



Mission Across the Miles: Mission Integration in Ambulatory Settings

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Building community focused on the call and mission of Catholic health care requires thought and intention, and this feels particularly true when working with tens of thousands of care providers across seven states. How do you connect and inspire those often pressed for time, facing one another on a computer screen?

One example: What began as routine virtual “town halls” to update caregivers within the Northern California Providence Medical Group turned into a more spirited way to gather for staff appreciation and engagement across many miles and many clinics. After operational reports were shared at each virtual town hall meeting, the focus switched to Northern California Mission Integration Leader Montserrat Archila, decked out in a bedazzled blazer and surrounded by colorful balloons. She explained she had traveled to a surprise location to reveal “Values in Action” recipients — those who had demonstrated Providence’s core tenets through their work.

Archila was followed by a camera through doorways, past offices and toward blissfully unaware clinic teams who were gathered around computers and surprised by a live-streamed “prize parade.” Awardees were celebrated in real-time with flowers, certificates and items like mugs and lapel pins to mark their good work. The “parade” was viewed by approximately 1,000 colleagues throughout the nearly 3,000 square miles of Providence Medical Group.

The Providence Clinical Network includes more than 1,000 medical clinics, 30,000 caregivers, 10,000 providers, critical clinical service lines

and nonacute services, including graduate medical education, across seven states. The network includes a dedicated mission integration team that serves remote and hybrid workers by helping them to see their connection with the Providence system and by building bridges among clinic teams located across a vast geography. The opportunity to provide the full range of mission integration support without the benefit of a unified campus requires intentionality, inclusivity and creativity.

INTENTIONALITY AS STRATEGY

The clinical network mission team focuses on the realities of ambulatory services lines and operates with a sense of intentionality. Always aligned with system and Providence Clinical Network strategic plans and in partnership with local and system executive teams, we respond to workforce trends, engagement surveys, and other qualitative and quantitative data that identify the distinctive nature of ambulatory administration and operation. Outreach requires continued awareness that clinics are often far from acute ministries, the usual hubs for mission-centered activities. Even when clinics are within walking distance of Providence hospitals, limited break times often prevent

caregiver participation.

Members of this mission team design programs and support other leaders to develop in-house, customized versions of formation offerings. For example, the feast of Blessed Emile Gamelin is traditionally recognized in hospital cafeterias with a simple soup and bread meal to reflect the generosity of the foundress of the Sisters of Providence in serving those who were hungry in her family kitchen. Providence Clinical Network mission leaders help design variations of this beloved “Table of the King” that includes organizing soup potlucks in clinics or delivering dried soup packets to administrative offices. Approaches like this ensure those working within ambulatory spaces are not left out of critical formation and heritage experiences.

INCLUSIVITY AS PRACTICE

Inspired by Jesus’ ministry, the spirituality of our founding communities calls us into relationships that are active, inclusive and ever widening. We welcome new team members, build community and promote continued growth.

To translate numbers, the Providence Clinical Network comprises one-third of the entire Providence system, based on the number of people who work as part of the network; it is served by nine mission leaders who recognize their work as a ministry of presence. With the continued expansion of our services into new markets, the team is called to extend that presence by creatively building a circle of support that invites clinical and operational colleagues to partner with us to infuse mission into the daily experience of caregivers and providers.

Mission leaders for the clinical network turn to the commission to “go and do likewise” and develop the gifts and talents of caregivers who express a desire to participate in the work of formation and the preservation of identity. This work is done across departments, such as operations, patient experience and human resources.

Taking a pastoral ministry approach, the clinical network mission leaders have experimented

with treating local clinics and departments as small communities within the larger defined ministry. Within this framework, local leaders (managers, supervisors and leads) are uniquely positioned to ensure that the mission, values, vision and promise of Providence are animated within their teams and that opportunities are created to build connections across multiple clinic teams.

