

TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

September 2010

Mission and Vision have come up quite a few times recently. Sitting in a coffee shop with one of the candidates for Governor and the question was asked—what do you think is the mission of the Governor and what is your vision for fulfilling that mission. This caused me to reflect more about the mission and vision of CHA-MN.

VISION *and Mission:* Directing Our Efforts In A Challenging Time

website, and is the backbone for what we do.

MISSION:

Believing in the worth and dignity of the human person made in the image and likeness of God, the Catholic Health Association-Minnesota assists its members to fulfill the healing mission of the Church. Supporting this mission we have several goals that we strive for each year including:

- 1: Advocate for specific issues in the Minnesota legislature.
- 2: Enhance relationships with bishops, sponsors, and other leaders within the Church.
- 3: Support a sense of community among CHA-MN members.

In the past several years, we have striven for accomplishing these goals with legislative and administrative advocacy testifying and meeting with legislators and the Governor's office and staff to discuss implications of bills for our members. We have ongoing meetings with the Minnesota Catholic Conference and the Bishops where we have education and dialog. We provide the opportunity through publication, internet, and annual meeting to continue to support a sense of community among our members.

VISION:

CHA-MN, in concert with the vision enunciated by Catholic Health Association of the United States strives to be a vibrant

A couple of years ago we went through a process of updating our mission and vision and produced a document that is available on our

As I See It

*Toby Pearson
CHA-MN Executive
Director*

presence in enhancing the health of communities and access to quality care for everyone, with special attention to those who are underserved and most vulnerable.

This vision has led to working hard on issues such as reimbursement rates for Hospitals, Nursing Homes and Housing with Services providers, as well as special attention to the struggles with GAMC funding.

In keeping with the connection to CHA-USA, they have recently unveiled their vision for the next decade, which includes the statements:

"Inspired by the Gospel and grounded in our beliefs and values, the Catholic health ministry will serve as a compass to guide our nation through the complexities of an evolving health care system. Over the next decade, we will collaborate, promote innovation and generously share knowledge to improve the health of individuals and communities."

Together we will:

- 1) Continue to champion the sanctity of life from conception to death.
- 2) Lead the development of sustainable, person centered models of care across the continuum.
- 3) Meet the current and emerging needs of vulnerable persons.
- 4) Engage all who are called to serve through a ministry-wide commitment to formation.
- 5) Broaden and deepen our relationships of the Church.

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Mark Your Calendar

October 13-15, 2010

Foundations of Catholic Healthcare Leadership
Chase Park Plaza, St. Louis, MO
FFI: www.chausa.org

June 5-7, 2011

2011 Catholic Health Assembly
Atlanta, GA
FFI: www.chausa.org

SAVE THE DATE!

November 11, 2010

CHA-MN Annual Meeting
Registration and details
to follow.

FFI: 651-503-2163

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Board Member Profile

Lee R. Larson
 CEO/Administrator
 St. Gertrude’s Health
 Center, Shakopee, MN

Growing up in western Minnesota with a father who was a small town pharmacist, Lee Larson participated in and was attracted to the health-care field at an early age. As a result, he

completed a Masters of Divinity at the Pacific Lutheran Theological Seminary in Berkeley, CA and eventually went on to receive his Master’s degree in Public Health Administration from the University of Minnesota.

Lee Larson has 26 years of health care administrative experience and has been the CEO/ Administrator of St. Gertrude’s Health Center in Shakopee for the past eleven years. In addition Mr. Larson has served as the Chief Executive Officer and Administrator at Trinity Hospital in Farmington, MN, the Chief Executive Officer of the Transitional Hospital Corporation in Golden Valley, Minn., the Associate Administrator of the Bethesda Lutheran Hospital and Rehabilitation Center in St. Paul, and the Administrative Director of Senior Care Services for Health East in St. Paul.

Reaffirming the distinct nature of a Catholic health facility, Mr. Larson said, “Everybody’s role is a ministry at St. Gertrude’s; we care for people and that is within itself a ministry” He went on to emphasize, “Our hope and desire is that every employee, every visitor, every resident feels there is something different to our facility the first time they walk in.” As a part of the Benedictine Health System he strives to make the four core values of hospitality, respect, justice and stewardship more than simply words on a wall. For this reason, his leadership team makes an annual spiritual retreat offsite to both renew themselves personally and to ensure these core values direct their decisions going forward.

