

# TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

October 2011

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.

## Making Our Voice Heard

*Now, more than ever we must raise our voices*

Today, perhaps more than ever, our voice is needed in the public arena. Two recent events in health care provide evidence for our ongoing need to be engaged in public policy on the state and federal level – first, the recent actions on the federal level around the conscience clause protections and second, the announcement of nearly 50 million uninsured in our great nation.

Our voices must be raised and represented as our participation plays a key role in forming good public policy. As CHA Minnesota Board Member and Executive Director of the Minnesota Catholic Conference, Jason Adkins, wrote in a recent Star Tribune editorial, “To be clear: There is such a thing as a healthy secularism that guides the respective roles of church and state..... Do we really want a society where Catholic schools, Catholic hospitals, and Catholic charities (and I would add Catholic Universities) serve only Catholics? ...Do we really want to marginalize the church's voice of conscience, a voice that has historically served as the most powerful voice for human rights in our community and around the world?”

### CONSCIENCE CLAUSE PROTECTIONS

Many Catholic providers recently submitted comments regarding our conscience clause protections. With many echoing what CHA USA stated: “As Catholic health care providers we are participants in the healing ministry of Jesus Christ. Our mission and our ethical standards in health care are rooted in and inseparable from the Catholic Church's teachings

about the dignity of the human person and the sanctity of human life from conception to natural death. These values form the basis for our steadfast commitment to the compelling moral implications of our health care ministry,

## As I See It

Toby Pearson  
CHA-MN Executive Director

whether it be caring with compassion for all persons, throughout all stages of life; insisting on the right of all to accessible, affordable health care; or defending and preserving the conscience rights of health care providers, including but not limited to Catholic facilities.” Our religious

and moral convictions are the source of both the work we do and the limits on what we will do.

The explicit recognition of the right of Catholic organizations to perform their ministries in fidelity to their faith is almost as old as our nation itself. In 1727, French Ursuline nuns arrived in New Orleans, called by their faith to come to serve the city's sick and poor and to educate its children. Shortly after the United States took possession of the Louisiana territory from the French in 1803, the sisters worried whether this new government would allow them to continue their ministry in accord with their religious faith. President Thomas Jefferson reassured them by letter on May 15, 1804: that your institution will be permitted to govern itself according to its [sic] own voluntary rules, without interference from the civil authority, whatever diversity of shade may appear in the religious opinions of our fellow citizens, the charitable objects of your institution cannot be indifferent to any; and it's [sic] furtherance of the wholesome purposes of society...cannot fail to ensure it the patronage of the government it is under. be [sic] assured it will meet all the protection which my office can give it.

### Mark Your Calendar

#### October 22, 2011

Ethical Issues in Healthcare Conference  
La Crosse, WI  
FFI: 877-799-4059

#### October 26, 2011

2011 Assisted Living and Home Care Conference  
University of Minnesota  
FFI: 651.645.4545

#### November 3, 2011

CHA-MN Annual Meeting  
Church of St. Patrick, Edina  
FFI: 651.503.2163

#### November 17, 2011

National Rural Life Day  
FFI: [www.celebratepowerofrural.org](http://www.celebratepowerofrural.org)

#### December 7, 2011

CHA-MN Board Meeting  
FFI: 651.503.2163

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As the late James Cardinal Hickey said, "We serve [them] not because they are Catholic, but because we are Catholic. If we don't care for the sick, educate the young, care for the homeless, then we cannot call ourselves the church of Jesus Christ."

Our country has acknowledged and respected the rights of conscience since its founding, and our society's commitment to pluralism lies at the heart of our diverse and vibrant nation. Jefferson's promise to the Ursuline sisters that their work could continue according to their own rules is reflected now in the many federal and state laws protecting individuals and organizations from being required to participate in, pay for, or provide coverage for certain services that are contrary to their religious beliefs or moral convictions. The need for our ministry and voice is ever strong.

## THE UNINSURED

Recently, we learned from the U.S. Census Bureau that 49.9 million Americans were uninsured in 2010, a number that continues to be intolerably high. As the economy challenges struggling, middle-class families and those who have been trying to find stable employment with meaningful health coverage, 46.2 million people were in poverty last year, a marked increase from 43.6 million in 2009, according to the Census Bureau's annual report on poverty, income and health insurance coverage.

