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Fall 2008

CATHOLIC HEALTH EAST

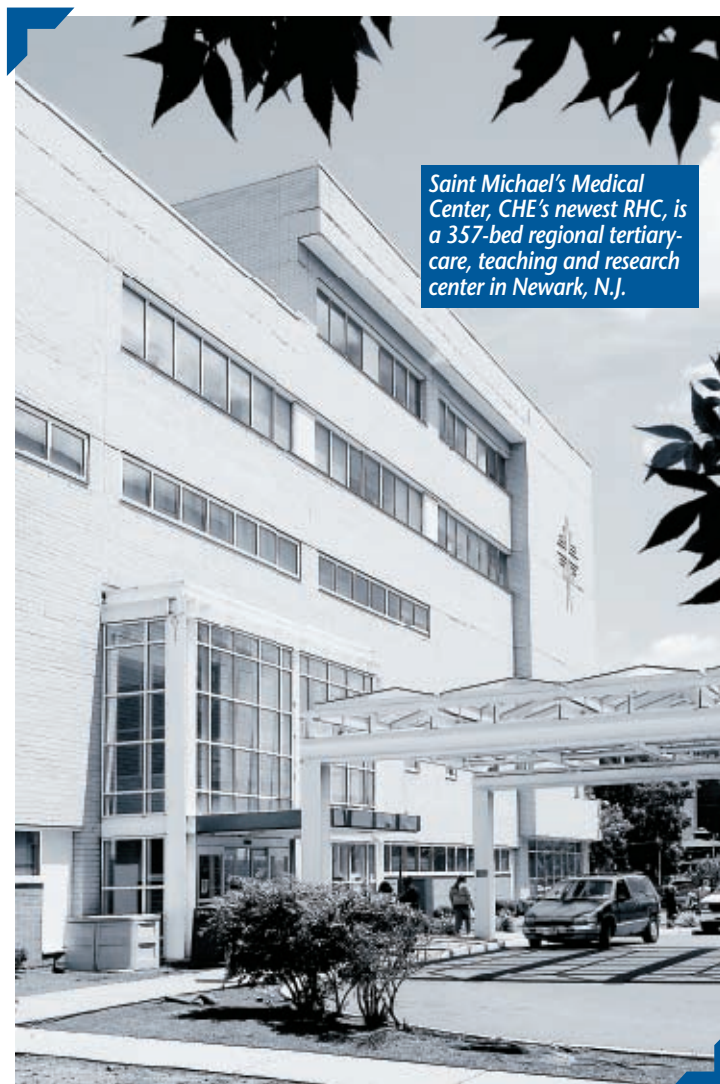
H O R I Z O N S

Saint Michael's Medical Center Joins Catholic Health East

On July 31, 2008, Saint Michael's Medical Center was officially welcomed into the Catholic Health East family. The Newark, New Jersey-based, 357-bed regional tertiary-care, teaching, and research center joins the Lourdes Health System (with hospitals in Camden and Willingboro) and St. Francis Medical Center (in Trenton) in an entity known as CHE-New Jersey.

CHE facilities now serve three of the state's major cities and constitute the state's largest Catholic health care system. Each affiliate of CHE-New Jersey retains its local management and governance while benefiting from some key economic and operational efficiencies and shared services.

"Our mission calls us to seek ways to ensure access to health services for those people most in need," says Robert V. Stanek, president



and CEO of Catholic Health East. "This announcement is the culmination of the collaborative work of all parties—the Archdiocese of Newark, Newark city leadership and state legislators, the State of New Jersey, physicians and employees and the local community—to find a solution that best meets community needs. Our Catholic health ministry in New Jersey, and nationwide, is strengthened and enriched with the addition of Saint Michael's Medical Center to our family."

According to Alexander J. Hatala, president and CEO of CHE-New Jersey, "Our hospitals share a longstanding commitment to delivering the best in care to our state's most vulnerable and underserved populations, and this commitment will continue to be strengthened through close collaboration and the identification of best practices and models for care."

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Providing care across CHE looks toward the future of health care

In 2006, CHE launched a system-wide strategic planning process that challenged stakeholders across the system to envision the future of health care in the year 2017. The Vision Statement reads:

Inspired by our Mission and committed to our Core Values, Catholic Health East will achieve excellence in all we do, creating a System that empowers communities and individuals to achieve optimal health and quality of life.

Within our Strategic Plan, CHE articulates its strong commitment to move forward with a care management strategy. In CHE's ideal future health care system, care is tailored to the individuals' needs and current conditions and is **coordinated throughout their life cycle and across the continuum of care**. Patients receive care that is consistent, convenient, compassionate and safe; and they are able to make highly informed decisions regarding their health care based on accurate information, unbiased advice and personal preference. Skilled teams of providers working in **effective and efficient systems will help patients optimize their health** through education, advice, reminder systems, accurate record keeping and therapeutic interventions.

The CHE Comprehensive Care Management Model is a values-based, person-centered, collaborative system of support and caring that promotes health-enhancing relationships through efficient and effective care. The goal is to optimize each individual's health potential through informed decision-making, effective communication and process facilitation, resulting in the right care delivered in the right setting at the right time.

The hospital case management group met in July at CHE in Newtown Square, Pa., to work on the design for Phase I of the comprehensive care management initiative.



The goal is to optimize each individual's health potential through informed decision-making, effective communication and process facilitation, resulting in the right care delivered in the right setting at the right time.