His involvement with the Catholic Health Association has been rewarding as he sees the gathering of Catholic organizations as not only a rich experience, but a critical need as significant decisions are made at a public level that impact the distinct nature of Catholic healthcare. He views the combination of the large state deficit, rates for long-term care facilities being frozen for the last several years, and the new Medicare reim-

bursement changes as a serious challenge to our industry.

“I am grateful we have competent people sitting at the table to represent Catholic healthcare as important decisions are being made,” said Larson.

Mr. Larson accomplishments are extensive within the facilities he has served. St. Gertrude’s has seen tremendous growth under Mr.

Larson’s leadership including a merger with Valley View Nursing home, which integrated residents and employees into one operation. The number of beds at St. Gertrude’s has grown from 51 beds in 1996 to the current 75 beds. In 2005 the Chapel and 40 Assisted Living Apartments were added to the campus. The End of Life Suites opened in 2008 to bring the comfort of home to patients and families in those final days. The most current expansion in 2011 will add an additional 41,400 square feet including 30 new licensed beds, new wellness and therapy space.

Besides his current participation on the CHA-MN board, Mr. Larson has also served on the Boards of Minnesota Medical Group Management Association and the Care Providers of Minnesota. ■



LEE

CHA-MN BOARD MEMBERSHIP

Believing in the worth and dignity of the human person made in the image and likeness of God, the Catholic Health Association-Minnesota assists its members to fulfill the healing mission of the Church.

CHA-MN is currently comprised of 11 members (with a maximum of 12) that have traditionally represented facilities, sponsors and associate members of the association – individuals with a committed interest in our mission. A representative from the Minnesota Catholic Conference sits ex-officio. Board members are elected to three year terms at the Annual Meeting and meet approximately 4-6 times per year.

Serving on the CHA-MN Board provides you with a unique opportunity to learn more about current issues facing Catholic Health organizations and the political landscape surrounding them. Responsibilities include formulating and communicating a unified Catholic posture on critical health issues on both a local and national level. No particular political experience is necessary, besides a concerned interest in and a desire to further the mission of Catholic healthcare.

If you would like to discuss interest in possibly serving on the CHA-MN Board of Directors, please contact the Nominating Committee via Toby Pearson at 651.503.2163 or chamntoby@aol.com. ■

ST. GERTRUDE'S EXPANSION

St. Gertrude's Health & Rehabilitation Center of Shakopee, a 75 bed facility offering programs in short-term rehabilitation, long-term care, assisted living and end of life care will be expanding their ability to offer services within the next year.

With approval from its local community board, BHS Finance committee, BHS Board, Shakopee Planning Commission, and City council, St. Gertrude's is set to move forward with the addition of 30

We are embarking on changing our whole method of caring from far less of a medical model to more of a wellness model."

new licensed SNF beds to its campus to address a significant unmet need. St. Gertrude's routinely is not able to admit 40-50 patients per month because of lack of available beds – almost as many patients as they are actually able to admit. This demand has been increasing each year.

The new addition will be a three level, 41,500 foot expansion. The lower level will have an expanded therapy space with state of the art hydraulic equipment, juice bar, nutrition bar and wellness center. It will also include a large educational area with a special emphasis on community education. Each of the two upper floors will have private patient rooms with a shower and bath in each room, equipped with many other modern amenities. The new patient care areas will also have some rooms that address the special programming needs of Bariatric and End of Life patients.

Lee Larson, CEO/Administrator for St. Gertrude's said, "We are embarking on changing our whole method of caring from far less of a medical model to more of a wellness model."

St. Gertrude's shares a unique physical connection to St. Francis Regional Medical Center, a state-of-the-art, full service hospital. Residents can simply use the indoor walkway that connects to the hospital, eliminating the need for transportation. Because of this connection, residents can

access a vast array of medical services all under one roof--primary and specialty physician's clinics, dentistry, eye care, short-term rehabilitation, podiatry, audiology, emergency care, chemotherapy and radiation, and dialysis.

