

DEVELOPING A CATHOLIC MINISTRY ASSESSMENT

The issue of ministerial identity for the Catholic health ministry has been an important one for the past decades. Early in the 2000s, the Catholic Health Association engaged the ministry regarding the issue of Catholic identity, resulting in the “Shared Statement of Identity for the Catholic Health Ministry,” along with its core value commitments.¹



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The issue of Catholic identity re-emerged in 2011 as CHA entered a three-year discernment process regarding the criteria for membership in the association. In a white paper developed by CHA, seven further characteristics of Catholic identity were articulated: (1) the healing ministry of Jesus, (2) the stories of founding congregations, (3) the social teaching of the church, (4) the nature of Catholic health care as a ministry of the church, (5) Catholic health care as sacramental (6) being in communion with the church, and (7) the witness of the faith. All of these characteristics are grounded in the theology and practical reality of the virtue of charity.²

During this time, several systems began to develop methods of assessing Catholic identity, often with outside assistance. In 2005, Ascension Health collaborated with the University of St. Thomas, St. Paul, Minnesota, to develop the Catholic Identity Matrix, an assessment tool and process that is now used by several Catholic health systems. The process is led by the Veritas Institute of the University of St. Thomas. The purpose of the matrix is to gauge the institution's fidelity to its Catholic identity and mission. It focuses on six principles of Catholic identity and mission: solidarity with the poor, holistic care, respect for human life, participatory community of work and mutual respect, stewardship, and acting in communion with the church, principles that were based on the core value commitments of the Catholic health care ministry. The assessment consists of training the local assess-

sors, conducting workshops to engage executives and management in understanding the principles addressed by the Catholic Identity Matrix, compiling aggregate documentation and making a site visit.

Dignity Health has collaborated with CHAN Healthcare, a firm that conducts internal audit services for nonprofit health care organizations, to develop an assessment process for its Catholic facilities. The process assesses the Catholic mission of the facilities and enhances levels of accountability between the local facility and the system, sponsors, board of directors and the diocesan bishop. Among areas assessed are spiritual care, adherence to the *Ethical and Religious Directives for Catholic Health Care Services*, social justice, labor relations, community benefit, collaborative efforts and ministry leadership formation. Auditors are present on campus for several days reviewing charts and interviewing persons at the site.

CHA occasionally has conducted both mission and ethics assessments, when invited. These assessments investigate the Catholic identity and ethical culture of the organization, including how the organization embodies its mission and vision and adherence to the ERDs. The assessment comprises three elements: 1) a policy review, 2) an electronic survey dealing with the way ethics is incorporated into the organization, and 3) a site visit by members of CHA.

The National Catholic Bioethics Center also has developed a Catholic identity review process, using the ERDs and the full range of Catholic moral teaching as the primary resources. The review's main focus is to ensure the sound embodiment of Catholic principles at the level of organizational identity. The process involves a review of the organization's articles of incorporation, bylaws, structure, affiliations, partnerships, policies, protocols and practices and a site visit.

Several other larger and medium systems have developed their own protocols for assessing Catholic identity based on principles of Catholic social tradition, the ERDs and the core values and heritage of their founding congregations.

At CHA's February 2016 gathering, chief executives, sponsors and senior mission leaders met for a focused conversation about Catholic ministerial identity and institutional integrity at a time of rapid change and corresponding challenge in health care delivery. The participants explored questions related to what distinguishes Catholic health care as a ministry of the church. They also discussed such matters as how different systems are ensuring, monitoring and measuring Catholic ministerial identity, fidelity to mission and the effectiveness of formation programs. They also talked about the emergence of new partnerships with entities that are other-than-Catholic and what ministerial identity and leadership formation looks like in these new organizations.

The consensus was for CHA again to articulate the core elements of Catholic ministerial identity and to develop a process of benchmarking and assessment. Members said they did not need a new Catholic identity tool; they asked instead for development of a common process, based on a few foundational core values and common metrics, that organizations could use to assess if they are being true to the mission of Catholic health care. All agreed that bishops and sponsors, who are asking for greater accountability, need to be part of the process, points reiterated at a CHA board meeting in June 2016.

As a result of members' feedback, CHA created an ad hoc committee of mission leaders and ethicists. After two in-person meetings, the ad hoc committee has gained some clarity about what an assessment framework and process might encompass and what it should not.

The goal is not to create a tool that CHA's members will use to assess Catholic identity, and the committee has agreed that the process will not be called a "Catholic identity assessment." Catholic identity is a term that is broader than the ministry of Catholic health care, and we do not have the competence to speak to what identity entails in other church ministries. It also is a term that some people feel can only be defined by the bishops, and in no way are we claiming to have that author-

ity. Therefore, as the project moves forward, it will be imperative that a clear introduction be developed stating the rationale for the process, what the tool is, what it is not, and the key stakeholders to involve. Currently, the committee is calling the process a "Catholic Ministry Assessment," though that term may change.