The average unemployment rate in 2010 exceeded the 2009 rate in 32 states while average health insurance premium costs grew faster than inflation in 34 states, according to

## Catholic Leaders will not be Silenced

*An excerpt from an editorial written to the Star Tribune by Jason Adkins, Executive Director of the Minnesota Catholic Conference*

**T**he church's public witness in helping to shape a public order that is just, protects authentic rights, serves the common good and promotes human flourishing is not in any way different from what the Rev. Martin Luther King Jr. did when he, a Baptist minister and theologian, fought for just laws.

His civil rights advocacy was grounded in biblical conviction, the natural law, and the Declaration of Independence, much like Catholic advocacy today. In his words, "a just law is a man-made code that squares with the moral law or the law of God." Would the Star Tribune criticize Dr. King for imposing his religious views on others?

Do we really want to marginalize the church's voice of conscience, a voice that has historically served as the most powerful voice for human rights in our community and around the world?

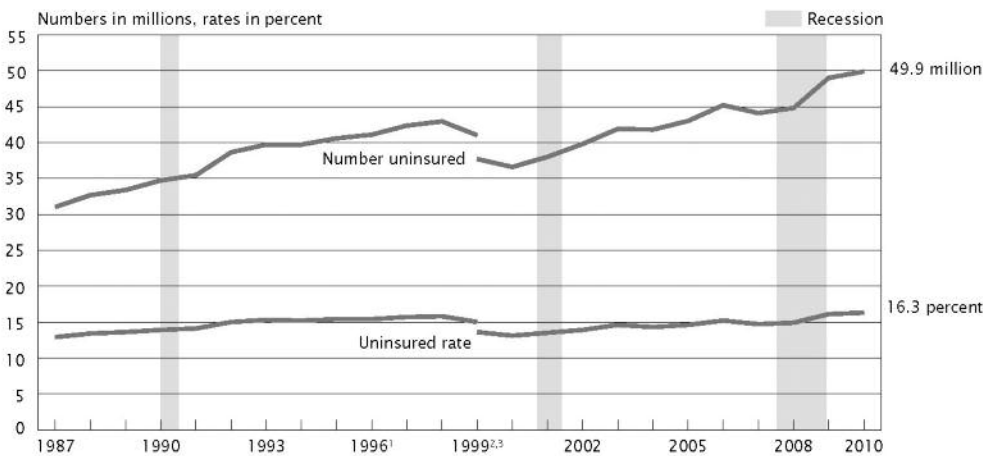
The diktat of the ruling mindset will always seek to silence those such as Dr. King who offer a public moral witness in defense of truth. The church, however, will not and cannot remain silent in the public square. ■

the Center on Budget and Policy Priorities. These figures are real people's lives, and demonstrate as clearly as ever the need for a strong, sustainable safety net.

We will continue to urge policymakers concerned for human dignity and the common good to keep our nation's vulnerable persons in mind as they deliberate about how best to reduce debt and develop a sensible budget framework. Such steps should be taken without harming vulnerable people or imperiling the ability of health care providers to deliver the best possible care to all who need it.

Now, more than ever our voices must be heard. ■

**Number Uninsured and Uninsured Rate: 1987 to 2010**



<sup>1</sup> The data for 1996 through 1999 were revised using an approximation method for consistency with the revision to the 2004 and 2005 estimates.

<sup>2</sup> Implementation of Census 2000-based population controls occurred for the 2000 ASEC, which collected data for 1999. These estimates also reflect the results of follow-up verification questions, which were asked of people who responded "no" to all questions about specific types of health insurance coverage in order to verify whether they were actually uninsured. This change increased the number and percentage of people covered by health insurance, bringing the CPS more in line with estimates from other national surveys.

<sup>3</sup> The data for 1999 through 2009 were revised to reflect the results of enhancements to the editing process.

Note: Respondents were not asked detailed health insurance questions before the 1988 CPS.

The data points are placed at the midpoints of the respective years. For information on recessions, see Appendix A.

Source: U.S. Census Bureau, Current Population Survey, 1988 to 2011 Annual Social and Economic Supplements.