The expansion project has had tremendous support from the St. Francis campus as well as the community. St. Gertrude's was successful in securing a large gift of a \$1M from the Mdewakanton Sioux community and is very close to raising a \$1M match from the broader community. With construction scheduled to begin as early as September 2010, this \$8.3M project is scheduled to be completed within the next twelve months. ■

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Vision cont. from page 1

When asked, and when working, we know what our Mission and Vision is for our organization. We work hard to make this come to life.

Sitting at the coffee shop with the candidate for Governor, it was clear that he did not have the answer for what the mission of the Governor is or should be, nor did he have a vision for fulfilling that mission. In this election time, we need to ask our candidates this challenging question, and hold them to their answers. We will have an estimated \$6B deficit in the next biennium. It will be challenging to pay special attention to the underserved, the poor and vulnerable, when it is so often these less fortunate who are the target of proposed cuts in services.

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This election cycle ask the candidates for governor and the legislature what their vision and mission is - and hold their answers up against our rich Catholic Social Teaching; this is how we should personally evaluate who should be in elected office. ■

Raising a Board's Catholic Sensibility

By Julie Minda

While board members bring a diversity of skills and experiences to their ministry roles, it cannot be assumed that they have an in-depth understanding of Catholic health care.

What is the essence of Catholic health care? A board member's answer is too important to be left to chance knowledge. That is why Catholic health care providers pay attention to how they form their board members in the mission and values of the ministry.

"For the most part, the awareness of Catholic health care ministry is relatively limited" among new board members, explained Fr. Charles Bouchard, vice president of theological education for St. Louis' Ascension Health. The formation process helps board members begin to weigh issues in the context of a faith-based healing ministry and gives trustees "a little bit more theological understanding of why we do what we do," he said.

As the number of vowed religious has decreased, congregations that sponsor Catholic health care facilities have been dialing back their formal sponsorship role in favor of structures that give laity more sponsorship responsibility. In many cases, lay board members are among those taking on such responsibility.

Brian Yanofchick, CHA senior director of mission and leadership development, said that to keep up with these shifts, "there are a growing number of systems with more organized processes in place for formation, they're more organized about the training and they're looking to develop more effective programs. And, particularly as more boards move toward having public or private juridic person status, they are realizing this training is essential."

A BALANCE OF SKILLS

At PeaceHealth of Bellevue, Wash., the board has had a formal sponsor role for more than a decade, when it became the private juridic sponsor of the system. Sr. Kathleen Pruitt, CSJP, PeaceHealth system vice president for sponsorship and mission integration, explained, "(Board members) wear both hats — the hats of governance and when convened as the

sponsor, they are the sponsor board. That means that the board is in fact entrusted with the responsibilities of sponsorship, and so it's extremely important for us that the board members become knowledgeable about the trust that they carry. They have a very serious role to play," she said.

PeaceHealth strives to get all board members — a group that has included lumber industry executives, bankers, doctors and other clinicians — on the same page in terms of the system's tradition and values. "We try to look at a balance of skills and background necessary to operate a good business (while) at the same time blending those skills with the spiritual and theological education that is necessary to conduct sponsorship," said Sr. Pruitt.

"I think where we really have to focus our efforts is to ensure that we really deepen the spirituality and the theological and canonical background of our board members to exercise sponsorship," she said.

PeaceHealth's board formation program has evolved and now includes: a detailed orientation to sponsorship for new trustees; pairing new board members with a mentor on the board; education on sponsorship at nearly every board meeting; funding at least three outside educational opportunities per year on sponsorship for each board member; and supporting the participation of several members in the Collaborative Sponsor Formation Program, an intensive study program offered by a group of 12 ministry organizations. It takes place during four weekends over an 18-month span.

Sr. Pruitt said the focus on formation is paying dividends. "I find our board members not only open, but very anxious to really carry on the ministry in the tradition out of which it comes," she said. "There is a real commitment on the part of board members — and even those who are not Catholic — to carry on."