While mission leaders are committed to providing presence whenever possible, there is also recognition of the importance of local leaders authentically living the spirit of mission and values. Within the Providence leadership model, this expectation thrives with intentional, inclusive and consistent formation.

With the critical support from executive leadership teams, the clinical network mission leaders have designed formation experiences that bring core leaders together to reground them in the mission and values, revisit patient experience tools and articulate how they support our mission. As one example, in Southern California, a daylong retreat called Cultivating Human Connection includes a discussion of how to create psychologically safe environments and explores communication skills.

Throughout formation, we focus on storytelling, especially heritage stories, as a leadership tool. Leaders are equipped to share best practices when it comes to building community and leading in crisis and chaos, as well as understanding

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servant leadership and the role of vulnerability in trust building. The goal is to empower leadership to be the primary model of mission for the people they serve, so we can ensure that the work and vision of our founding communities are hardwired throughout the ministry and stewarded



well into the future. As one mission team member often jokes, “If we are successful, we will work ourselves out of a job!”

Time and territory present challenges for mission leaders who serve outside the traditional framework of an acute setting, often decreasing the likelihood of a virtual live presence, let alone a physical presence, for most of the commitments on a given day. In addition to empowering leaders to provide that presence, the team has selectively trained mission-inspired caregivers to step into facilitator roles for mission-centered onboarding sessions and prayer breaks, as well as presider roles for small local blessings and heritage observations. The people in these roles go by various names, including Mission Guides, Dream Teams, Community Outreach and Advocacy Committees, or Ethics Navigators.

CREATIVITY IS CRITICAL

Serving large regions requires creativity. These mission leaders reach caregivers in ambulatory settings in varied ways. This sometimes requires meetings that are virtual (as in the case of committee meetings representing multiple clinics), in-person (as in the case of crisis) or hybrid (as in the case of town hall meetings).

Providence Clinical Network’s systemwide virtual reflection services include a speaking part for each of the network’s mission leaders, which allows caregivers to see their local, familiar mission leader. The systemwide reflections also encourage connectedness with teams across the network.

Beyond traditional methods, we embrace any opportunity to connect caregivers with mission, values and heritage, including social media, emails, instant chats, texts, calls, print cards and videos. For example, the team has been invited to produce content for the system’s TikTok account and contribute to system podcasts and internet radio programming. We offer our involvement and accept invitations for even the shortest opportunities to engage with caregivers: micro formation moments during daily huddles, management meetings, department meetings and more.

WE LOVE BECAUSE WE WERE FIRST LOVED

In a recent meeting, one of our care management

coordinators shared a story about an elderly husband and wife who were establishing care at one of our clinics. As the coordinator reviewed the new patient binders with them, she noticed the wife beginning to get teary. So, she stopped and asked if everything was OK.

The woman wiped her eyes and said they were tears of happiness and relief. She expressed that she felt like a 100-pound weight was lifted off her shoulders, knowing that they were being heard and were not alone, recognizing that the care management coordinator was with them as they received care. Being present to another human being is a profound act of compassion and love of neighbor.

The care management coordinator was proud of the team for making a difference. For her, this went beyond patient satisfaction survey scores and good patient experience. It was about the human-to-human connection that she developed with this couple and so many other patients who had visited that clinic. We all know that human connection can improve patient outcomes, and at Providence, we call those moments sacred encounters.

The service industry accounts for three-quarters of the U.S. gross domestic product, and health care is part of that sector. In his book, *Unreasonable Hospitality: The Remarkable Power of Giving People More Than They Expect*, American restaurateur Will Guidara situates hospitality at the center of any service industry brand and reinforces the well-known Richard Branson quote, “If you take care of your employees, they will take care of the clients.”

Hospitality is central to who we are as a Catholic health care system, and it calls us to prioritize people; affirm their dignity, value and wholeness in all situations; and continually invite them into community.

Our Providence promise is “know me, care for me, ease my way,” and we frequently talk about how this promise applies to our caregivers as much as it applies to our patients. It is our commitment to hospitality for all.

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