## Striving for Excellence in Ethics:

### A Resource for the Catholic Health Ministry

Over the past several years there have been major initiatives in secular bioethics intended to strengthen the quality of ethics consultation and committees. The American Society for Bioethics and Humanities' (ASBH) revised Core Competencies for Health Care Ethics Consultation and the VA's National Center for Ethics in Health Care's Integrated Ethics are two such examples. In 2009, CHA's Theology and Ethics Committee (TEC) decided it was time to strengthen ethics in Catholic health care organizations by developing not only a 'Catholic version' of the ASBH document, but by identifying core components and standards of a robust ethics service. Working collaboratively with several groups including Ascension Health's Ethics Advisory Group, the CHA is pleased to announce the release of *Striving for Excellence in Ethics* resource.

Ron Hamel, Ph.D. of CHA and John Paul Slosar, Ph.D. of Ascension Health jointly state, "With so many challenges to the identity and integrity of Catholic health care today, we hope that this resource—intended primarily for ministry ethicists, ethics committees, and mission leaders who have responsibility for ethics—will help to underscore the importance of ethics for our organizations, provide an approach for achieving excellence in our ethics services, and contribute to shaping a vibrant ethical culture within all of our organizations."

There are two parts to the resource—a printed booklet and a website. The booklet includes an introduction, recommended standards for eight core components of a robust ethics service, and a tool for assessing a particular organization's performance with regard to each component as well as each of its standards. Completing the assessment tool will assist an organization in determining its strengths as well as identifying gaps in services and opportunities for improvement. It can provide an agenda for near- and long-term strategic planning toward achieving excellence in ethics. The website portion of the resource includes tools from several Catholic health care systems, the VA's Integrated Ethics, and the ASBH's Core Competencies.

*Striving for Excellence* states that remaining true to its mission is an ever-increasing challenge for Catholic health care, as it finds itself in the health care marketplace with all the pressures to compete, to "grow the business," to "secure market share," and to "meet the bottom line." In order to survive in the marketplace, Catholic health care must play in the



marketplace and, when it does, there is always the possibility that marketplace values begin to overshadow, in practice, the core values to which Catholic health care is committed. How do we ensure that the Catholic health care ministry does not lose its very self as particular systems and facilities face ever-changing issues—for example, merging with other-than-Catholic organizations, employing physicians some of whom perform procedures inconsistent with Catholic moral teaching, initiating new service lines to increase market share, forming ACOs, or dealing with the strains of charity care, layoffs, union issues, difficult pregnancies, women whose health requires that they have no more children, or new technologies or therapies that are morally problematic—issues that affect their identity and integrity in important ways.

*Excellence in Ethics* further emphasizes that what is at stake for Catholic health care is its remaining true to who it is and claims to be, and ensuring that who it is and what it does are closely aligned. Attention to the ethical dimensions of everyday activities and decisions by everyone within an organization can strengthen the organization's identity and integrity, while also improving employee morale and ultimately productivity.

The CHA states the purpose of the resource is fourfold: first, to underscore the importance of ethics in our organizations; second, to identify the range of ethics services that can promote and support the identity and integrity of an organization and those within it; third, to recommend standards for promoting the highest quality performance in each mode of ethics service; and, fourth, to provide tools that will assist in the pursuit of ever greater excellence in the ethics services provided. The resource deliberately depicts the ideal, recognizing that in pursuing excellence in ethics, the present reality will likely be made better.

The complete *Striving for Excellence in Ethics* resource is available to CHA members at [www.chausa.org/excellenceinethics](http://www.chausa.org/excellenceinethics). ■

*Catholic health care is a response to the challenge of Jesus to go and do likewise...to be Christ's healing compassion in the world, not only by providing care for the physically ill, but also by working to restore health and wholeness in all facets of the human person and the human community. This is the purpose and the mission of Catholic health care—why Catholic health care exists.*

## The Catholic Identity Matrix (CIM)

**E**stablishing and maintaining institutional identity is a significant challenge for leaders in Catholic health care. In December 2005, the Sponsors Council of Ascension Health - the largest not-for-profit and Catholic health care system in the United States - requested the development of an assessment tool to assist with this task. The Catholic Identity Matrix (CIM) was created in response to this request.