"Comprehensive Care Management connects individuals with information to make informed decisions about providers, services and programs that support their holistic and spiritual needs throughout their lives," says Sr. Kathleen Popko, S.P., CHE's executive vice president of strategy and ministry development.

Such a model calls for a dramatic transformation in the way care is

delivered and requires properly aligned financial incentives and interoperable, **electronic personal health care records—owned by the individual and kept secure and available for their use**. This will only be effective if the interests of the patients are placed ahead of the interests of physicians, hospitals, health care systems and payers.

the health continuum with comprehensive care management

Specific Goals and Objectives:

- ✓ Create a delivery system that is person-centered.
- ✓ Improve patient flow throughout the organization and facilitate effective transitions across the continuum of care.
- ✓ Use technology to enhance communication and sharing of data among providers, caregivers, patients and families.
- ✓ Focus on holistic care throughout the entire continuum of care.
- ✓ Provide seamless access to services to address the longitudinal needs of the targeted populations.
- ✓ Enhance and link community based services.
- ✓ Provide the necessary talents and skills in resources that will support and assure effective care management.
- ✓ Provide appropriate education to patients and families in order to assure informed decision-making.
- ✓ Redefine the roles, responsibilities and relationships of providers as partners in working with patients and families to coordinate and facilitate the right care in the right setting.

This large scale, system-wide transformation initiative will evolve over several years and is organized into the following four phases:

Phase I:

In-house RHC restructuring focusing on hospital-based case management.

Phase II:

Enabling initiatives extending beyond acute care including, for example, development of a patient portal, wellness tools, disease management protocols and outcomes measurement plans.

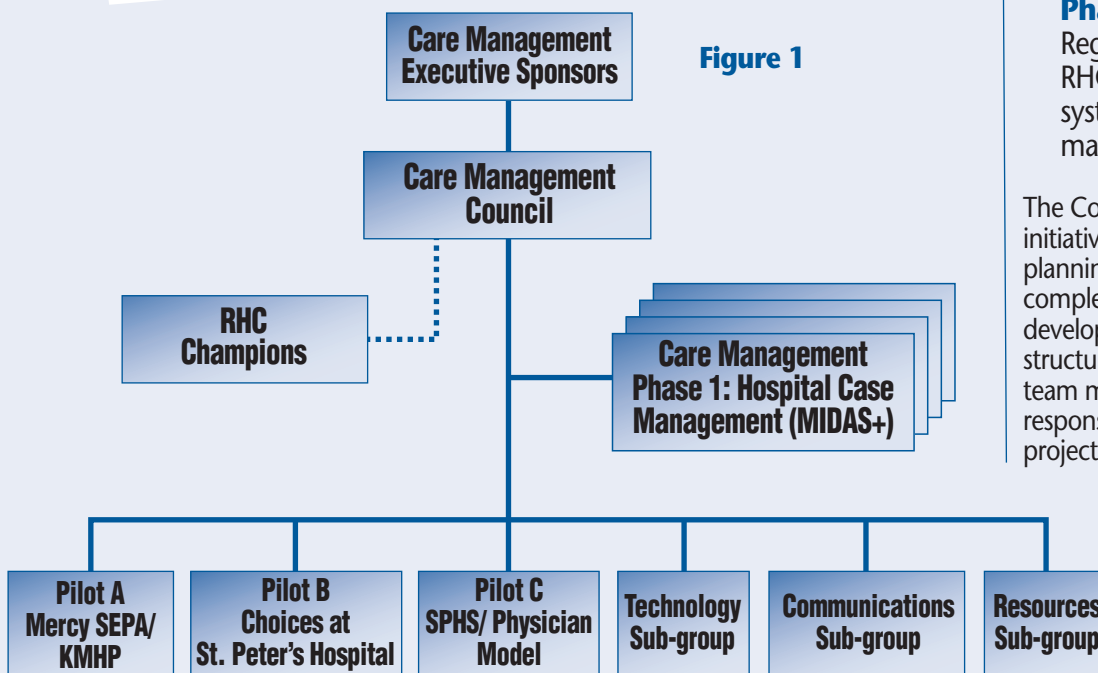
Phase III:

Integrated community approaches to include local provider, social and/or faith-based organizations.

Phase IV:

Regionalized strategies across RHCs to support and leverage system-wide approaches for care management.

Figure 1



The Comprehensive Care Management initiative was launched in early 2008. The planning and start-up activities were completed which included the development of a project leadership structure (see figure 1 at left) including team membership with roles and responsibilities, guiding principles, overall project approach and timeline.

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Make Your Voice Heard: My Voice, My Vote 2008

*If you were waiting for the time when your vote really counts, it's here! Your voting decisions on the presidency, Congress and local offices and issues in the November 4 election will help chart your community's future. That's why Catholic Health East, in partnership with Catholic Health Initiatives, is activating **My Voice, My Vote 2008**—a campaign to help employees make informed decisions and to take part in the election process.*

CHE has supplied tools to all of the RHCs/JOAs to encourage participation in this campaign. The *My Voice, My Vote 2008* action guide, which includes national and local voter registration



**My Voice.
My Vote.**


information, templates for newsletter articles and e-mails about the importance of voting, has been posted to the advocacy and government relations community on the portal. Additionally, materials such as table tents, flyers, posters and the *My Voice, My Vote 2008* graphic have been posted to this portal community.

"CHE is inviting all facilities in the System to join in this worthwhile

advocacy effort," says Courtney Mengel, J.D., CHE's manager, government affairs and public policy. "This campaign emphasizes the importance of casting an informed vote, and that is a message we want to reinforce to the entire CHE family."

