History and Rationale

IDENTITY

Identity is never static. At a personal level, we know that our individual identity evolves over time. The person we are at age 4 is not who we are at ages 24, 44 and 84. Many factors contribute to identity: traditions, values, our personality and the circumstances of our life.

This is not to imply that our identity is ungrounded. It simply recognizes the fact that our identity is not insulated from others or what is happening around us. Our identity encounters the outside world — people with different ideas and values — and our experiences may develop or challenge us. We don't know who we really are and what we stand for until our identity is tested.

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We also can learn about identity from the experience of our vocation. Our vocations are renegotiated over time. Whether we are married, ordained, religious or single, our vocation requires more than a one-time vow or commitment. We reaffirm our vocational identity each day by the small and big decisions we make to be faithful to that commitment. Our vocations often are tested, and the circumstances of life can sometimes threaten our resolve, but we learn from these experiences. They allow us to grow deeper in our vocational identity and our commitment.

Similarly, when we look at Catholic ministry identity, we know it has never been static. While traditions and values have been passed down, each generation has had to recommit itself to the ministry in the midst of its own reality and complexities. In 1995, Reverend J. Bryan Hehir, Th.D., wrote a seminal article that has influenced the discussion of Catholic ministry identity for decades. Recognizing that the identity of the Catholic health ministry must be rewoven and renewed in age, he wrote:

> *"The fashioning of one's identity in an ecclesial institution like the Catholic Health Association is a theological task, but one that must be carried out in the context of the rational demands, the secular setting, the pluralistic context and the scientific requirements of the world of health care. If we do not have a religiously grounded, theologically articulated understanding of who we are and what we are, we will lose our way in this complex context. At the same time, if we specify our identity but we cannot meet the standards of a rational, secular, pluralistic world, then our identity will not be effective."* [1]

FORTY YEARS OF IDENTITY ASSESSMENT

Until 40 years ago, there was an assumption that Catholic identity was assured, since the religious and priests were overseeing the ministry. As Catholic health care institutions moved from being governed and operated by religious sisters, brothers and priests to ministries shared and led by the laity, the question of maintaining Catholic identity emerged. With the increasing role of the laity, Catholic health care began to reflect on what it means to be a ministry of the Church, and the signs that would indicate the actions and behaviors of an institution bear witness to the healing ministry of Jesus. In short, that institutional identity and integrity were congruent.

In 1977, CHA's Board of Trustees recommended:

> *"CHA develops and periodically updates objective criteria and processes for utilizing them (evaluative criteria) in order that Catholic hospitals and other Catholic health care facilities and organizations can evaluate their effectiveness as ecclesial organizations, and that these criteria be communicated to the membership … "* [2]

Since that time, CHA and its members continuously have discerned what the objective criteria are for assessing ministerial effectiveness. Starting in 1978, CHA's Christian Criteria Committee began looking at what Gospel principles should guide the evaluation of Catholic identity for health care facilities. This process would lead to a meeting of representatives from 50 health facilities of various sizes, regions and sponsorship to review and give feedback

on eight evaluative criteria. This led to publication of *Evaluative Criteria for Catholic Health Care Facilities* in 1980. The document served as a reflective tool for self-renewal for individual facilities, as well as a way to determine the present situation of Catholic health care facilities set forth in the criteria.

The 1990s was a period that saw many Catholic health systems internally develop their own mission assessment processes. These self-assessments were typically conducted in each of the ministry's facilities on a regular basis, ranging from once every year to once every three years. Many of these self-assessment tools were modeled after the National Catholic Education Association's (NCEA) school assessment model. Some systems followed the NCEA's practice of including a visitation committee, composed of a mission leader, clinical executive and operations leader from sister facilities within their system, to verify the institution's own self-review. Commendations and recommendations were given, followed by an action plan that usually became the responsibility of the mission leader to oversee until the next mission assessment occurred. While these tools were useful for growing an awareness of mission integration throughout the organization, action plans were not usually incorporated into strategic and operational planning and therefore were not part of any continuous process improvement plan.

The ministry continued to reflect on the core elements of a Catholic health ministry. In the early 2000s, CHA engaged the ministry at all levels in a three-year process regarding the issue of Catholic identity. *A Shared Statement of Identity for the Catholic Health Ministry* was the result, with seven core commitments:

> *"promote and defend human dignity, attend to the whole person, care for poor and vulnerable persons, promote the common good, act on behalf of justice, steward resources and act in communion with the Church."* [3]

From 2005–2015, a few members worked in partnership with outside institutions to develop assessment tools to measure ministry identity. The evaluative criteria of these tools are all grounded in Gospel values and Catholic social teaching, the same source from which CHA's core commitments emerged. In addition, the scoring criteria of these tools all use a variation of the *Baldrige Performance Excellence Program* that employs

a 1–5 scale, with 1 equating to little or no presence of the core value and 5 signifying a mature presence of the core value with embedded processes and procedures across all levels of the organization to ensure its existence.