The CIM helps a Catholic health system or hospital assess and enhance the degree to which it has integrated the six Catholic moral principles within its operating policies, processes and practices. The first implementation of the process took place at Ascension Health in 2006. The CIM was subsequently improved through a collaborative partnership between Ascension Health and the Veritas Institute of the University of St. Thomas Opus College of Business (formerly known as the SAIP Institute). Additional support for the CIM's ongoing improvement has been provided by the University of St. Thomas' John A. Ryan Institute for Catholic Social Thought and Gonzaga Ethics Institute, formerly at Gonzaga University.

### AN OVERVIEW OF THE CIM

The CIM structure combines two elements. Its foundation is an organizational assessment patterned after the self-appraisal process pioneered by the Malcolm Baldrige National Quality Program. The CIM applies this assessment template in conjunction with six principles for Catholic health care institutions. The formulation of these principles draws upon a range of sources, including the Catholic social tradition, the Ethical and Religious Directives for Catholic Health Care Services issued by the Catholic bishops of the United States and the experience of Catholic health care leaders.

The principles are:

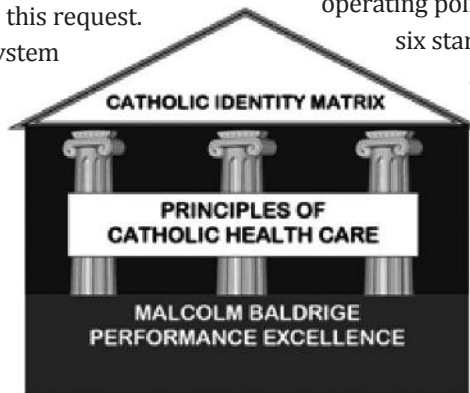
- Solidarity with those who live in poverty
- Holistic care
- Respect for human life
- Participatory community of work and mutual respect
- Stewardship
- Acting in communion with the church

The CIM helps a Catholic health care institution evaluate the degree to which these principles shape its current operating policies and processes. The CIM translates the six standards into a set of behavioral benchmarks -

a systematic array of questions - for Catholic health care services. By answering the questions within this inventory, and then evaluating their answers using a proprietary scoring system, an organization's leadership can identify where vital moral values have been integrated effectively within their organization's operations and where this integration is tenuous or lacking. The assessment thus highlights both areas of strength and critical improvement opportunities. Furthermore, the information gathered during the assessment process helps an organization formulate concrete initiatives designed to address specific improvement needs. In this way, the CIM catalyzes both critical reflection upon an organization's current state and practical improvements guided by Catholic moral teaching, thought and practice.

The CIM does not provide a "quick fix" to the challenge of Catholic institutional identity. However, periodic use of the CIM enables Catholic health care organizations to establish a discipline of sustained, ongoing improvement in response to the challenge of mission integration. In this way, the process helps them to advance the healing ministry of Jesus in a more efficacious manner.

For more information on the Catholic Identity Matrix, contact the Veritas Institute of the University of St. Thomas, 651-962-4293 or [veritas@stthomas.edu](mailto:veritas@stthomas.edu) ■



*"The CIM process enabled us to take our discussion regarding mission to a whole new level. In a relatively succinct process a representative group from across the organization was empowered to do a gap analysis around mission. The process expanded the breadth and depth of our understanding of what constitutes mission."*

*- Sister Mary Thomas, Senior Vice President of Mission Services, Avera McKennan Hospital*

## CHA-MN Annual Meeting

NOVEMBER 3, 2011 • CHURCH OF ST. PATRICK, EDINA  
CONTACT [CHAMNTBY@AOL.COM](mailto:CHAMNTBY@AOL.COM) OR 651.503.2163 TO PRE-REGISTER.

