

STILL INNOVATIVE AFTER ALL THESE YEARS

Bon Secours Health System Has New Sponsorship Structure

In an interview with Health Progress, Sr. Patricia A. Eck, CBS, and Christopher M. Carney, respectively the chairperson of the board and president/chief executive officer of Bon Secours Health System, Inc. (BSHSI), Marriottsville, MD, talked about their system, the Catholic health ministry, and not-for-profit healthcare in general.

BSHSI is sponsored by the Congregation of Bon Secours, which was founded in Paris in 1824 to provide home healthcare for the poor. After coming to this country in 1881, the congregation continued giving home care and eventually established several hospitals, primarily on the East Coast.

BSHSI was established in 1983 as a small network, but has since grown significantly, especially in the 1990s, as a number of formerly independent hospitals have chosen to join the system. Today BSHSI comprises 14 acute care hospitals, 6 long-term care facilities, 6 assisted-living facilities, and 10 home care organizations, in nine communities.

HP: We understand that BSHSI has gone through a growth period since our last article about it (Gordon Burnside, "Catholic Healthcare without Sisters," *Health Progress*, January-February 1996, pp. 23-24 and 42). Would you tell us something about that?

Carney: By the spring of 1996, it had become obvious that because of our rapid growth, Bon Secours needed to improve its corporate communications and make its strategic planning and implementation more consistent. To accomplish this, we decided to reconfigure the system as four regions. In the beginning, this was a decision based on geographic alignments.

Sr. Eck: Soon, however, we began to see that regions helped us to address another problem,

one to do with sponsorship. We wanted a partnership between the congregation and BSHSI's lay leaders, but hadn't quite figured out how to structure it. Then, in June 1997, we decided to add the position of vice president for sponsorship to each of the four regions. Bon Secours sisters were appointed to the positions.

Recently we have moved away from the regional structure toward one that emphasizes local systems. Even so, the sponsorship positions remain an integral part of our leadership structure.

Carney: Having the sisters on board has turned out to be a great benefit for our operations staff. The sisters are real partners, involved in all major policy matters. Their involvement has greatly helped BSHSI to clarify its aims and make sure that we keep each other continually informed. Today our sponsorship positions are held by three sisters of Bon Secours and one sister of Mercy.



Christopher M. Carney

HP: How do you see sponsorship evolving?

Sr. Eck: We expect to develop more partnerships with other congregations. You've got to remember that the Congregation of Bon Secours has always been relatively small. In one sense that's good, because it encouraged us—many years ago—to start developing lay leaders for our healthcare organizations. For us, the big question

has long been: How do we develop all our coworkers to think in terms of mission? Today our congregation has only 45 U.S. members. To continue our mission, we must reach out not only to laypersons but to other congregations as well.

Carney: I agree. It's a matter that the sisters, our board, and our system management consider a significant part of our future.

HP: BSHSI not long ago decided not to affiliate with Catholic Healthcare East. What was the reasoning behind that decision?

Carney: Actually, BSHSI was actively involved in the planning of Catholic Healthcare East, especially toward the end of 1996. But our system was itself going through a significant growth phase at that time. We found we had a lot on our plate. And finally we decided that we had to make Bon Secours's growth our priority. The sisters and the board agreed. But we support what Catholic Healthcare East is accomplishing and have good relations with that organization.

Sr. Eck: We felt that we had made a commitment to the communities we served and should follow up on that, rather than join Catholic Healthcare East. Currently we're focused on strengthening our presence in our communities. We want to continue to be a leader in Catholic healthcare.

Carney: At the same time, we certainly don't preclude partnership opportunities in the future. And, as in the past, we continue to look for opportunities to help Catholic organizations remain Catholic.

HP: How do you see U.S. healthcare configured in the new century? Will it be dominated by a few huge systems?

Carney: Larger systems may continue to appear, but their growth will be focused on certain outcomes. Catholic systems will be guided by market-based needs, sponsorship needs, and mission considerations. The *New Covenant* process, including talks with bishops, will also help guide the formation of partnerships among Catholic organizations.

Sr. Eck: We don't expect to see disaggregation of the large systems that now exist. But we think those systems will now focus more on making adjustments than on continued growth.

HP: What is the place of not-for-profit, re-

ligiously based healthcare in the United States today?

Sr. Eck: Our congregation's official history contains a line saying we were founded "to take the care of those in need out of the hands of mercenaries." Healthcare has become such a *business* in our time! Religiously based organizations have a great opportunity to develop new ways of delivering compassionate care.

Carney: Not-for-profits are now more important than ever. They are the leaders in the creation of new healthcare services, in forming innovative partnerships that serve the community, and in making the most effective use of resources.

HP: Is not-for-profit, religiously based healthcare threatened by the for-profit sector?

Carney: BSHSI doesn't feel threatened by for-profits. We have always competed. We *want* fair competition. I hope religiously based healthcare is moving out of the "we versus them" thinking we've been in for several years and concentrating more on our Catholic identity and goals.

Sr. Eck: There used to be more of a sense of threat, but there's less now. BSHSI exists to serve community needs, and as long as we do that we need not fear competition from any quarter.

HP: What practical advice would you offer other Catholic providers?

Sr. Eck: Change has always been very successful for the Congregation of Bon Secours. January 1999 will mark the 175th anniversary of the founding of our congregation, which has a rich history. Born in postrevolutionary France, we were the first nursing order to go into homes; it was a new way of responding to needs. We're doing the same thing today through BSHSI's expansion from acute care into assisted care, housing, and other services.

Carney: The sisters are still innovators after all these years.

—Gordon Burnside



Sr. Patricia A. Eck, CBS