THE 'AHA' MOMENT

Fr. Bouchard of Ascension Health said that ministry members should not assume that Catholic board members are well-grounded in Catholic theology and tradition. Prior to the 1970s or so, the U.S. had many strong Catholic communities, and "you could not exist in that world without picking up a lot of understanding about what it meant to be Catholic," said Fr. Bouchard. Also, he said, Catholic institutions used to have a highly standardized religious education curriculum.

"After Vatican II, for various reasons, all of that disappeared," he said. "As a result, Catholics' understanding of their faith (may be) uneven at best."

Ascension Health is piloting a formation program at 10 of its facilities that involves seminars aimed at giving board members a deeper theological grounding, creating trust

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Sensibility *cont. from page 4*

among board members and encouraging them to develop their own spiritual practices.

...As more boards move toward having public or private juridic person status, they are realizing this training is essential.

Fr. Bouchard said, "For many, this is the first chance they have ever had to explore their adult faith lives. While we don't try to convert or evangelize anyone, I know that many participants of the program have come to a deeper understanding of their own faith."

Board members generally appreciate the training because they understand the gravity of their role,

Fr. Bouchard said. Sometimes, he said, "there is kind of an 'aha' moment where a board member will sort of realize, 'Wow, this ministry is really going to belong to us in the future as laypeople.'"

DEEP ROOTS

The Board Spiritual Development Plan at Cincinnati's Catholic Healthcare Partners provides for individual and group experiences that deepen members' understanding of CHP's mission and board members' role in guarding it. Formation starts at the board orientation session. CHP selects a formation theme each year for its full board — last year, the theme was "Leadership for Mission," and this year, it is "Modern Healthcare." It sponsors board members' attendance at outside education programs including CHA's Holding in Trust seminar. Holding in Trust educates trustees and other ministry leaders on governance in the context of Catholic teaching and tradition.

CHA also hosts an annual retreat for its trustees. Several have centered on the system's sponsorship roots. In 2004, the board traveled to Dublin to learn about foundress Catherine McAuley and the Sisters of Mercy. In 2006, they went to Montreal, Quebec, where a founding order, the Grey Nuns, is active.

CHA board chair James Patton said the system monitors board members' progress, by asking them and their peers what type of gaps they see in their formation journey. It uses these self-reflections and peer reviews to determine what types of new formation experiences to offer trustees.

STARTING FROM SCRATCH

Chicago's Saint Anthony Hospital is in the unusual position of creating a brand-new formation program for its spon-

sors. The hospital is a public juridic person whose sponsorship structure was created by Cardinal Francis George of the Archdiocese of Chicago when Saint Anthony divested from Ascension Health last year.

A five-member board called Saint Anthony Health Ministries holds reserved sponsor powers over Saint Anthony. One board member is the Saint Anthony Hospital chief executive; two other members concurrently serve on Saint Anthony's fiduciary board.

Peter Fazio, the chair of Saint Anthony Health Ministries, said Saint Anthony wants to develop a formal initiative that would educate board members and other leaders on the role of sponsors, Catholic social justice, organizational ethics, spirituality and similar topics. He said Saint Anthony is proceeding cautiously because it wants to develop a formation program that acknowledges other faith traditions represented at the facility.

In the meantime, Saint Anthony is connecting with

CHA, the Catholic Theological Union in Chicago and Ascension Health and other ministry systems to learn about the variety of approaches and which elements work best for other ministry organizations.

Yanofchick said ministry systems and facilities are hungry for formation

resources. "They want their trustees and other leaders to understand Catholic health care's ethical and social justice tradition and how that applies to their role," he said. ■

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STRATEGIES: Governing for mission

Systems are investing more energy in formation programs, including:

- In-depth orientation sessions;
- Educating in bites at board meetings;
- Retreats at home and abroad;
- Collaborative training efforts with others in ministry; and
- Formation programs from CHA.

If any Catholic health organizations in Minnesota would like to share more about their Board and leadership formation program, specifically with regard to your Catholic identity and values, please contact Toby Pearson, CHAMN Executive Director at chamntoby@aol.com.

