|  |
| --- |
| **G:\CHA Logo\2017 CHA Logos\Print only logos\Cha_Logo BLACK_no words.pngLong-Term Care Mission Leader** |
| In a dynamic jobs, there is no such thing as a “typical week.” However, this snapshot gives a sense of what types of things may be on the calendar of a mission leader in long-term care. For more information on the purpose, participants and role of the mission leader click the meeting.  |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday**  |
| **6:00-6:30** | **Prayer[[1]](#endnote-1)** | **Prayer** | **Prayer** | **Prayer** | **Prayer** |
| **6:30-7:00** |  |  |  |  |  |
| **7:00-7:30** |  |  |  |  |  |
| **7:30-8:00** |  | **Rounding[[2]](#endnote-2)**  |  |  |  |
| **8:00-8:30** |  | **Family Consult[[3]](#endnote-3)**  | **Quality Assurance Committee[[4]](#endnote-4)** |  |
| **8:30-9:00** |  | **Resident’s Committee[[5]](#endnote-5)** |
| **9:00-9:30** |  | **Formation Preparation[[6]](#endnote-6)** | **Department Head Meeting[[7]](#endnote-7)**  |
| **9:30-10:00** | **New Associate Orientation[[8]](#endnote-8)** |  | **Mission Champions[[9]](#endnote-9)** |
| **10:00-10:30** |  |  |  |  |
| **10:30-11:00** |  |  |  |  |  |
| **11:00-11:30** | **Department Meeting[[10]](#endnote-10)** |  |  |  | **Rounding[[11]](#endnote-11)** |
| **11:30-12:00** |  |  | **Ministerial Alliance Luncheon and Meeting[[12]](#endnote-12)** |
| **12:00-12:30** |  |  | **Lunch and Learn Nursing Formation[[13]](#endnote-13)** |
| **12:30-1:00** |  |  |  |
| **1:00-1:30** |  |  |  |  |  |
| **1:30-2:00** |  | **Ethics Committee Meeting[[14]](#endnote-14)** |  |  |  |
| **2:00-2:30** |  |  | **Mass with Communal Anointing[[15]](#endnote-15)**  |  |
| **2:30-3:00** |  |  |  |  |
| **3:00-3:30** |  |  |  |  |  |
| **3:30-4:00** |  |  | **Spiritual Direction[[16]](#endnote-16)** |  |  |
| **4:00-4:30** | **Catholic Charities Board Meeting[[17]](#endnote-17)**  |  |  |  |
| **4:30-5:00** |  |  |  |  |
| **5:00-5:30** |  |  |  | **Exercise** | **Annie’s Birthday Party[[18]](#endnote-18)** |
| **5:30-6:00** |  |  |  |  |
| **6:00-6:30**  | **Exercise[[19]](#endnote-19)** | **Exercise** | **Exercise** | **Exercise** |

1. PRAYER. Mission Leadership is a ministry and a calling. Cultivating a personal spiritual practice, be it meditation, Liturgy of the Hours, daily mass, yoga, *Lectio Divina*, centering prayer or any combination thereof, is essential to the vocation and integrity of the mission leader. It is critical to make this practice a scheduled part of a daily routine and to protect that time.
 [↑](#endnote-ref-1)
2. ROUNDING. Making time to connect to residents as well as associates is important for the long-term care mission leader. By making rounds a mission leader can informally listen to the needs and concerns of the community as well as build relationships of trust and mutuality. [↑](#endnote-ref-2)
3. FAMILY CONSULT. Aging, death and the surrounding questions and considerations are ethically and emotionally complex issues. Oftentimes families haven’t had the discussions necessary to make these choices. Additionally, the costs and process for settling into a long-term care facility and provisions for a new limitations on lifestyle are daunting. Mission leaders in long-term care are called to help families navigate these issues. In a family consult the mission leader functions as resident and patient advocate as well a translator of the values of Catholic health care. In their care for and deep listening, they model to others the value of human dignity and what it means to care for the whole person. [↑](#endnote-ref-3)
4. QUALITY ASSURANCE COMMITTEE. The Quality Assurance Committee is responsible for reviewing and analyzing quality of care and patient safety issues. Federal regulations require long-term care facilities to have a QA committee that meets at least quarterly to identify and correct issues and improve care. Committees typically include representatives from the medical staff, such as the director of nursing services or a physician, as well as other representatives from key areas in the organization. In this meeting the mission leader functions as a patient advocate and as a translator bringing the values and theology of the Catholic tradition to bear in discussions around why high quality is intrinsic to human dignity. [↑](#endnote-ref-4)
5. RESIDENT’S COMMITTEE. Many facilities have a resident’s committee composed of residents, family and community members to make sure the needs, concerns and ideas of the residents are heard by management. The mission leader may want to attend these meetings to show support and affirm the values of subsidiarity and solidarity. [↑](#endnote-ref-5)
6. FORMATION PREPERATION. Leading formation is an integral role for most mission leaders. They must be able to translate the mission and values of the ministry into each level of the organization from front line staff to the board. These formation experiences vary in time and type from ongoing cohort model programs to 10- to 30-minute processes within an agenda. Leading formation is an important skill that a mission leader needs to prepare for and cultivate.