**NEWS  
& NOTES**

- **Madonna Living Community, Rochester and St. Gertrude's Health and Rehabilitation Center, Shakopee** have been awarded My InnerView's Excellence in Action award, a national honor recognizing exemplary nursing home quality care and service. The award, which is presented annually, recognizes long-term care providers that performed in the top 10 percent of nursing homes.
- Health Care Auxiliary of Minnesota honored St. Cloud Hospital President **Craig Broman** for his positive impact at **St. Cloud Hospital**. Broman won the Senior Leadership award for support and enthusiasm for the St. Cloud Hospital Auxiliary programs. Broman recognizes that it would be impossible to deliver the quality and quantity of services that St. Cloud Hospital is noted for without the daily assistance of the volunteers.
- A dozen Minnesota hospitals recently won a Minnesota Hospital Association Patient Safety Excellence Awards program this past month. The initiative recognizes organizations' efforts to prevent pressure ulcers, or bedsores, falls, wrong-site surgical or other invasive procedures, and foreign objects unintentionally left behind following surgery (under and during labor and delivery). Award winners included (CHA-MN affiliates) - **Centracare Health System, Melrose and Saint Elizabeth's Medical Center, Wabasha.**
- Senior care facility **Saint Therese at Oxbow Lake** broke ground Sept. 12 for an expansion of its Brooklyn Park campus. The 64-bed addition will include both transitional and long-term care suites. Other features will include a fitness center with a therapy pool, therapy services and family-style dining. Saint Therese is a non-profit faith-based organization that provides assisted living, rehabilitation and fitness, memory care, transitional care, senior housing and palliative care. Other campuses are located in New Hope and Shoreview.
- For the third consecutive year, **CentraCare Health System** has been recognized as the #1 Best Place to Work in Minnesota, in the large company category, by the Minneapolis/St. Paul Business Journal. **Mayo Clinic** remained in the Fortune Magazine's Top 100 Best Places to Work in the United States for 2011.

- The Boards of Directors of **Essentia Health - West Region** and **St. Mary's Detroit Lakes** have appointed **Peter Jacobson** as president of Essentia Health St. Mary's Detroit Lakes (EHSM) and senior vice president of the Minnesota market in Essentia Health's West Region. Jacobson will be the senior administrative leader of the integrated system, along with the chief medical officer, a position which is currently open and under active recruitment. As senior vice president of Essentia's West Region, he and partner Dr. Richard Vetter will have senior operational accountability for the West Region's integrated community health systems and clinics across western Minnesota and clinics in southeastern North Dakota that are aligned through a leadership dyad relationship with operations in Graceville.
- Workers completed construction this month on the \$4 million Callista Court addition at **St. Anne's of Winona**. The addition includes 30 new apartments on three floors and a ground-floor common area that has two dining rooms, a staff kitchen, a physical therapy center, and a common room. The addition connects all campus buildings on every floor.
- **Cerenity Senior Care - Marian of Saint Paul** recently received zero deficiencies on the annual survey inspection conducted by the Minnesota Department of Health, Facility and Provider Compliance Division. In receiving the perfect score, Cerenity Marian was recognized for meeting or exceeding federal standards. "The results of this survey are a testament to the outstanding staff and the care they provide to the residents at Marian of Saint Paul. Achieving a perfect, zero deficiency survey puts Marian of Saint Paul in the top 3 percent of nursing facilities in Minnesota," stated Jeff Thorne, administrator/CEO of Cerenity Marian. ■

**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. ■

## Commissioner of Human Services to Present at Annual Meeting

**L**ucinda E. Jesson, Commissioner of the Minnesota Department of Human Services (DHS) will be a keynote presenter at this year's CHA-MN Annual Membership to be held on November 3rd in Edina. DHS is the state's largest agency, serving well over one million people with an annual budget of \$11 billion and more than 6,500 employees throughout the state. The department provides or administers a broad range of services, including health care, economic assistance, child welfare services, and services for the elderly and people with disabilities.

Included on this year's program will be Carl Middleton, Vice President of Theology and Ethics of Catholic Health Initiatives. Dr. Carl Middleton has been a theologian/ethicist for nearly 40 years with a vast background in teaching, writing, pastoral care, and working within systems. Carl serves on the Catholic Health Association's Theologian/Ethicist Committee.

He is a noted lecturer and has co-authored three books: *Teaching the Ten Commandments Today* and *Ethics Committees: A Practical Approach and Integrative Health Care: An Emerging Approach to the Art of Healing*. His two most recent publications include co-authoring a workbook/manual for genetic testing guidelines and a manual for ethics committees to use as a resource. Additionally, Dr. Middleton has authored numerous articles on the topics of values, clinical management and corporate ethics, conscience formation, moral and leadership development and ethics committees.

To pre-register for the CHA-MN Annual Membership Meeting, contact [chamntoby@aol.org](mailto:chamntoby@aol.org) or call 651.503.2163. ■



JESSON

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