CATHOLIC HEALTH CORPORATION

Collaboration from the Bottom Up

The Catholic Health Corporation (CHC), Omaha, is intensifying efforts to promote collaborative ventures among its members and system affiliates, in what Chief Executive Officer (CEO) A. Diane Moeller describes as a "bottom-up initiative."

CHC would not have deepened its commitment to collaboration without indications from its facilities that they wanted the system to go in that direction, Moeller explains. "We have always had a culture and a philosophy of keeping as much of the action as possible in the facilities," she notes.

The makeup of the system has been an important factor in system leaders' decision to take an incremental, deliberate approach to encouraging collaboration. Eight different congregations sponsor the 103 facilities affiliated with CHC, well over half the affiliates are not hospitals, and CHC facilities are spread over 14 states from the Pacific Coast to as far east as Illinois.

"Because we have multiple sponsorship of our facilities, pursuing collaborative strategies is more complicated for us than it would be for a system that has one sponsor. Every issue that we cover takes us down a more difficult road than many other systems have to follow." Moeller explains. "But it also makes it very satisfying when we do come together in the end."

In March 1991 at its annual Trustee Conference, CHC released a study, commissioned by the system's eight corporate members, that identified a need for sponsors to improve communications with each other and with the CHC board. It also cited a need for congregational leaders to take an active role in setting future directions. In addition, it introduced a new vision statement emphasizing the importance of collaboration (see "A Vision of Collaboration," *Health Progress*, June 1991, pp. 20-21).

Catholic Health Corporation

In the past year, according to Moeller, congregations have taken a "giant step" toward improving communications and becoming more active in CHC operations. "Our sponsors are now meeting three times a year and spending more time with our board of trustees making policy decisions," she says. "And they now work with us as a group to sponsor a day of reflection for CEOs once a year."

CHC members are also initiating collaborative efforts at the local level. In September 1991, the Presentation Sisters of the Blessed Virgin Mary, Fargo, ND, invited representatives from area facilities sponsored by the Sisters of Mercy, Omaha, to their annual board retreat. The meetings focused on how CHC providers in eastern North Dakota could collaborate to improve services and make healthcare more affordable to patients. Participants also discussed approaches they had taken toward working with other area providers who were not affiliated with CHC.

Efforts to enhance collaboration systemwide were the focus of a CHC-sponsored invitational joint venture meeting last October in Denver. CEOs from nine system facilities, as well as two chief financial officers and four members of CHC's senior management staff, met to discuss ways for CHC affiliates to work together.

"We sat down and brainstormed areas with potential for collaboration," explains David Goode, president and CEO of Holy Rosary Medical Center, Ontario, OR. "The agenda at the beginning was to think creatively about ways that we might collaborate in specific areas that would ultimately benefit virtually all of us. We tried to focus on areas where the need was widespread and where collaborative action had the greatest chance for a positive impact on most of our institutions."

The group looked at 50 or 60 collaborative possibilities at first, Goode says, but they eventually narrowed the focus to six areas: physician recruitment, other hospital staff recruitment, hospital and physician integration, strengthening of group purchasing, core shared services, and a system health benefits program. Participants recommended that Goode and CHC Vice President of Finance Ron Kroll present the ideas at a meeting of the system's Health Services Council—an advisory body chaired by Goode and made up of CEOs of all CHC-affiliated institutions.

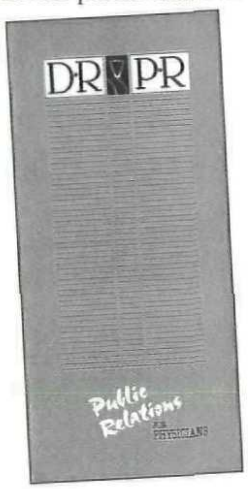
In January the council met and voted unanimously to form task forces to pursue the ideas the group had recommended. The CEOs were receptive to the ideas, Goode emphasizes, because they addressed needs that virtually all of them shared. "The whole process of selecting areas for possible collaboration has been driven by the affiliated organizations," he explains. "The Health Services Council formally endorsed the project and, in doing so, made a commitment to fund it. It was a matter of putting our money, time, and effort where our mouth was."

Goode believes that the new emphasis on collaborative action is a sign of how far CHC and its members have come since the system was organized in 1980. "It's a matter of being able to see where there are common needs," he explains. "I also think that we are maturing as an organization in terms of our ability to think about things more collectively."