Catholic systems praised for high quality

Ministry leaders credit mission, vision, values

By Judith Vandewater

Catholic and other church-owned health systems demonstrate greater quality and efficiency than other nonprofit or investor-owned systems, according to a new analysis by Thomson Reuters of its

100 Top Hospitals: Health System Benchmarks data.

The analysis released Aug. 9 divides 255 U.S. health systems into four ownership categories: Catholic; other-than-Catholic, church-owned systems; secular nonprofits; and for-profit, investor-owned companies. It compares the systems according to eight performance measures including risk-adjusted mortality rates and average lengths of stay, patient safety, readmission rates and adherence to the National Quality Forum's core measures of care.

Cincinnati-based Catholic Healthcare Partners was one of the top 10 system "winners" in the study. As a group, the 36 Catholic systems in the study outperformed all other ownership types on the quality metrics. Other faith-based nonprofit systems were the second highest performing category followed by secular nonprofits. Investor-owned health systems had the lowest performance rating as a group, although there were strong performers in each of the four ownership classes.

Sr. Carol Keehan, DC, CHA's president and chief executive officer, said that in Catholic hospitals, "quality is a primary commitment flowing from mission. Everyone from the sponsors, boards, clinicians and support staff takes it very seriously. We are pleased to see this independent confirmation of the success of our efforts."

Joseph Swedish, president and chief executive of Trinity Health, said that his sense is that all Catholic systems and hospitals have in common a mission imperative to heal body, mind and spirit and improve the health of communities.

IT ADVANTAGE AT TRINITY HEALTH

Trinity Health is one of 11 CHA member systems in the top quintile of high performers in the quality study. Swedish said commitment to quality and safety have been imbedded into the system's culture since its founding in Novi, Mich., 10 years ago.

That's when the board earmarked \$400 million to create one of the country's first fully integrated electronic health records systems. The health record system combines information from clinical, financial and supply chain systems. Trinity Health mines it to analyze clinical interventions and

health outcomes in order to improve clinical protocols. It "hardwires" clinical protocols into individual patient records. So, for example, a nurse may receive a bulletin when it is time to turn a patient to reduce the risk of pressure ulcers.

"Because of our mission, vision and values, because of our founding principles, the board was from a governance perspective totally committed to make a large bet that this would improve care in a material way and that better management information represented the future of health care," Swedish said.

Twenty-five of the system's 46 acute care hospitals are on the electronic medical records system, and Trinity Health is beginning to implement it at physician offices and ambulatory sites as it continues its hospital installations.

Swedish said clinical variation has been reduced or eliminated in hospitals with the system. "In many cases, the results it has created are phenomenal," he said. For example, falls with injury are down 30 percent and pressure ulcers are down 35 percent.

PROGRESS THROUGH SHARING

Dr. David Pryor is chief medical officer at St. Louis-based Ascension Health, another ministry member in the top quintile whose strategic commitment to quality and safety dates back to its founding. In addition to ensuring that all of its hospitals share best practices in quality improvement, the system participates in ongoing external collaborations focused on quality improvement with Catholic and other-than-Catholic health systems.

"Ascension Health is committed by our mission to serving all individuals," Pryor said. "We believe that the sharing of information to improve the quality of care for individuals is fundamental to who we are. We don't expect to achieve a competitive advantage around that. We hope that all other organizations will not only do as well as we are doing, but we hope others will teach us — as some have already done — how to do better."

In 2002, Ascension Health set a goal to eliminate all preventable injuries or deaths in its hospitals by 2008, and it built approaches to prevent patient injuries. It expected the effort to save 900 lives a year, but it has far exceeded that goal, Pryor said.

Teamwork is often the most important variable in improving and consistently delivering high-quality care, he said. "Medicine really is a team sport. Not only physicians, but nurses, pharmacists and other allied professionals are very important for the delivery of quality care. We are human beings, and human beings make mistakes. The way you prevent that is by ensuring they work together in a way that will consistently deliver high-quality care."

Quality cont. on page 7

Quality *cont. from page 6*

Jean Chenoweth, the Thomson Reuters senior vice president in charge of its 100 Top Hospitals performance improvement initiative, said that the company's study of quality ranking by ownership class proves that Catholic providers have leadership that is committed to excelling in quality improvement.