If you have not registered yet, do it now. It's easy. An electronic version of the form can be downloaded from the U.S. Election Assistance Commission's website. For those who cannot access the CHE portal, a link to this page, and other useful voter registration information and tips can be found on CHE's website at www.che.org.

Help create a better tomorrow. Let your voice be heard. Make your vote count on November 4, 2008.

If you have any questions about the *My Voice, My Vote* campaign, please contact Courtney Mengel at cmengel@che.org or 610.492.3747. 

Partnership with HealthTech Brings New Tools to RHCs/JOAs



Catholic Health East and HealthTech recently partnered to bring CHE colleagues the latest in technology assessment, research and tools, learning networks, case studies and news.


Founded in 2000 by Molly Coye, M.D., M.P.H., HealthTech is a non-profit research and education organization that develops objective technology forecasts, innovative decision-making tools and facilitates a learning network of experts and health system leaders for the exclusive benefit of its more than 40 partner organizations.

HealthTech's comprehensive research covers 30 categories of technology in four

areas: pharmaceuticals, biotechnology, medical devices and information technology; all hospital service lines and clinical focus areas; and more than 50 high-cost, high volume clinical conditions. Its recently expanded website (www.healthtech.org) includes enhanced research content, audio/video archives of webinars and events, and opportunities to connect with other HealthTech partners and experts. Moreover, CHE colleagues are able to create a 'personal profile' that will prompt the HealthTech website to alert you to information and events related to your areas of interest.

"We view HealthTech's suite of products and services as excellent tools in our quest to achieve our 2017 Preferred Health Care Delivery Model," says Sr. Kathleen Popko, S.P., executive vice president, strategy and ministry

development. "HealthTech's vision for advancing the use of new technologies to improve the health of people and communities is completely in synch with our 2017 goals and strategies. Their expert advice and counsel are invaluable as well."

CHE colleagues are encouraged to take advantage of the opportunity to learn more about emerging technologies and how they are shaping and influencing our health care delivery into the future. The webinars, events and research available via our relationship with HealthTech provide a rich source of ongoing education for all of us. If you have any questions regarding any of these materials, please contact your RHC/JOA strategic planning department. 

Catholic Health Ministry Speaks Up for Reform

The Catholic health ministry's Vision for U.S. Health Care is helping infuse new energy into the national health care reform dialogue. Catholic Health East employees were among the many people across the ministry who contributed to the development of the Vision document, which has prompted a series of activities and messages around health care reform.

Most recently, the Vision document was featured in a plenary session at the Catholic Health Association's annual membership assembly in San Diego. Attendees received a tool kit and video to help send the message—in many different ways, and to many different audiences—that the Catholic health ministry insists on a health care system that serves everyone.

Anyone interested in a tool kit—which includes a PowerPoint presentation, guide to hosting community conversations on health reform and other resources—can obtain one at www.OurHealthCareValues.org. This website also includes posters highlighting principles named in the Vision document and other resources for publicizing the need for reform.

"The Catholic health ministry has an outstanding opportunity to take an active role in the national dialogue on health care reform," says Robert V. Stanek, president and CEO of Catholic Health East and a CHA board member. "With tens of millions of Americans lacking access to health care, it is incumbent upon us to stand up and make our voices heard. The *Vision for U.S. Health Care* initiative helps to give us a voice in the discussion about how to improve our nation's health care system."



Just one example of the health care reform posters that highlight the principles named in the CHA Vision for U.S. Health Care. Posters can be ordered via the CHA website at www.chausa.org.

Our Vision for U.S. Health Care is a set of value-based criteria for reforming health care in America. You can download a copy of this document at www.OurHealthCareValues.org.

Additional CHA activities currently planned include an audio-conference series that will kick off in September to help inform members of the ministry about elements of the Vision document. Those who participate in the calls will also learn how they can contribute to the dialogue themselves and engage their communities in the conversation.

"The Catholic health ministry has a unique and important message to bring to the health reform dialogue," says Jeff Tieman, senior director for health reform initiatives at the Catholic Health Association. "The Vision document is not a plan or policy but a values-based guide about our expectations of a future health system. Unlike other reform documents, it names values drawn from Catholic social

teaching, such as human dignity and concern for the poor and vulnerable, as core values that must be considered when designing our future health care system."

Previously named "Covering a Nation," CHA's Health Reform Initiatives committee continues to develop new resources and messages that can help inform and move forward the health reform dialogue, especially as the U.S. public voices growing support for real change.

For more information about the *Vision for U.S. Health Care* initiative, please go to www.OurHealthCareValues.org; CHE colleagues who want more information on health care reform issues should contact Courtney Mengel, J.D., manager, government affairs and public policy, at cmengel@che.org or 610.492.3747.



Saint Michael's Medical Center Joins Catholic Health East

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Saint Michael's Medical Center colleagues, physicians and volunteers marked the occasion with a celebratory picnic on August 1. A formal ceremony to commemorate the hospital's "new beginning" as part of Catholic Health East is being planned for the fall of 2008.

With the addition of Saint Michael's Medical Center, CHE now employs more than 54,000 colleagues in 21 Regional Health Corporations (RHCs) and Joint Operating Agreements (JOAs) in 11 eastern states from Maine to Florida.



Saint Michael's Medical Center colleagues, physicians and volunteers marked the occasion with a celebratory picnic on August 1.

Saint Michael's Medical Center At a Glance...

