



# MISSION INTEGRATION PRESERVES SPONSOR'S VALUES

**A**t their tenth general chapter in 1977, the Sisters of Mercy of the Union defined sponsorship as "the support of, influence on, responsibility for, identification with a project, program or institution which furthers the goals of the sponsoring group, the Sisters of Mercy" (Mary Regina Werntz, *Our Beloved Union*, Christian Classics, Westminster, MD, 1989, p. 341). Sponsorship of a healthcare organization by a religious community thus requires sponsors to maintain significant influence and ultimate control over mission, quality of services, and assets.

With fewer women and men religious involved in hospital ministry, ensuring sponsors' presence and input in management and governance is of the utmost importance. Values that sponsors had for years automatically applied in decision making are now formalized into statements of mission and belief and other core documents.

A director of mission effectiveness is also commonplace in healthcare organizations. This person, usually a member of the sponsoring congregation, is responsible for implementing programs and activities so that sponsorship ideals and goals continue to shape the ministry. However, mission effectiveness programs may no longer be sufficient to guarantee decisions are based on the sponsor's values.

## MISSION INTEGRATION

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*Sr. Keith is president and chief executive officer, St. Edward Mercy Medical Center, Fort Smith, AR.*

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BY SR. JUDITH MARIE  
KEITH, RSM

1980s St. Edward Mercy Medical Center, Fort Smith, AR, incorporated the nine Mercy values into the organization's core documents, such as job descriptions and performance evaluations. This was a major task because the center is a regional hub, operating seven freestanding healthcare facilities in a five-county area, and it employs more than 1,500 persons. Employee education programs, values-based performance evaluations, and various other efforts were established to maintain sensitivity to the sponsor's manner of ministry.

As St. Edward's services and service area grew, the program approach to mission effectiveness appeared inadequate to ensure that values-based activities were the norm throughout the organization. Although managers frequently articulated values in decision making, values-based articula-

**Summary** Sponsorship of a healthcare organization by a religious community requires sponsors to maintain significant influence and ultimate control over mission, quality of services, and assets.

To ensure the mission of its sponsor (the Religious Sisters of Mercy) permeated all its operations, St. Edward Mercy Medical Center, Fort Smith, AR, incorporated the nine Mercy values into the organization's core documents in the mid-1980s. As St. Edward's services and service area grew, the program approach to mission effectiveness appeared inadequate.

St. Edward implemented a mission integration plan to ensure the inclusion of Christian values in decision making, direction setting, and strategic planning. The Mission Integration Council provides the forum and authority for planning and implementing the mission integration strategies and provides a formal process for evaluating those actions in light of the mission statement and core Mercy values.



tion, education, and accountability were not consistently formalized at all organizational levels.

**Mission Integration Council** The Religious Sisters of Mercy perceived a need to change the institutional culture so the mission accountability process would involve all significant players in considering values before decision making. Accordingly, as chief executive officer (CEO), I organized a Mission Integration Council with representatives from the seven facilities and key staff members to achieve broad-based input, implementation of the mission, and integration of values throughout the organization.

It became apparent, early on, that the mission effectiveness approach and the mission integration approach had significant differences (see Table on p. 40). The Mission Integration Council reports directly to the CEO and serves as a clearinghouse to maintain the mission perspective in all activities in the areas of human resources, finance, management, marketing and public relations, quality, and the mission activities of the Religious Sisters of Mercy (see Figure below). The council's purpose is to ensure the inclusion of Christian values in deci-



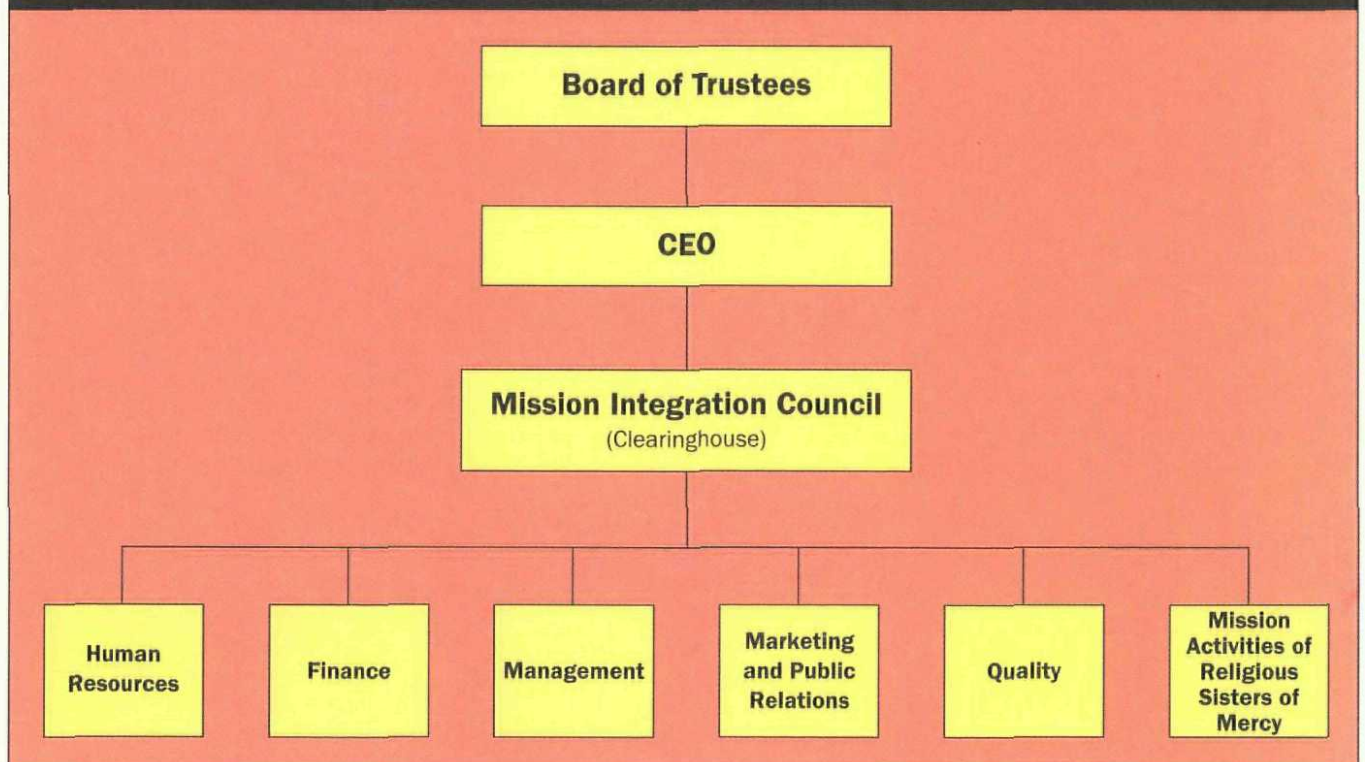
sion making, direction setting, and strategic planning. It provides the forum and authority for planning and implementing the mission integration strategies and provides a formal process for evaluating those actions in light of the mission statement and core Mercy values.

