

# PORTRAITS IN COLLABORATION

## *The New Covenant Goes into Action in Cleveland*

*In 2002 Catholic Charities USA and the Catholic Health Association sponsored a study assessing the state of collaboration in Catholic ministries across the United States. The study was conducted by Health Systems Research, Inc., and was funded in part by a grant from SC Ministry Foundation. As part of the study, researchers visited five sites (St. Petersburg/Tampa, FL; Cleveland; Wichita, KS; Orange County, CA; and Albany, NY) to learn what makes for successful collaboration. This is the second in a series of articles for Health Progress highlighting the findings from this study, which will become available later this year.*

**C**ollaboration among Catholic ministries in Cleveland centers in the organization known as the Inter-Organizational Collaboration. The founding partners of this group include:

- Catholic Charities Health and Human Services (CCHHS)
- Sisters of Charity of St. Augustine Health System
- University Hospitals Health System—The Sisters of Charity of St. Augustine Health System (UHHS/CSAHS)—Cuyahoga, Inc. partnership hospitals

CCHHS is composed of several entities that provide a range of services to people living in the diocese of Cleveland. CSAHS is the parent corporation for the sponsored health and human service ministries of the Sisters of St. Augustine and is composed of more than 20 health and human service ministries.

In 1999 CSAHS established two 50/50 non-profit joint venture partnerships with UHHS for its health care ministries in Ohio. One of these partnerships is UHHS/CSAHS—Cuyahoga Inc., and includes, among other entities, St. John West

Shore, St. Vincent Charity Hospitals, and the Cuyahoga Physician Network, Inc., a network of physicians who provide services in the Cleveland area.

Cleveland, located in Cuyahoga County, OH, has a population of approximately 500,000. In recent years, the population of the city has declined as families have moved into the suburbs. Cleveland experienced some very difficult economic times in the later years of the 20th century because of the decline of heavy industry. However, the city has risen to the challenge of revitalizing the community by creating new jobs and new enterprises, including a vibrant tourist industry. The city continues to struggle, however, with typical urban problems related to housing, jobs, and health and human services. Cuyahoga and contiguous suburban and rural counties address a myriad of issues, including geographic access to services.

### **NEEDED: A NEW APPROACH**

The collaboration's founding partners were forced—by the need to address seemingly overwhelming community health issues, to serve more people, and to maximize available resources—to look for a new approach to planning, organizing, and delivering health services in the greater Cleveland area. Community problems were seen as complex and potentially overwhelming; therefore, a broad-based strategy was needed to establish priorities and focus on developing comprehensive services to address community needs.

CCHHS's leaders recognized that the services they offered were somewhat limited and organizationally fragmented; they saw that a more seamless system of care, responsive to the community, was needed. At the request of its president and CEO, the organization's separate agencies began to work together more collaboratively,



**NEW COVENANT**

recognizing that internal collaboration is a prerequisite to external collaboration.

As a result of this interagency cooperation, the organization was now in a position to work with others who shared a similar mission and value system. CSAHS and its sponsored hospitals, with their commitment to continue the healing mission of Jesus, were natural and obvious collaboration partners. It was believed that the coming together of these two systems would permit each to address the community's needs in a comprehensive and holistic way that would not have been possible if they had attempted to do so independently. The leadership from each of these two systems saw the need for a structure in which issues could be "owned" by the collective group rather than perceived as the specific responsibility of an individual organization. The group could then address issues in a noncompetitive, solution-oriented environment.

### COLLABORATION

Over several years, representatives from the two systems and the sponsored hospitals explored ways to work together to attain mutual benefits. However, little materialized from these efforts because participants became bogged down in institutional issues. But, beginning in 1996, the collaboration process dramatically moved ahead as the result of two critical events.

**A Three-Person Staff** First, CCHHS, CSAHS, and CSAHS's partnership hospitals in Cleveland agreed to jointly support the Inter-Organizational Development Department, whose staff of three became responsible for the fostering of collaboration efforts among the partners and within the community. Staff members owed allegiance to the collaborative, rather than to a particular organization, and could therefore act as boundary spanners among an array of actual and potential partners. These three people recognized the different cultures, histories, and organizational styles of each of the partners and were therefore able to facilitate understanding and acceptance of those differences by the partners. Staff members were called on now and again to "translate" for the partners, helping them to hear and truly understand one another.

**The Symposium** The second critical event was the sponsorship by the partners of a symposium called "Blazing Trails: Forming New Paths for Catholic Charities and Catholic Healthcare." This symposium brought together, in a context of collaboration, frontline health and social services workers and agency leaders, all of whom were dedicated to the Catholic healing mission and the values articulated in the New Covenant. The leadership of the sponsoring organizations

used this venue to share with their respective staffs their clear commitment to collaboration.