RATIONALE

Why is now a critical time to reflect and reappraise our ministry identity? At the Second Vatican Council, the bishops reminded us: "… the Church carries the responsibility of reading the signs of the times and of interpreting them in the light of the Gospel, if it is to carry out its task (*Gaudium et Spes*, No. 4)." For the healing ministry to endure and flourish, we must continue to ask: What are the signs of the times in health care today? How do we interpret them in the light of the Gospel, and how do we act in a way consistent with our identity?

A gathering of CEOs, sponsors and system mission leaders in January 2016 entitled "Catholic Identity and Integrity: A Critical Conversation" included focused conversation on ministerial identity and institutional integrity at a time of rapid change and corresponding challenges in health care. One of the "signs of the times" discussed was the transformation of health care delivery models, partnerships and reimbursement models in the U.S. that has led to new kinds of relationships between Catholic and other-than-Catholic entities. This dynamic development allows the ministry to share common values and work with partners to expand to meet the ever-changing demands of the community. At the same time, it raises questions. What distinguishes Catholic health care as a ministry of the Church? How do we preserve the essential dimensions of the healing ministry? How do we measure and monitor Catholic ministerial identity, fidelity to mission and the effectiveness of our formation programs? What does ministry formation look like in new partnerships with entities that are other-than-Catholic?

Another sign of the times discussed was the richness of different models of sponsorship, governance and leadership formation emerging within the ministry. The expanded role of the laity and their formation process enable us to now assess the ministry and move it forward so it continues to flourish.

The consensus from this gathering was for CHA to again articulate the core elements of Catholic ministry identity and develop a process for benchmarking key objective measures. The result was a task force that met several times in person and via conference calls over a two-year period beginning in February 2016. The *CHA Ministry Identity Assessment* is the result of that process.

CATHOLIC MINISTRY IDENTITY ASSESSMENT

The assessment is based on CHA's *A Shared Statement of Identity for the Catholic Health Ministry* and its seven core commitments. For purposes of the assessment process, the order of the core commitments is changed, as well as some slight nuancing of the words. The *CHA Ministry Identity Assessment's* core commitments are: Serve as a Ministry of the Church, Promote and Defend Human Dignity, Promote the Common Good, Attend to the Whole Person, Care for Poor and Vulnerable Persons, Act on Behalf of Justice and Steward Resources. The *Baldrige Health Care Criteria for Performance Excellence program* criterion, employed by many of the existing assessment tools, is also recommended.

Mindful that the Key Performance Indicators (KPIs) in the existing tools are the intellectual property of other institutions, the task force arrived at the KPIs in the *CHA Ministry Identity Assessment* through a series of discussions and consensus-building processes.

Several KPIs are listed for each of the core commitments. The KPIs fall into two categories: measures of the core commitment related to patients, residents or community members; and measures that relate to associates, clinicians and the organization.

There are more than 100 possible KPIs for an organization to consider using. It should be noted, the CHA assessment process offers KPIs for a variety of care settings (e.g. acute, long-term care, clinics, etc.). Some of the performance indicators are fundamental to Catholic health care — such as the availability of sacraments and adherence to the *Ethical and Religious Directives*

for Catholic Health Care Services. Others are aspirational. For example, "How does your organization provide formation for all levels of the organization?" It is hoped that systems and other institutions that have created assessment processes will compare their KPIs to those proposed by CHA and use some of them in addition to the KPIs they currently use.

What is unique about the *CHA Ministry Identity Assessment* process is that the number of core commitments and KPIs is not mandated. Both the ministry identity assessment framework and CHA process are offered to members to use and adapt to their needs. Each member organization will determine if all or which of the seven core commitments will be used to assess its organization. Similarly, the appropriate KPIs for the organization will be determined by the ministry's own steering committee. Each organization will determine if its assessment is to be conducted internally or include external reviewers.

CONCLUSION

As the *CHA Ministry Identity Assessment* is used by CHA Representative Member organizations, CHA will gather feedback to determine if the assessment process is user-friendly, as well as which KPIs have higher reliability. In addition, as information is shared, there is potential for benchmarking key KPIs for the core commitments across the ministry.

The *CHA Ministry Identity Assessment*, like those processes and tools that preceded it, is not intended to be the final word on what ministerial identity is and how it should be evaluated and measured. The members of CHA asked that, as an association, we reflect and rearticulate our core commitments in light of "the signs of the times." This latest iteration is one more piece of the ongoing reflective process of identity and integrity by the health care ministry.

1 Rev. Bryan Hehir, Th.D., "Identity and Institutions: Catholic Healthcare Providers Must Refashion Their Identity as Actors and Advocates in the World," *Health Progress*, Vol. 76 no.8, (November - December 1995): 18.

2 Catholic Health Association archives, Board of Trustees minutes, 1977.

3 Catholic Health Association, "*A Shared Statement of Identity for the Catholic Health Ministry*," 2012.

A Shared Statement of Identity for the Catholic Health Ministry

We are the people of Catholic health care,
a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen — bringing together people of diverse faiths and backgrounds — our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

AS THE CHURCH'S MINISTRY OF HEALTH CARE, WE COMMIT TO:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church