Location: Newark, New Jersey

Founded: 1867 by the Franciscan Sisters of the Poor

CHE Sponsor: Hope Ministries

Number of Licensed Beds: 357

Number of FTEs: 1,700

Website: www.smmcnj.org

Additional Campuses:

- Saint James Campus of Saint Michael's Medical Center: features a 24/7 satellite emergency department, prenatal and primary care, behavioral health services and health education.
- Columbus Campus of Saint Michael's Medical Center: features a 24/7 satellite emergency department, plus imaging services and a prenatal clinic.

Notables:

- First medical institution in New Jersey to perform open-heart surgery
- First medical institution in New Jersey to develop a cardiac catheterization program
- Major teaching affiliate of:
 - Seton Hall University School of Graduate Medical Education
 - New England College of Osteopathic Medicine
 - Saint George's University School of Medicine in Grenada



Saint Michael's Medical Center joined the Catholic Health East family on July 31, 2008.



Socially Responsible Investing at CHE

Reverence for Each Person.
Community. Justice.
Commitment to Those
Who Are Poor. Stewardship. Courage.
Integrity. As a faith-based
organization, it is vitally important
that Catholic Health East meet both
our challenges and opportunities in
the context of—and in accordance
with—these Core Values. And these
same Core Values guide the
decisions that are made in the
context of our socially responsible
investing (SRI) program.

“Socially responsible investing is an effort to build a more sustainable society by integrating social values into corporate and investor actions while adhering to financial objectives,” says Kathleen Coll, S.S.J., administrator, shareholder advocacy.

“Socially responsible investing helps CHE meet its financial goals while ensuring that its investments have a positive impact on people and the planet,” says Coll, “As stated in CHE’s SRI Policy, ‘CHE is committed to utilize its financial resources in a way which will promote the common good, create a just society for all and enhance human dignity and the protection of all life.’ And as faith-based investors, we use our voice in taking actions and making decisions with a purpose influenced by our faith.”

According to Coll, “We develop goals and strategies to increase long-term shareowner value by holding the corporations in whom we have invested to the highest standards of environmental performances, social responsibility and good governance. Through dialogue and resolutions with companies, members promote initiatives to bring about good health care, sound environmental and labor practices, respect for human rights and good corporate governance.”

The Interfaith Center on Corporate Responsibility (ICCR), a national organization of faith-based investors of



Paul Klinck, vice president, treasury services, and Sr. Kathleen Coll, S.S.J., administrator, shareholder advocacy, review portfolio analysis for compliance to policies.

which CHE is a member, is a valuable resource to Coll. This organization offers advice, consult and support to its 275 institutional members. ICCR and its members press companies to be socially and environmentally responsible. Each year ICCR-member religious institutional investors sponsor over 200 shareholder resolutions on major social and environmental issues.

“We develop goals and strategies to increase long-term shareowner value by holding the corporations in whom we have invested to the highest standards of environmental performances, social responsibility and good governance.”

Kathleen Coll, S.S.J.
Administrator, Shareholder Advocacy
Catholic Health East

Catholic Health East is a substantial owner of stocks and bonds in its investment portfolio. CHE uses RiskMetrics Group to assist in analyzing companies in its portfolio. This firm assists nearly 3,000 institutional investors and corporations around the world, researching issues and offering recommendations for some 35,000

securities a year. According to Paul Klinck, vice president, treasury services, “They analyze CHE’s portfolio for compliance with our policies twice each year and work with Sr. Kathleen to deliver a report. We also give our policies to each of our investment managers and require that they are followed. And, Sr. Kathleen works with the other members of ICCR continuously throughout the year and gains knowledge of corporations’ activities as well.”

A component of socially responsible investing is shareholder activism, in which we attempt to positively alter corporate behavior. According to Klinck, “When we use our position as a stockholder to advocate for change in a company, it often does have an effect over time, even if only because companies prefer positive publicity. We work closely with our fellow members of ICCR in shareholder activism to leverage our efforts.”

Guided by Paul Klinck and Sr. Kathleen Coll and other talented CHE colleagues and advisors and overseen by CHE’s Investment Committee, Catholic Health East is able to follow a socially responsible investing program that is faithful to our Core Values, ensuring that we truly stand up for what we believe in.



CHE looks toward the future of health care with comprehensive care management

...continued from page 3

Phase I began in the spring of 2008. This phase is linked initially to the foundational activity of implementing the MIDAS+ software across CHE hospitals. The successful implementation of a clinical tool such as MIDAS+ requires a transformation of the hospital case management department processes that will then be enabled by the technology support. The goals of the transformation are to develop a model that:

- ✓ Is collaborative, data driven and outcomes focused;
- ✓ Is designed from a comprehensive view considering clinical, financial, psychosocial and spiritual needs of each patient;
- ✓ Integrates the functions of care coordination, discharge management and utilization management; and,
- ✓ Provides linkages to Phase II of the Comprehensive Care Management initiative.

The case management functional team, comprised of directors and/or managers from each hospital, is leading the transformation efforts at each RHC. A comprehensive current state assessment was completed in May which included a detailed description of the infrastructure, functions, processes, roles and responsibilities and outcomes data for case management at each hospital. The assessment highlighted leading practices and strengths as well as opportunities for

improvement. Following the current state assessment, the team came together in July to design the model for hospital case management for the future state.

“There is not a single, preferred model out there for hospital case management,” says Kathleen Meredith, CHE vice president of clinical transformation. “For our CHE hospitals, the team has developed an integrated approach that fits with the mission and

culture of our system. From this framework, individual gap analyses and subsequent implementation plans will be built to meet the patient care needs at each individual RHC.”