By focusing, in Blazing Trails, on the concrete needs of the community, small group problem-solving sessions, and the spiritual connections between participants in their overall work, the partners were able to push past their stereotypes of each other and focus on developing ways to work collaboratively to get results. These efforts, in turn, were facilitated by the full-time interorganizational staff devoted to the strengthening of collaboration, one issue at a time. Blazing Trails, which is now held semiannually, continues to be successful because of its dynamic nature and the focus on "being present to the problem." As a Blazing Trails collaborative group forms around an issue and develops an action plan for it, that group is spun off and replaced at the next symposium with another issue, which will then be addressed by yet another group of Blazing Trails participants.

### RESULTS

Among the successful initiatives sparked and facilitated by the collaborative are the following.

**Catholic Community Care** Sixteen different organizations came together to provide an integrated, vertical continuum of care, including home health care for older adults. These organizations include Catholic acute care hospitals with skilled nursing units, Catholic-based long-term care facilities, and the Visiting Nurse Association, along with other community-based providers. This continuum of care is accessed by the community through a centralized information and referral service also developed by the collaborative.

**Community Outreach** The Wellness Project of St. John West Shore Hospital and Catholic Charities provides a continuum of health and social services through a single point of entry, the Catholic Information and Referral Services System. A full-time case manager was recently hired to focus on the health service access issues of the uninsured. This social worker is based in the hospital's Family Medicine Center. The goal of this initiative is to reduce the inappropriate use of emergency department services through prevention and early detection and treatment, helping individuals and families who would have fallen through the cracks of the system. Another aspect of this ministry is a program in which nurse-parishioners volunteer to act as contact persons for their parishes for information about available health and social services.

**The Parish Connection** Inspired by Bishop Anthony Pilla's pastoral *Vibrant Parish Life* (available at [dioceseofcleveland.org/vibrantparishlife/vpl\\_initiative.html](http://dioceseofcleveland.org/vibrantparishlife/vpl_initiative.html)), the Parish Connection has been established to expand interorganizational

efforts to include parish pastoral ministry staff and volunteers in the work of the collaborative. St. John West Shore Hospital and the Catholic Charities Services Corporation are also partners in bringing services to the parishes; in addition, they provide a parent-effectiveness training program to parishes on the west side of Cleveland. Other special parish ministries include those directed to

diocesan members with disabilities, including persons with hearing and vision impairments and mental retardation.

**Migration and Refugee Program** Although social services support had been available to the refugee population through CCHHS's Migration and Refugee Services, access to appropriate health services remained a problem. The collaborative was able to remedy this by facilitating the partnership of the Cuyahoga Physician Network, St. Vincent Charity and St. John West Shore Hospitals, and the Office of Migration and Refugee Services in the provision of health care to the refugee population.

**Lorain County Collaboration** St. John West Shore Hospital and Catholic Charities have, under the auspices of the collaborative, developed several initiatives in Lorain, the diocese's western-most county. These initiatives range from an information and referral system to the direct delivery of health services in senior centers and the county family center.

## LESSONS LEARNED

The director of the interorganizational team likens the process of collaboration to "changing a tire on a moving vehicle." Although everyone has his or her own individual organizational agenda and responsibilities to attend to, each deals at the same time with the larger and cross-agency agenda of the collaborative, all while managing this within the context of a dynamic community. This process has taught all involved a great deal about how to make collaboration work.

**Full-Time Staff Make a Difference** A key lesson has been the importance of staff who can focus full time on the vision and mission of the collaborative and stay above the strategic plans of the individual partner organizations. Their position of neutrality enables these people to keep the collaborative

# Collaboration can be like "changing a tire on a moving vehicle."

vision in front of everyone, thereby preventing the groups involved from lapsing into old categorical, hierarchical ways of doing business.

**Create Opportunities to Get to Know One Another** The partners see the availability of opportunities to educate and understand one another as essential to successful collaboration. Early on in the process, potential partners came to the table often carrying uncharitable perspectives

of each other and perhaps assuming malevolent intentions on the part of other participants. People had been burned in the past and were skeptical about working together. However, as people came to know and trust each other through the taking of small, manageable risks, mutual appreciation, respect, and trust gradually replaced skepticism.

**Focus on All Organizational Levels** The importance of simultaneously working top-down and bottom-up with senior leadership, middle management, and direct service providers is another important lesson. It was relatively easy to get senior leaders to embrace collaboration, but much more difficult to obtain commitment from junior and middle management. Not surprisingly, the partners learned that it is the direct care providers who are the most supportive of collaboration, indicating the usefulness of getting the opposite ends of the organizational ladder together.

**Recognize Different Organizational Approaches** A major hurdle to collaboration is the very different organizing principles used by the CSAHS and UHHS/CSAHS-Cuyahoga, Inc., on one hand, versus those used by CCHHS, on the other. For example, Catholic Charities is organized around parishes, social action, and service streams for particular population groups such as children and families, older adults, emergency assistance, or persons with disabilities. Hospitals, however, are organized around individuals with health conditions and issues who come to a specific place to obtain help in an acute care setting. The collaborative adapted to this reality by making interorganizational development a priority in the life of each of the collaborating organizations.

