaning and to flourish as whole persons. The workplace spirituality framework, designed in 2003, has stood the test of time. It has grounded Ascension in a highly inclusive perspective that the life journey of every person is about becoming the unique being our Creator called into life; that all of life is formative; and that Ascension is committed to human flourishing through a culture for community and personal growth. This construct also is foundational to our programs of formation.

Over the years, mission leaders collaborated to develop and share workplace spirituality resources in an online toolkit. The evolving effort, led by Sara Lee, project specialist, workplace spirituality, offers ready resources and everyday opportunities to embed spirituality and values within the Ascension culture linking with human resources processes and programs.

Most recently, in collaboration with Ascension’s marketing and communications department, a daily reflection is shared with every associate who has access to a computer. Associates themselves are invited to post personal reflections as a strong way to reinforce our shared mission across Ascension.

FORMATION PROGRAMS AND EXPANSION
From the beginning, Ascension has been deeply committed to formation, and the evolving ministry has witnessed both planned and organic growth as a result.

The first formal program, Executive Ministry Leadership, is a partnership of Ascension’s formation department with Aquinas Institute of Theology in St. Louis and now is in its 12th year. The two-year experience for 25 leaders integrates the study of theology, including Catholic social teaching and ethics, with exploration of the inner spiritual journey, leadership development and an application project. In-person retreats and weekly online small group engagement foster a lasting experience of community.

The program validates an important principle in establishing formation as integral to the ministry: When a person has a truly meaningful formation experience, she or he wants others to have that opportunity as well.

Leaders in the initial programs requested and helped create a deeper and wider expansion of formation opportunities. Over time, that momentum reached a threshold when the members of the formation department, led by Celeste Mueller, DMin, vice president, spiritual and theological formation, recognized that existing programs could not fully accommodate the volume of requests for similar experiences. So, the formation department collaborated and created new models to meet the needs of various audiences.

For example, 12 members of the fourth group in the Executive Ministry Leadership program designed a model for formation of associates at the management level. Now in its seventh year, the one-year program, led by Julie O’Connor, director of formation, along with trained facilitators, is now in six Ascension regions with 30 directors and managers per group. It invites personal examination of one’s behaviors and dispositions as a manager and explores the spiritual and theological tradition to support essential skills of management according to mission.

In another example, the 10th group of Executive Ministry Leadership participants recently piloted associate formation in three local minis-
tries, offering the potential of broad opportunity for formation.

In 2012, through the leadership of Anthony Tersigni, EdD, Ascension’s president and chief executive officer, the Ascension Leadership Academy was formed — a commitment to prepare those who will lead Ascension into the future. Participants agree to be available wherever the ministry needs them; in turn, they have a profound opportunity for formative development as a community of leaders. The experience begins with a personal immersion encounter with persons in poverty. The academy program includes experiences of innovation and transformative thinking with experts from outside health care, as well as personal leadership assessment, coaching and sponsorship of participants’ future journey. These leaders also collaborate in developing pilot projects for potential implementation within Ascension.

It was in the context of the academy that one of Ascension’s significant bridges to a future model, virtuous servant leadership, began. Recognizing the inherent link between servant leadership and Ascension’s identity, Mueller designed an engaging applied learning experience woven through the academy sessions.

“Formation serves all the dimensions of mission integration by offering pathways of awareness and transformation of one’s inner life which, in turn, enable actions and behaviors that strengthen a mission-focused culture.”

— Celeste Mueller, DMin

Having seen this, Robert Henkel, president and chief executive officer of Ascension Health and executive vice president of Ascension, asked Mueller to share the Virtuous Servant Leadership program with the Ascension Health leaders.

They, in turn, asked to bring that formation program into their local ministries, and Ascension’s senior physician leaders requested physician formation programs with a focus on physician practices. That is when the volume of requests spurred development of a model for extending formative experiences. It includes a toolkit with multiple formative and learning experiences to match the scale and scope of each ministry’s unique needs.