One of the next steps will be for the committee to refine the language and definitions of

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core principles that are foundational to Catholic health care. Whether one's starting point is the principles of Catholic social tradition, the normative principles found in the Introduction and Part One of the ERDs, or CHA's "A Shared Statement of Identity" and core commitments, some of Catholic health care's foundational principles are: promoting and defending human dignity, caring for the poor and vulnerable, contributing to the common good, attending to the whole person, acting on behalf of justice, stewarding resources, promoting subsidiarity and participation and acting in communion with the church.

The following step will involve listening to key stakeholders — including sponsors, bishops, senior leaders, members of communities we serve and others — regarding outcomes and metrics that will demonstrate organizations are living out the core values of Catholic health care. For example, how can an organization show it is measurably contributing to the common good? Is it better to spend a certain percentage of annual net revenue on community benefit, or to show improved health outcomes for populations and communities the organization serves?

Part of the process will involve naming desired outcomes for each of the foundational core values. It also will require drawing on the expertise of statisticians and researchers to assist the committee in developing outcomes that can be objectively measured; and then, constructing key metrics that will directly correlate to the desired outcomes. The committee knows if the end product

is to be useful to CHA members, it must be scientifically robust.

After the desired outcomes and key metrics are developed, they will need to be piloted in several CHA member systems representing a variety of delivery settings. This will lead to further refinements to ensure validity and reliability. If enough sites are piloted, we may be able to establish benchmarks for each of the metrics.

A concern was raised that the metrics we develop be broad enough to serve all of our members. It was suggested that there be several possible metrics for each desired outcome so that an organization can choose how to hold itself accountable. Ideally, there would be agreement among an organization's key stakeholders regarding which metric to select for their ministry assessment process. This would allow each organization to take into account its history, tradition, geographic circumstances and local realities.

As the discussion has progressed, the committee is beginning to see what we are really trying to assess is the presence of Catholic culture within our organizations. This has nothing to do with a certain number of employees being Catholic, but rather is the recognition that all who work within our organizations are part of a ministry of the Catholic Church that follows certain values and principle and, therefore, individuals and the organization are expected to act and behave in a certain way.

Knowing that there never will be a complete answer to "Which comes first — Catholic identity or Catholic culture?" — the committee agreed that there is an interplay between culture and identity, and they can never be separate realities. Therefore, as the Catholic health ministry assessment process is developed, it will need to be informed and in concert with the bishops and sponsors who are interested in maintaining Catholic ministerial identity. As drafts of the assessment process are developed, they will be shared with key members of the U.S. Conference of Bishops.

The realization that a Catholic ministry assessment is about measuring organizational culture and the impact leaders have on culture, led to another discussion about the relationship between senior leadership formation and stewarding organizational culture that is true to its Catholic mission and ministerial identity. For many CHA members, these are integrally related questions.

One committee member, Philip Boyle, senior vice president, mission and ethics, Trinity Health, repeated what he wrote in an issue of *Health Progress*: "Aligning formation and assessment is develop-

ing a culture that knows how to systematically institutionalize Catholic identity."³

In other words, our formation programs must develop leaders who can lead and transform organizational culture so that the mission of Catholic health care flourishes. Identity, culture and formation are different facets of the same reality.

Running parallel to the Catholic Ministry Assessment ad hoc committee are two subcommittees of CHA's Ministry Leadership Formation Advisory Committee. One is looking at how to objectively measure the effectiveness of senior leadership formation programs. The second is looking at what are the competencies necessary for formation leaders who facilitate these senior leadership formation programs. All three groups are in communication.

The ad hoc committee's work has surfaced the need for additional skill sets and expertise, so additional members soon will be invited to serve on the committee. When the ministry assessment tool is ready to pilot, we will ask for volunteers from the ministry to try out the process and give us feedback.

We want CHA members to know that we expect developing this process to involve many steps and several years before we can present results that will be scientifically valid, reliable and meet the needs of all our members. We will keep members up to date not only on the progress being made, but when and how they can help.

In the meantime, please if members have ideas they believe will help the ad hoc committee in its work, please contact Sr. Mary Haddad, RSM, Fr. Tom Nairn, OFM or Brian Smith.

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NOTES

1. Catholic Health Association, "A Shared Statement of Identity for the Catholic Health Ministry," www.chausa.org/mission/a-shared-statement-of-identity.
2. M. Therese Lysaught, "Caritas in Communion: Theological Foundations of Catholic Health Care," www.chausa.org/store.
3. Philip J. Boyle, "Institutionalizing Catholic Identity," *Health Progress*, 96, no. 6, (November - December, 2015): 39.

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