In order to test various aspects of the CHE Care Management model, three pilot programs have been identified and are now in various stages of planning and implementation.

“The pilots and the phased implementations will teach us how to create a system that serves our patients through our technical skills and refined processes, our use of patient information and our caring relationships.”

Thomas Garthwaite, M.D.,
Chief Medical Officer for CHE

PILOT A

Mercy Health System of Southeastern Pennsylvania / Keystone Mercy Health Plan (KMHP)

Project Leader:
Grace Lefever, Coordinated Care Management

This pilot will focus on linking a comprehensive care management approach to a targeted Medicaid patient population served by Mercy Health System of Southeastern Pennsylvania (MHS) and Keystone Mercy Health Plan (KMHP). The goal is to redesign the process of care and align incentives to promote care coordination, optimize patient health outcomes and improve the efficiency of the delivery system. The MHS care units participating in the pilot program are Mercy Fitzgerald Hospital (MFH) and Mercy Philadelphia Hospital (MPH).

Representatives from MHS met with KMHP in early 2007 to discuss the opportunity to manage a subset of the Medicaid populations in its service area. It was decided to initiate a patient-centered pilot for enhanced care coordination for patients with chronic illnesses who require intensive monitoring and management.

“The MHS/KMHP relationship offers a unique opportunity for a collaborative care coordination pilot involving a complex provider system and a health care plan that serves a Medicaid population,” says H. Ray Welch, Jr., chief executive officer, Mercy Health System of Southeastern Pennsylvania.

Program Details:

- MHS and KMHP identify and communicate with the targeted patients.
- The patients are directed to utilize primary care physicians established at MFH and MPH.
- MHS and KMHP jointly develop a ‘virtual’ multi-specialty group composed of various specialties.
- Physicians refer only to physicians included in the multi-specialty group or participating primary care clinics.
- KMHP places targeted patients in its care management program and coordinates services based on its best practice experience.

Program Objectives

- ✓ To create value for patients, providers and payers through enhanced care coordination and improved alignment of incentives.
- ✓ To impact access to timely and appropriate care, and to enhance the quality and efficiency of that care.
- ✓ To measure and document pilot outcomes and learnings so that they can be applied to other populations, providers and payers.

The collaboration between Keystone Mercy Health Plan, Mercy Health System of Southeastern Pennsylvania and targeted Medicaid members will result in enhanced care coordination and aligned incentives which improve the health status of the pilot population, optimize efficiency of the integrated delivery system and enhance satisfaction of all participants.

PILOT B

St. Peter’s Health Care Services / CHOICES Geriatric Care Management Program

Project Leader:
Nora Baratto, LCSW-R, Director, Case Management and CHOICES Program

This pilot will focus on expanding the unique relationship between St. Peter’s Health Care Services and the independent CHOICES (Case management Helping Older adults maintain Independence with Comprehensive Effective Services) Program.

CHOICES is a geriatric care management program for adults age 60 and over who live in the Albany, N.Y., community. The underlying premise of the program is that providing patients with the tools and services they need to remain in their own homes for as long as possible can reduce the cost to both the individual and society. Consistent with CHE’s Comprehensive Care Management Model, the CHOICES program ensures that clients get the right care, at the right time, in the right setting.

St. Peter’s Hospital and CHOICES have a unique opportunity to expand the focus to other specialized areas in supporting persons throughout the health care continuum.

Current Program Details:

- CHOICES staff receive a referral and arrange for an initial comprehensive assessment for each patient in their residence, allowing them to see the patient in the home environment.
- A social, medical and financial history is obtained in the home setting allowing CHOICES staff to observe the patient’s environment, assess safety and verify/confirm information provided.
- A single care manager oversees the planning and coordination of community-based services, and interfaces with inpatient service providers, to create a proactive culture that allows for continuity of care.
- CHOICES staff facilitate the appropriate use of resources in the hospital setting to reduce assessment time and eliminate communication barriers between health care providers and patients/families.
- CHOICES staff act as patient advocates and provides professional care consultation to manage transitions across the care continuum.

PILOT C

Sisters of Providence Health System / Physician Integration Model

Project Leader:
Vincent McCorkle, President and CEO, Sisters of Providence Health System

This pilot is in the early stages of planning and development. Discussions are underway related to the potential for incorporating the lessons learned from managing a Medicare risk population, through enhanced care management approaches, into the care management of other patient groups.



Hope Ministries: A Vessel for the Future Sponsorship of Catholic Health Care

Upon the formation of Catholic Health East (CHE) in 1997, the Sponsors Council determined the need for an alternative method of sponsorship to ensure the future of the ministry. Over the next three years, they developed the structure and petitioned the Vatican for the establishment of Hope Ministries, a public juridic person of Pontifical right. Hope Ministries was officially established by the Vatican Congregation for Institutes of Consecrated Life and Societies of Apostolic Life in 2000.

Hope Ministries consists of both lay and religious members and is the canonical sponsor of Global Health Ministry, and serves as the sponsor for:

- Nazareth Hospital, Philadelphia, Pa.
- Saint Michael's Medical Center, Newark, N.J.
- St. Agnes Continuing Care Center, Philadelphia, Pa.
- St. Francis Hospital, Wilmington, Del.
- St. Francis Medical Center, Trenton, N.J.
- St. Mary Medical Center, Langhorne, Pa.