The Mission Integration Council initially emphasized the importance of the core documents. But with the implementation of the mission integration structure, significant changes later occurred throughout the organization. Various council committees reviewed practices and procedures relevant to their areas of interest. The progress of these committees is at different stages.

**Financial Protocols** The Mission Integration Council's financial committee, for example, used basic values to review older practices or procedures significantly affecting the mission of the Sisters of Mercy in caring for the sick and poor in western Arkansas and eastern Oklahoma.

One project focused on the charity care policy. The medical center has always responded to patients' needs regardless of their ability to pay for care. However, the majority of patients who

## A MISSION INTEGRATION ORGANIZATION





## TWO DIFFERENT APPROACHES

### Mission Effectiveness

### Mission Integration

#### Responsibility

Individual.

Mission Integration Council.

#### Approach

Program oriented.

Permeates all activities.

#### Educational Thrust

Programing decisions by applying the Mercy values on an inconsistent basis. Values formalized in job descriptions and included in the evaluation process.

Core documents and values articulation used as the springboard for decision making and direction setting in the six key operational activities.

#### Evaluation

Sponsorship evaluation every three years for the sole purpose of evaluating sponsorship "effectiveness." Inconsistent reports to the board of trustees and little feedback to employees.

Council as consultant on all major policy decisions and policy revisions in key decision-making or direction-setting group. Ongoing accountability at every level.

were eligible for charity assistance were recognized *after* the hospitals' collection policies and procedures were enforced.

As a result of the Mission Integration Council's review, the charity care policy has been changed so staff determine eligibility for charity care *before* patient discharge and before referral to a collection agency.

**Marketing and Public Relations Protocols** Catholic healthcare facilities have not adequately communicated their mission to the public. As the Mission Integration Council reviewed marketing and public relations protocols and patient education materials, it found St. Edward was missing an opportunity to articulate its mission. A multidisciplinary committee has been established to review all printed materials from the perspective of mission.

St. Edward has also issued guidelines on marketing and public relations. For example, when entering into public relations, marketing, or service efforts with other facilities or into projects not directly sponsored by the Sisters of Mercy, St. Edward maintains certain rights, such as the right to review any advertisements that include the name of a St. Edward network facility.

For Catholic hospitals to survive while being true to their founding values, a mission integration process is essential.

### IDENTIFICATION OF CORE VALUES

Because the nine Mercy values developed in the mid-1980s were too long for most employees to remember and apply to workplace behavior, the Mission Integration Council identified five simple core values: dignity, service, excellence, stewardship, justice. The human resource committee of the Mission Integration Council initiated this process.

A Sister of Mercy distributed a value reflection response sheet to each employee. She met with all nonmanagers and explained the purpose of the form, emphasizing that St. Edward was enabling them to become more involved in living out the values inherent in their departments. The sister also met with managers and administrators to explain the purpose of the value reflection response sheet.

On the sheet, employees chose four of the nine Mercy values and described how they would carry them out in their departments and with each other. They signed the sheet only if they wanted to.

The Sister of Mercy summarized the responses and reported back to each department, allowing them to revise the list of values. She then completed the final report.

This 796-hour commitment yielded superior results: The 93 percent response rate demonstrated employees' enthusiasm and willingness to participate in *continuing* to shape the ministry. And employees' agreed unanimously on what the core values were.

### MISSION INTEGRATION PROCESS

The values committee, a multidisciplinary employee group and part of the Mission Integration Council's human resources subcommittee, is now working on a process to articulate, educate, integrate, and evaluate values in the workplace for employees, auxiliaries, medical staff, and trustees. The mission integration process ensures each employee is educated on the core values and knows how those values are integrated into his or her job. Department managers and top managers are held accountable for ensuring integration is taking place. Each year an overall evaluation will measure the values' status and impact and how well managers are fulfilling their responsibilities for values integration.

### FOCUS ON VALUES FIRST

For Catholic hospitals to survive while being true to their founding values, a broad-based mission integration process is essential. Staff must seriously reflect on values as the *initial step* in the direction-setting and decision-making processes. Budgeting, strategic planning, marketing, setting charity policies, and writing other major documents will be different when values are addressed initially. □