**Collaborating around Funding Is Difficult but It Can Be Done** The most difficult challenge, however, in developing formal collaborative relationships is that

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## LIVING OUR MISSION

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Christ, no matter how small your work, it will be done better; it will be wholehearted. Your work will prove your love."<sup>9</sup>

A story I was told vividly demonstrates the living out of the value of love at work—a nurse becoming a conduit for God's love.

"Sometimes the process of dying can take a long, long time," a nurse said. "Mr. Howe had been in the last stages for about two weeks. Tuesday morning came, and it was clear that his condition was deteriorating. Finding his wife and daughter in the hallway, I took their hands and said, 'It's time.' I walked them into the room and placed one of Mr. Howe's hands in his wife's and the other in his daughter's. My only words were: 'He's going home now.' Their tears flowed as they said goodbye. I cried, too. No matter how prepared you are for death, the final moments are always hard. In a short while, all of his other children arrived and were ushered into the room. They formed a circle around him, joined hands, and extended their hands to me, inviting me into their family. Together we recited an 'Our Father' and prayed for his safe journey.

"I can't tell you how special I felt to be part of that intimate circle. It was a gift that would give me a great deal of strength in the deaths I would see in the days to come."

### MAKING THE INTANGIBLE TANGIBLE

One writer has asked: "If Catholic health care is truly different by virtue of our Catholic identity, how do those differences present themselves within our organization?"<sup>10</sup> For me, the answer is in our stories about the caregiver-patient interactions that, although they occur every day, often go unnoticed and thus unrecorded. These stories give our intangible core values, our mission, a concrete form that then can be shared. These stories capture the simple gestures that exemplify the

values of hope, compassion, creativity, community, commitment, healing, and love. They remind us that it is often the simple gestures, the smallest acts, that make the biggest difference for those who come into our care. By willingly sharing the journey of the sick and needful, we nurture and nourish others, and in turn we are fulfilled and energized to continue our personal and professional mission.

The stories shared here help to make tangible the intangible. May they inspire us all to live our mission as we carry out the work we are called to do. May we (as Florence Nightingale instructed us) respect our calling, for God's precious gift of life is often literally placed in our hands.<sup>11</sup> □

### NOTES

1. D. Irvine, *Simple Living in a Complex World: Balancing Life's Achievements*, Red Stone, Calgary, Alberta, Canada, 1997, pp. 16-17.
2. T. Maddix, "Spirituality, Work and Life: The Agony and Ecstasy of Daily Living," a talk given at the 12th Annual Palliative Care Conference, October 23-24, 2000, in Edmonton, Alberta, Canada.
3. These themes have been adapted from the mission and values statement of the author's former employer, Caritas Health Group, Edmonton, Alberta, Canada (see [www.caritas.ab.ca/mission.htm](http://www.caritas.ab.ca/mission.htm)).
4. R. Fulford, *The Triumph of Narrative: Storytelling in the Age of Mass Culture*, Anansi, Toronto, Ontario, 1999, p. 9.
5. Ronald Rolheiser, *Forgotten among the Lilies: Learning to Live beyond Our Own Obsessions*, Hodder & Stoughton, London, England, 1990, p. 272.
6. Mother Teresa, *No Greater Love*, New World Library, Novato, CA, 1989, p. 67.
7. Marianne Williamson, *Illuminata: Thoughts, Prayers, Rites of Passage*, Random House, New York City, 1994, p. 6.
8. Williamson, p. 19.
9. Mother Teresa, p. 69.
10. Robert G. Porter, "The Essence of Catholic Health Care," *Health Progress*, November-December 2000, p. 14.
11. See Florence Nightingale, *Notes on Nursing: What It is, and What It is Not*, Dover, New York City, 1969, p. 5.

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involving the management of categorical revenue streams, including Medicaid, Medicare, commercial insurance, contracts, and fee-for-service arrangements with city and county payers. Although the collaborative has become very creative in paying for initiatives, it struggles with funders who encourage providers to collaborate but who do not collaborate themselves in terms of commingling their own funding streams. Despite this obstacle, the organization has been able to fund an extensive array of collaborative efforts.

### THE FUTURE

Given its early recognition of the importance of only taking on what is manageable and has potential for success, the collaboration has grown incrementally. The partners now believe that it is important to institutionalize the work of the collaborative to ensure continued growth while sustaining current efforts. To this end, the partners have recently announced the formation of the Caritas Connection, a 50/50 joint venture corporation that will integrate many of the Catholic-sponsored health and human services in the diocese. One of the initiatives of the Caritas Connection will be the development of an integrated delivery network to provide a seamless continuum of high-quality, low-cost, accessible services for the low-income community.

The Caritas Connection's objectives are to:

- Ensure sustainability beyond the commitment of the present team
- Provide a vehicle for the development of fundable, reimbursable lines of business
- Expand participation to include other Catholic ministries
- House more complex collaboration initiatives
- Leverage gifts among Catholic ministries to serve people
- Speak as one voice and influence public policy
- Derive mutual benefits

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