In the beginning, as its mission statement indicates, the members of Hope Ministries focused on each organization's fidelity to the heritage of its founders. It was created to serve as a vessel for the future, in which this heritage could be placed, honored and guarded. And it is a place where ministries can continue their life as Catholic health care organizations.

"It's really a step toward building the Church of the future," says Sr. Juliana Casey, I.H.M., executive vice president, mission integration for CHE. "If lay leaders are both enriched through solid experience and learning of the tradition,



Members of Hope Ministries: (Seated in front, from l to r) Canice Dolan and Sr. Patricia Wolf, R.S.M.; (Seated behind, from l to r) Stanley Urban and Sr. Caritas Geary, S.P.; (Standing from l to r) George O'Connell, Sr. Margaret Taylor, R.S.M. and Rev. Mr. Clarke Cochran. (Not pictured: Regina Benjamin, M.D., and Sr. Therese O'Rourke, I.H.M.)

the ministry can only be richer, the healing presence more powerful."

The experience of the members of Hope Ministries has led to the recognition that both committed lay persons and religious can and do sponsor Catholic health care ministries. The members recognize their importance as a vital link between the sponsored ministry and the official Church. They ask accountability from the ministries and render accountability for them each year in an annual report submitted to the Vatican.

The presence and experience of Hope Ministries and changing realities within sponsoring organizations have provided impetus for broadened conversations about sponsorship and deeper commitment to partnership in sponsorship.

Recognizing that it is vital to look to the future—to who will sponsor the ministry and how that sponsorship will be exercised—the sponsors joined with other Catholic health care systems in establishing a Collaborative Formation Program for the preparation of sponsors

for the future. Experience, demographics, commitment and dedication all make clear that future sponsorship will be different. But while it may be different from the past and the present in many ways, it will nonetheless represent the next moment in the life of a ministry gifted by God's Spirit, focused on God's call.

What is a Public Juridic Person?

Catholic health care is a ministry of the Church and the Catholic Church takes great care in overseeing the works performed in its name. Canon Law¹ describes a public juridic person as an aggregate of persons or things, established by the Vatican, dedicated to the purpose of enabling the church to achieve its mission.

A public juridic person serves to oversee the mission of a health care institution, to ensure that it is carried out according to Catholic principles.

¹Can. 116 §1

Reducing ER Waiting Times

At Mercy Hospital in Portland, Maine, a new commitment to reduce patient waiting times in the emergency department (ED) is meeting with great success.

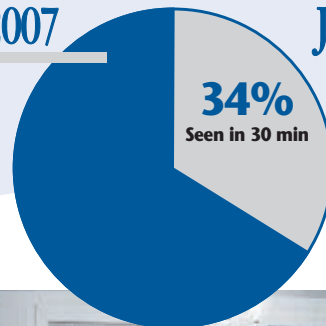
Mercy's ED is already highly regarded by providers in the Portland area; in a recent poll, the quality of care by the Mercy emergency department was one of the most highly ranked items surveyed. However, realizing that constant process improvement is a key to delivering the best care possible, a multi-disciplinary effort is underway to examine, document in detail and refine more than fifty unique emergency department processes.

Led by Emergency Chief John Southall, M.D., representatives from areas that interact with the ED on a daily basis—such as laboratory, radiology, patient registration, information services, Meditech (Mercy's Electronic medical record provider) and Catholic Health East—were included in the initiative.

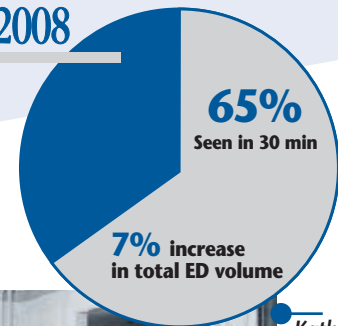
"After analyzing the information, the ED process improvement group mapped out a strategy to obtain what I call our 'ultimate future state,' which is to take advantage of the high quality care already being delivered and increase our system efficiencies to further enhance the patient experience," says Dr. Southall. "This results in maintaining great care and less waiting for emergency department patients."

A few years ago, Mercy's then-new electronic medical record, Meditech Emergency Department Module (EDM) and the incorporated Computerized Physician Order Entry (CPOE) were suffering from design flaws that had the potential to negatively impact patient care and which were leading to increased workplace chaos and decreased job satisfaction among ED providers. In order to make improvements to the clinical functioning of the department, changes first had to be made to the Meditech EDM. Emergency department providers

June 2007



June 2008



Kathleen Meredith, CHE vice president of clinical transformation and Ginny Davis, CHE clinical informatics officer, facilitate a meeting with the ED process improvement group at Mercy Hospital in February 2008.

tested and documented specific inadequacies, and then interdisciplinary teams, supported by CHE and Meditech, were formed to analyze and fix the problems.

"This process was labor-intensive, highly introspective and not easy," Southall says. "However, the lessons we learned were invaluable."

Since Mercy was further along in the implementation of the EDM than other CHE institutions, the information sharing from the Mercy experience should be helpful to other RHCs who choose the Meditech EDM during their own implementation.

"We're very appreciative of the patience and persistence of the Mercy ED team and the Meditech team from information services in working together to improve overall performance of the system," says Mark O'Neil, executive vice president and chief operating officer of CHE. "The increase in quality and

satisfaction and the learnings from this effort will definitely be helpful in other CHE ministries."