Based on her fact-finding interviews with executives of top performing Catholic and nonprofit health systems, she concludes that those delivering the highest quality care have leaders who are "directly and heavily involved in improving quality across their systems." Not all Catholic systems outperformed the industry on quality measures, Chenoweth said, but as a group, the Catholic systems provide higher quality and more efficient care and rank higher in measures of patients' perception of care quality than systems in other ownership categories.

Chenoweth said the industry's leading performers have been committed to quality improvement for a minimum of five years, and some top performing systems have been at it for much longer. "The more you push for improvements, the deeper you go into changing the internal processes and systems," she said. "I believe because the Catholic systems and other religious systems have raised the bar and are performing at a significantly higher level that they have been more successful in driving quality improvement further into or

across the whole system."

Trinity Health's Swedish is on the board of the National Quality Forum, a membership organization that is influential in quality improvement efforts. He said that over the last decade there has been "remarkable progress" in health care quality, but the country has a long way to go.

"The commitment has to be unrelenting," he said. "We will always strive for better care because where you are is never good enough. The beauty of where we are today as an industry is that we are tapping into data repositories. Organizations like the National Quality Forum are giving us guidance and standards that are now publically available and accepted in terms of how better care can be provided and measured. We have a convergence of many forces that are driving us to new levels of performance."

Too, Swedish said that, with the enactment of national health reform, health care delivery will become safer. "The reality is that health care reform has established significant expectations for improvement of quality and safety. National health policy requires payment for value. Value has many definitions. It is the combination of quality and safety amongst other measures." Payment for value will push the industry to make greater strides in quality and safety, Swedish said. ■

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News & Notes

St. Joseph's Foundation recently announced a special enhancement to its Peace Garden located on the campus of **St. Joseph's Medical Center**, Brainerd. The Peace Garden is

designed as a place of solace and healing and contains a beautiful metal sculpture that honors the one-hundred years that Benedictine Sisters have served at St. Joseph's Medical Center. Community members are now able to order engraved bricks to be placed within the path of the garden, to honor or memorialize loved ones. The money raised through this program will help St. Joseph's Foundation fulfill its mission of supporting St. Josephs Medical Center and Clinics by raising and granting funds to support program and equipment purchases that promote health in our community.

For the second consecutive year, **CentraCare Health System** has been recognized as the #1 Best Place to Work in Minnesota, in the large company category, by Twin Cities, the Minneapolis/St. Paul Business Journal. The system includes CentraCare Clinic, **St. Cloud Hospital**, the hospitals and long-

term care facilities in Melrose and Long Prairie, and the **St. Benedict's Senior Community** facilities in St. Cloud and Monticello, as well as the CentraCare Health Foundation. "We are pleased and proud that CentraCare Health System has earned this recognition because we know that happy, engaged employees provide better patient care," said Terry Pladson, M.D., president of CentraCare Health System, which employs more than 6,000 people.

Past-Board President **Phyllis Novitskie** of **St. Joseph's Hospital**, St. Paul is being recognized with the Archbishop's Leading with Faith Award for 2010. Each year, twelve individuals, business and community leaders, receive this award recognizing their faith-based leadership. Formal recognition will occur at a luncheon hosted by Archbishop John Nienstedt on September 30th.



NOVITSKIE

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Updates from our membership...

... **W**hat's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163;

e-mail: tpearson@chamn.org. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165. ■

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Takyisha Bailey of **St. Gertrude's Health and Rehabilitation Center, Shakopee** recently received the Best Attitude Award at The National Association of Health Care Assistants (NAHCA) Annual "Key To Quality" Awards banquet in Oklahoma. This award is given to a CNA or direct caregiver who displays a positive attitude toward residents, families, co-workers and other departments.

Cerenity Care Center, White Bear Lake, has been recognized as a 2010 recipient of the Silver Achievement in Quality National Quality Award, while **Benedictine Health Center, Duluth**, has been recognized with a Bronze - Commitment to Quality Award presented by the American Health Care Association and National Center for Assisted Living. ■

CHA-MN Annual Membership Meeting

Thursday, November 11, 2010



Featured Speakers

Michael Rogers, CHA-USA: *Public Policy*
Fr. Tom Narin, CHA-USA: *Ethics in Times of Change*
Senator Dave Durenberger: *National and State Changes in Health Care*

Registration and more information forthcoming. ■

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