 [↑](#endnote-ref-6)
7. DEPARMENT HEAD MEETING. In this meeting mission leaders are responsible for ongoing formation, sharing resources that can be used by other departments as well as ensuring the values and commitments of Catholic health care are applied in decision making.

 [↑](#endnote-ref-7)
8. NEW ASSOCIATE ORIENTATION. Many New Associate Orientations have a mission presentation that provides some history and background on Catholic identity to new hires. For the mission leader this is a chance to present Catholic identity and tradition in a way that is vibrant, invitational and alive for associates. In this meeting the mission leader has their first opportunity to connect the work of each associate to the mission of the ministry and affirm the service they provide to the organization is ministry. [↑](#endnote-ref-8)
9. MISSION CHAMPIONS. In situations where a mission leader may be responsible for more than one facility, groups of mission champions are a common way to keep up mission activities and extend mission work. Such a committee is a witness to our shared calling to keep the mission and identity of Catholic health care vibrant and present. In this role the mission leader listens to and empowers associates to bring their own creativity and skills to enhancing and supporting Catholic identity and commitments. [↑](#endnote-ref-9)
10. DEPARTMENT MEETING. Weekly check in with team and department to keep up to date on projects being worked on across the organization. Depending on how a team is structured, this might be a video or conference call. [↑](#endnote-ref-10)
11. ROUNDING. Making time to connect to residents as well as associates is important for the long term care mission leader. By making rounds a mission leader can informally listen to the needs and concerns of the community as well as build relationships of trust and mutuality. [↑](#endnote-ref-11)
12. MINISTERIAL ALLIANCE LUNCHEON AND MEETING. Many communities have ministerial alliances composed of pastors and ministries in the county or region. Mission leaders are typically welcome to join these groups. It is a good way to stay connected to the larger community and be feed in one’s own vocational identity. [↑](#endnote-ref-12)
13. LUNCH AND LEARN NURSING FORMATION. Formation is one of the key elements to sustaining Catholic identity and a part of whole person care for associates. It’s not a process of evangelization or proselyting, but a matter of inviting associates to engage in their own spirituality and find overlap with the values and commitments of Catholic health care. The mission leader needs to be able to translate and apply the essential elements of Catholic health care heritage in ways that are meaningful and relevant for associates. [↑](#endnote-ref-13)
14. ETHICS COMMITTEE MEETING. It is often the case that a mission leader is responsible for ethical concerns and considerations. This requires a proficiency with *The* *Ethical and Religious Directives of the Catholic Health Care Services* (ERDs) as well as the humility to know when an issue should be referred to a trained ethicist. [↑](#endnote-ref-14)
15. MASS WITH COMMUNAL ANNOITING. Making the sacraments available is a key component of providing spiritual care in a Catholic facility. Depending on the facility, the mission leader may responsible for coordinating these services and ensuring residents and associates are aware of and able to attend. [↑](#endnote-ref-15)
16. SPIRITUAL DIRECTION. Mission leaders are called on to be wisdom figures, to translate meaning and purpose and to help organizations discern the movement of the Spirit. In order to do this organizationally, many mission leaders seek help to do it personally. A spiritual director can be a valuable companion on the journey for any person, and especially those involved in ministry. [↑](#endnote-ref-16)
17. CATHOLIC CHARITIES BOARD MEETING. As a ministry of the church, Catholic health care has a responsibility to partner with other Catholic services. Mission leaders serve in the community to help strengthen these connections, listen to the needs of the community and be an ambassador of the ministry. [↑](#endnote-ref-17)
18. ANNIE’S BIRTHDAY PARTY. Maintaining relationships is critical to human health and well-being. Achieving a balance between professional and personal commitments doesn’t just happen, it takes deliberate planning and work. We re-create and re-invigorate ourselves for ministry as we take time for recreation and play. [↑](#endnote-ref-18)
19. EXERCISE. Just like maintaining a spiritual practice and keeping current on new information, physical health and wellness are a part of what makes a balanced mission leader. Having nothing to do with the scales or waistline, physical activity has everything to do with making time to focus on you because you focus so much on serving and caring for others the rest of the day. [↑](#endnote-ref-19)