At Mercy the solution is a multi-phase process, not an overnight fix. The first phase—which identified the changes that needed to take place—is completed. The second phase—which is implementing those changes—is currently in progress. Early returns indicate that the plan is working. The negative opinions of staff related to the EDM have subjectively decreased. Objectively, measurable efficiencies have increased. In June 2008, the Mercy emergency department saw more than double the patients within half an hour than it did for the same time period in 2007. Also, the Mercy ED is seeing more patients now within 45 minutes than it saw within 90 minutes in 2007.

"This is very exciting for us and the result of a lot of hard work," Southall says. "This is an enormous improvement."



CHE Long Term Acute Care Hospital Recognized Nationally

Sister Emmanuel Hospital, a long-term acute care hospital affiliated with Mercy Hospital, Miami, Fla., was selected to make a presentation at the Catholic Health Association's annual convention. The hospital's presentation focused on "Standardized Communication and Our Core Values."

Sister Emmanuel is a long-term acute care hospital (LTCH) focused on serving medically complex individuals. The average length of stay is almost 30 days. In 2005, the LTCH started to use the Functional Independence Measurement (FIM™) system to validate patient progress and enhance outcome measures. "By adopting this system," explains Shed Boren, the hospital's CEO, "we were able to quantify our outcome measures and demonstrate the value that we were adding to individual patients." At the same time, the hospital was focused on values-reinforcement through art as well as enhancing communication as a patient safety strategy.

The interdisciplinary team combined these three focus areas. The team agreed that the Core Values reflected why they became health care professionals, and it was a good time to evolve these initiatives. "Soon, we noticed that we were seeing such significant progress week-to-week," says Caridad de Varona, senior physical therapist, "and the FIM 'language' provided our team members with a communication tool that could be used to enhance care by increasing our connectedness to one another while remaining focused on our individual patients."

The FIM system, developed and managed by the Uniform Data System for Medical Rehabilitation (UDSmr™), measures the functional ability of patients with an 18-item system covering motor, cognitive and self-care areas.


Paul Haidet, R.N., a strong proponent of interdisciplinary integration, was impressed



Sr. Emmanuel Hospital's Paul Haidet, R.N., and Caridad de Varona, senior physical therapist, presented "Standardized Communication and Our Core Values" at the Catholic Health Association's 2008 annual meeting.

by the tool's ability to enhance care. To illustrate his enthusiasm, Mr. Haidet used eating as an example. "If a patient measured a seven, it meant that they were independent. We needed to bring the food to them, and let them eat at their own pace. On the other hand," he adds, "if an individual measured a five, the nursing staff was able to understand the level of supervision required to ensure optimal nutritional intake." This same system was also used by speech therapists, registered dietitians, occupational therapists and social workers.

The LTCH presentation was prepared and submitted by Ms. De Varona and Mr. Haidet, and accepted for presentation based on a competitive process. "We are so proud of them," says Hugo Gonzalez, M.D., the hospital's chief medical officer, "for the clinical skills that they have developed, the determination and teamwork that they bring and now, for showing others what clinicians can do when they are empowered."

"We congratulate the Sr. Emmanuel team for its latest achievement," says Victoria Christian, vice president, clinical improvement of CHE's Continuing Care Management Services Network. "Thanks to their success, our Continuing Care programs have been able to take advantage of the opportunity for knowledge exchange through our CHE LTCH Affinity Group. By sharing their unique approach toward living our Core Values, they provide all colleagues the ability to easily adopt the process and enhance patient outcomes." 

FIM System Helps Fulfill Core Values

Reverence for each person. Communicating with the patient across all disciplines at the level indicated ensures respect and understanding without talking above or below their capabilities.

Community. All disciplines have been trained in the FIM language. Using the FIM measure as a communication tool enables us to make the appropriate decisions based on the patients' functional abilities.

Justice. Advocating for our patients ensures that appropriate treatment is rendered and full potential is achieved.

Commitment to those who are poor. Although economics are taken into account, poor may also indicate having meager resources, reduced family support, unfortunate health, and/or not having a means to make their needs known. Health care providers are in the unique position to advocate for these patients, ensuring that the next level of care providers do not ignore these needs.

Stewardship. A team can more effectively manage resources, focusing on immediate as well as future patient needs by making sound decisions.

Courage. Taking the risks our faith demands of us allows family members to better understand the burden of care and participate in discharge planning while ensuring that our professional voices are heard.

Integrity. Holding ourselves and each other accountable and working toward the common good of the patient.



Across the System



Dr. Regina Benjamin, a Catholic Health Association board member and a long-time Catholic Health East board member who currently serves a member of CHE's Hope Ministries, attended a welcoming ceremony at the White House during Pope Benedict XVI's visit to the United States earlier this year. She is joined by fellow CHA board members, from left, David Benfer, John Ginan, Jr., and David Jimenez.



John C. Johnson, CEO at Holy Cross Hospital in Fort Lauderdale, Fla., also assumed the position of CEO at Mercy Hospital in Miami on August 12. In his expanded role as CEO of both facilities, Johnson is responsible for the overall strategic direction and operating performance of the newly-formed CHE-South Florida region. "John is a talented leader," says Bob Stanek, CHE president and CEO. "With his experience in the South Florida marketplace and the relationships he has developed during his ten years with Holy Cross, I think that John is an outstanding choice to help lead Mercy Hospital into the future."



St. Joseph of the Pines purchased and delivered 200 box fans to help needy families in their area enjoy a more comfortable summer. Here, Sandra Hall (R) gratefully accepts a fan from St. Joseph volunteer Colleen McGuire, while St. Joseph colleagues Jermaine White (L) and Rev. Carl Naylor unload more fans.