CATHEDRAL HEALTHCARE SYSTEM

Public Relations for Physicians

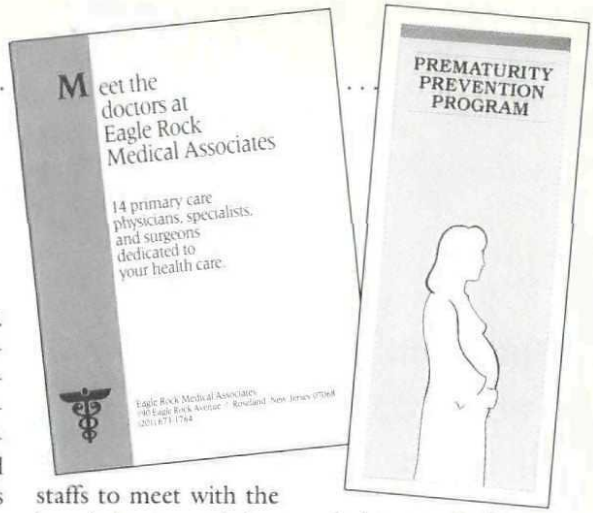
Healthcare facilities are seeking ways to enhance the loyalty of physicians affiliated with them. Cathedral Healthcare System, Newark, NJ, operates a full-service public relations agency, DR/PR, for the 650 physicians affiliated with the system's three hospitals.



The goal of DR/PR is to promote the private practices of Cathedral's physicians. Cathedral executives believe the system's hospitals will ultimately benefit from the resulting medical staff loyalty. Each hospital's public relations office handles physicians' publicity needs that are directly tied to Cathedral facilities.

DR/PR's services include brochures, patient newsletters, newspaper advertising, press releases, and stationery. The service is less costly than outside advertising or public relations agencies. Physicians are charged only actual costs for typesetting, printing, and mailing. Charges are discounted for writing and creative services.

DR/PR has sponsored seminars for physicians' office staffs. The seminars have covered financial reimbursement issues and ways to help the physician enhance his or her practice. The seminars have also provided an opportunity for physicians' office staffs to meet with the hospital personnel they often deal with by telephone. In addition, the service has brought in a practice enhancement expert to hold a seminar for physicians.



In the four years DR/PR has been in operation, it has completed about 24 individual projects for physicians. Although many other physicians have expressed interest in the service, some hesitate to use public relations techniques, which are not as common in the Northeast as in other parts of the United States.

In 1992 DR/PR plans to increase physician awareness about the service. The medical staff newsletter now includes a DR/PR column that provides tips on practice enhancement. All new and current physicians will receive a brochure about DR/PR.

SISTERS OF MERCY OF THE AMERICAS

A Tool for Transformation

On the occasion of the centennial of *Rerum Novarum* (On the Condition of Labor), the encyclical issued by Pope Leo XIII in 1891, the Mercy Systems Leadership Group examined the question of justice in the workplace. According to Sr. Mary Roch Rocklage, RSM, president of Sisters of Mercy Health System–St. Louis, the group, made up of the presidents of Sisters of Mercy–sponsored systems, wanted to contribute to "breaking open the Church's teaching" on social justice in the workplace in this time.

A task force was appointed in 1990 to prepare a document that would serve as an educational tool for transforming the workplace. The task force members' broad range of expertise—in ethics, theology, labor, management, and human resources—reflected the goal to create a document that could be used by many Catholic healthcare organizations, not just Mercy systems.

Sisters of Mercy of the Americas
Hermanas de la Misericordia de las Americas

Stressing that "we must strive to eliminate the adversarial relationships that have for so long characterized management and labor relations," the document lists seven issues healthcare facilities can use to assess how they are enhancing workers' dignity in the workplace. Accompanying questions are included to stimulate critical reflection on the issues:

1. Diversity. Do we seek diversity in our work forces? Do we welcome and value diversity at all levels of our organizations? Do we recruit and encourage the contributions of differently abled persons?

2. Structures for participation. Does everyone in our workplace have the opportunity to participate in the decisions that affect our work and our organization?

3. Organizing. Do we genuinely respect our employees' right to organize?

4. Remuneration. Are wages, salaries, and benefits commensurate with the responsibilities and the qualifications of each position and sufficient to meet each employee's needs and the needs of his or her dependents?

5. Family life. Do the conditions in our workplaces and our wages and benefits support and promote family life? Do we consider the special needs of single parents and other nontraditional families, which constitute a growing part of our work force?

6. Development and training. Do our organizations offer workers opportunities to grow personally and professionally?

7. Recognizing performance. Are employees and employers alike challenged to grow through regular mutual evaluations and through constant feedback from co-workers?

After incorporating suggestions from a variety of groups into the document, the Sisters of Mercy Health systems will use it to reflect on critical issues and possibly make policy changes within their organizations. The paper may also lead to changes in laws that force adversarial management-labor relationships. The leadership group hopes other organizations will use the document as well.

For more information, contact Sr. Mary Roch Rocklage at Sisters of Mercy Health System–St. Louis, 2039 N. Geyer Road, St. Louis, MO 63131.