To support the growth in requests for formation programs, Ascension offers standards of excellence for formation programs and a formation facilitator certification program for anyone who leads system formation experiences.

ETHICS TOOLS

Over the years, the members of the ethics department, led by Dan O’Brien, PhD, senior vice president, ethics, discernment and church relations for Ascension Health, have given ministry leaders tools and processes for decision-making and education.

Ascension’s organizational redesign offered the opportunity to implement a new structure in response to increasing requests for ethics services, the complexity of issues in the changing health care environment and the need to have highly reliable, high-quality ethics services available in a consistent and fiscally responsible manner.

The new structure, called Centers for Excellence in Health Care Ethics, is a regional model in which ethicists have dual reporting relationships with the system office ethics department and the ministry market’s mission integration leader. The change is supported by a clinical ethics intensive training program to empower members of institutional ethics committees to address a broader scope of ethical issues.

The ethics department also has created a mobile app called “myEthicsRx” for committee members, physicians, nurses and other professionals. It offers multiple resources to help inform ethical decision-making in a consistent, easily accessible manner.
“Taking a ministry-wide approach to ethics presents us with an opportunity to be less reactive and to be more reflective, proactive and integrative,” O’Brien said. “Ethics approached in this way can permeate and change everything we do, rather than risk being an afterthought. In particular, implementing ethics as a centrally accountable function is already enabling us to coordinate and establish greater consistency across the system and make better use of each ethicist’s unique gifts. In adopting standard clinical consultation processes and training for systemwide use, we are enabling people to develop similar expectations and habits of thinking and acting, no matter where they may operate or move across the system. We believe this will be nothing less than transformative.”

**ECCLESIAL RELATIONS**

The importance of an engaged, trusting, well-informed relationship with the diocesan bishops is reflected in Ascension’s practice of regular visits by ministry market leaders and mission integration executives, including an annual visit focused on the report to the Vatican, an expectation established by the Ascension sponsor. This ongoing relationship is also evident in Tersigni’s appointment as president of the International Committee of Catholic Health Care Institutions, which was effective in November 2012 and spans an initial four-year term. The honor speaks to the Vatican’s trust and respect of Ascension’s president and chief executive officer’s international leadership and commitment to Catholic health care, and to Ascension’s mission to care for those who are poor and vulnerable.

**SPIRITUAL CARE**

Attending to the whole person through spiritual care is fundamental to Ascension’s identity. Over the years, a major effort to deliver a consistent and collaborative vision of spiritual care has been led by Laura Richter, Ascension Health senior director, mission integration, in collaboration with spiritual care leaders from Ascension ministries and from other Catholic systems.

Over the next three years, Ascension’s goal is to expand services to reach patients beyond the hospital, ensuring that spiritual needs are being addressed across the continuum of care. We will train providers to recognize signs of spiritual distress and to make referrals to certified chaplains. We have engaged chaplains from multiple settings to create standards of excellence in spiritual care, a framework with a related assessment tool to promote actualizing the standards in practice.

Palliative care for patients and their families, friends and communities also continues to expand through Ascension.

Commitment to persons who live in poverty and who are most vulnerable is central to Ascension’s mission and identity as a ministry of the church. The leadership role of mission integration executives includes accountability for the implementation of Ascension’s policies and procedures related to financial assistance to those in need. This is a highly collaborative endeavor. The mission leader also assures that a clear, vital culture rooted in mission is directly addressed and inherently nourished through formation, workplace spirituality, advocacy and community collaboration efforts.

The Catholic Identity Matrix is Ascension’s three-year cycle of assessment and planning. Using very specific questions on the elements of Catholic identity, it enables senior leaders throughout the system to demonstrate how their areas of accountability contribute to stewarding ministry identity as expressed in our mission. Measurable goals are set in the process. Leaders affirm that the conversations are formative experiences, touching shared commitment to the deeper meaning of all that we do.

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