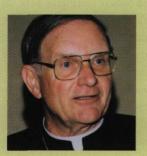
The Leadership Edge

Building Collaborative Relationships between Bishops and Laity Catholic Bishops and Healthcare Facilities Can Teach and Learn from Each Other

Relationships between lay leaders of Catholic healthcare and the Church—in the form of diocesan bishops—should not be "relationships of control," explained **Zeni Fox, PhD**, but relationships of "sharing,



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collaboration, and trust." Establishing such relationships is a matter of mutual learning. "All of us bishops need an education in the pressures you in healthcare face," said **Bp. John J. Leibrecht, DD, PhD,** while the bishop's role, he proposed, is to help coordinate Catholic healthcare within the whole mission of the Church, to see how it "fits in."

Fox, director of lay ministry and associate professor of pastoral theology at Immaculate Conception Seminary, Seton Hall University, South Orange, NJ, said the recent shift in leadership of Church min-

istries from primarily clergy and vowed religious to the laity has been "dramatic." It has happened over only the past 40 years and inevitably has raised questions concerning the preservation of Catholic identity and the protection of the patrimony of the Church, which is "more than assets.... It includes the Church's historical role and its credibility in the community."

Bp. Leibrecht's experience illustrated Fox's summary. Ninety-five percent of the parochial school staff in his diocese—he is bishop of Springfield–Cape Girardeau, Springfield, MO—is now lay, and the five Catholic hospitals and health facilities in his diocese are all directed by Catholic laity. Bp. Leibrecht's experiences with the healthcare facilities in his diocese have ranged from his being completely "out of the loop" in major decisions to his being actively involved. "I appreciated being consulted," he said. "I have something to add—I think most bishops do—and we can do that in a way that will be helpful."

A bishop has an important role to play in the pastoral life of the institution, he continued. A bishop is "both a communicator and collaborator," and as a teacher can help Catholic healthcare facilities with questions of identity or interpretation of the *Ethical* and Religious Directives for Catholic Health Care Services. "We're there to work with the institution" and with its ethicists, "to help them know what the Church teaches."

Mission Integration Starts with the Board

When Three Systems Came Together as Catholic Healthcare Partners in 1997, They Saw New Opportunities for Integrating Mission

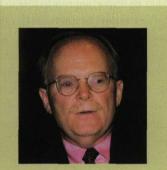
As sponsors move from frontline to oversight responsibility, more and more of the responsibility for ministry stewardship is being delegated to governing boards. To better prepare for the shifting responsibilities—and for additional cosponsors—Catholic Healthcare Partners (CHP), Cincinnati, revamped its board structure and functions.

At the heart of the new approach to governance was the need to integrate mission at all levels of the organization, especially the board. In 1997 a governance task force comprising representatives from the three health systems that formed Catholic Healthcare Partners in 1997 pointed the way. Task force members recommended combining the 27 mission statements from the systems' various entities into one mission statement and collapsing the separate corporate board and corporate member into one governing board.

But the changes in governance at CHP went far beyond structure, according to Sr. Beverly McGuire, RSM, executive vice president, and Michael Connelly, president and CEO. The restructuring carried with it a new understanding of board member roles and commitments. A big responsibility for board members is to be active, Connelly said. "While we've made it an honor to be part of the board, it's not an honorary position."

Board members begin their terms studying the *Ethical and Religious Directives for Catholic Health Care Services.* "Everyone knows three of the directives," Sr. McGuire observed. "We were interested that they know those three and the other 67, which is the real call to Catholic identity. We used the directives to make it clear to folks what we do, for whom we do it, and in whose name we do it."

Another expectation is that the board focus on the future, rather than just operations. Meetings, for



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which members receive and read advance information, have a set format to keep them running well and to allow time for strategizing. Board members also routinely meet in executive sessions. "You need these sessions periodically to maintain objectivity," Connelly said. The board furthers its own education through CHP University, a series of facilitated modules on issues critical to governance.

CHP's annual trustee seminar is a bit like the Catholic Health Assembly, Sr. McGuire said. "Last year we took a leap and did more of a motivational

seminar. It was about spirituality. Our board members are looking for the motivation to do the tough stuff like the BBA [Balanced Budget Act] implementation."

CHP's board has cultivated itself as a learning organization by developing "evidence," or measures, for everything it says it values. "We all know what it means to be an AA bond-rated organization, but do we know what it means to be an AArated care of the poor organization? In the absence of standards, anything becomes acceptable," Connelly observed.

At CHP both the board and the system CEO have objectives and measures for meeting those objectives that they have all agreed on. "We need good information so that we can say with some comfort that we're doing what we signed up to do," said Connelly.

Fine Tune To Become a Peak Performer

Leaders Challenge Themselves and Others to Embrace Change, Apply New Skills and Knowledge

The difference between leaders and peak-performing leaders is less a matter of effecting incredible change, than of fine tuning.

In an energetic presentation interspersed with music, sound effects, and sports analogies, **Bob Moawad**, CEO of Edge Learning Institute, Tacoma, WA, told assembly-goers to rein in endless amounts of research about your direction and "get off the launchpad." You can always get feedback about what you are doing and correct your aim accordingly, he said. Although his topic was developing board competencies for the new millennium, Moawad's message clearly applied to individuals at all levels of the organization. "Everyone should behave like mini-CEOs," he said.

"The main demands for leadership are guts and judgment," according to Moawad. "We'll be remembered more for our success than our failures, and yet our number of successes is directly proportional to the number of our failures." Moawad underscored his point with stories of Major League sluggers Babe Ruth, Reggie Jackson, and José Canseco, all of whom had strikeout statistics that rivaled their home run records. "It's the willingness to go to bat" that made them achieve their successes, he said.

An often overlooked resource for accomplishing organizational change is the people who work there. Merger activity reached an all-time high in January, according to Moawad, but statistics show that half will fail, and half of the failures can be blamed on the human factor. "It's important to understand that organizations don't fail—people do," he said.

Research shows that in a normal day people work about 4.8 hours; when an organization is in the midst of major change, 3 more hours are lost, as people worry, "What about me?" Leaders must confront other underlying blocks to peak performance such as assumptions that "we're OK the way we are," fear of the unknown, and fear of failure.

"The job of the leader is to let people know that change is just beginning and will never end. You need to emphasize teamwork and celebrate your victories," Moawad said.

Meaningful change must start from inside the individual, he asserted. The best way to begin is with an internal advertising campaign, changing the way one talks to oneself. "New skills and knowledge without a change in habits and attitudes cannot effect change. Knowledge does not equal power unless you can apply it and share it," he said.