Pat Thomas, listed by the Gerontology Research Group as the 8th oldest person in the world, recently celebrated her 113th birthday. A resident of St. Francis of Williamsville, a senior services facility that is part of Catholic Health System, Pat is still an avid painter and was a gardening enthusiast who taught classes about the benefits of herbs, which many believe is the secret to her longevity.



CATHOLIC HEALTH EAST

Across the System



Mercy Hospital of Maine's Auxiliary recently held its annual fashion show; this year's event, with its "Celebrating Life" theme, highlighted the many cancer-related programs Mercy provides for patients and families. Eleven cancer survivors—including Dr. Chris Kuhn (pictured), a Mercy Hospital radiologist—served as models for the evening. Proceeds from the event benefited Mercy Hospital's Oncology-Hematology Center.



Thanks to Katherine McKenzie and several of her fellow medical student volunteers, Mercy Suburban Hospital Family Practice Center pediatric treatment rooms have been redesigned to help entertain and relax young patients. Various Dr. Seuss and Sesame Street-inspired murals now brighten treatment rooms and help put children at ease during their visits. Mercy Suburban Hospital is a member of Mercy Health System of Southeastern Pennsylvania.



St. James Mercy's Child/Infant Day Care Center recently celebrated its tenth anniversary. The program has registered nearly 17,000 visits, serving an average of 30 children per day. It is open to residents of the community as well as St. James Mercy employees.



Residents of the Dementia Special Care Unit at Mercy Community Health's Saint Mary Home joined forces with LensCrafters® and the local Lions Club for an eyeglass collection campaign. Hazel, a Saint Mary Home resident, is shown here helping to count and sort the hundreds of eyeglasses and cases that were collected; the effort will benefit needy residents of the greater Hartford community.



CATHOLIC HEALTH EAST

On July 1, Mercy Fitzgerald Hospital in Darby, Pa. (a member of Mercy Health System of Southeastern Pennsylvania), celebrated its official 75th Anniversary with a Mass of Thanksgiving. The Mass included a procession from the North Lobby of the hospital with employees carrying banners representing the corporal works of mercy. Employees also placed three flowers near the altar, symbolizing the past, present and future of MFH.



The Most Reverend Michael A. Saltarelli, Bishop of the Diocese of Wilmington, Delaware, blesses the new St. Francis Hospital ambulance fleet and EMS Team at a recent ceremony. The hospital was awarded a contract to provide 911 Basic Life Support services to the City of Wilmington.



Vincent McCorkle, president and CEO of Sisters of Providence Health System, shares a light moment with Johanna Gauthier in Mercy Medical Center's respiratory department, after presenting her with a clock in appreciation of her 52 years of service.



10 Minutes with... Lisa Bond-Holland

Lisa Bond-Holland, R.N., B.S.N., Esq., has worked within Catholic Health East (CHE) since 1988, first as a nurse at Mercy Philadelphia Hospital, then with the CHE System Office as a litigation manager for the Northeast Division. She is now the director of governance support, where she is responsible for coordinating the System's governance activities to ensure effective, efficient performance consistent with bylaws, policies and legal requirements. Ms. Bond-Holland received both her B.S.N. and J.D. from Widener University. Horizons recently sat down with Ms. Bond-Holland to discuss her responsibilities and long tenure with CHE.

You've been with CHE for 20 years. What has kept you working with the same organization for such a long time?

It is a great place to work! The organizational values align with my own personal values, and I appreciate the work/life balance fostered by Catholic Health East. Also, while at CHE I have been able to enter into opportunities that allow me to continually develop my career.

Why did you transition from nursing to law? Or from direct patient care to corporate?

As a young nurse I found myself disgruntled with what I perceived as a lack of voice and empowerment of



Lisa Bond-Holland, R.N., B.S.N., Esq.

nurses in the health care industry and I wanted to do something that would allow me to change those dynamics. While working with the patient care executives, during my time as director of the Mid-Atlantic Division, I was afforded the opportunity to assist with creating positive change for the nurses within CHE.

You joined the CHE System Office shortly after it formed in 1998. What was it that motivated you to do so?

Opportunity...I received my law degree and passed the bar shortly after CHE was created. Due to the merging of the three systems that formed CHE, the risk management department expanded and the position of litigation manager for the Northeast Division was developed. I accepted this position, which allowed me to utilize both by nursing and legal backgrounds while staying with the company where I had worked for 10 years.

What are your primary responsibilities and your highest priorities in your current role?

Since the era of Enron and with the present government and regulatory scrutiny of nonprofit business and governance practices, many organizations have taken steps to ensure they are in compliance with mandated laws and regulations. My highest priority is to ensure that the CHE Board of Director's performance and our organization remain in compliance with our bylaws, policies, legal requirements and government agencies. I also assist the board with carrying out their fiduciary duties. In addition, I assist the CEO with planning and developing governance projects and complete assignments as directed by general counsel.

How has your background in both nursing and law prepared you for your work in governance?

In this position I do not utilize my practical nursing skills, however I am able to leverage the knowledge that I have acquired in the health care industry as my career has developed. As the director of human resources, I learned project management skills and how to interact and communicate with key stakeholders. As the director of the former Mid-Atlantic Division, I received great exposure to how a health system functions. This experience translated into an understanding of how a board and its committees function. My legal background has assisted me with understanding and interpreting the bylaws and regulatory mandates.

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