Lofton Delivers Investiture Address

Kevin Lofton, president and chief executive officer of Catholic Health Initiatives and chair of the Board of Trustees of the American Hospital Association (AHA), spoke at his investiture ceremony during the AHA’s annual meeting. His address called for restoration of health care as a social contract in American society. “(The American) health care system is marked by many superlatives,” he said. “At the same time, it is marked by inequality and inefficiency for millions. In a country blessed with great wealth and resources, that is disturbing.”

Governing Boards Approve Formation of a Single Market-Based Organization in Kentucky

The governing boards of Catholic Health Initiatives’ four market-based organizations in Kentucky have approved the formation of a single, consolidated market-based organization in the state. “The courageous action taken by the members of the governing boards will allow the hospitals to better pursue their shared priorities, build their individual strengths and serve their communities,” said Gary Campbell, senior vice president of operations for Catholic Health Initiatives.

Change Leadership Supports Implementation of CHI Connect

Catholic Health Initiatives’ change leadership methodology is currently focused on the system’s major strategic initiatives, including CHI Connect. Find out about the seven essential elements of change leadership, the role of leadership in the implementation of CHI Connect, how Work-Outs™ assist change and more.
Kevin Lofton, president and chief executive officer of Catholic Health Initiatives and chair of the Board of Trustees of the American Hospital Association (AHA), spoke at his investiture ceremony during the AHA’s annual meeting on May 6 in Washington, D.C. Lofton’s term as AHA board chair began in January 2007. Excerpts from his address follow:

“Last year, when I became chair-elect, I was interviewed for Hospitals and Health Networks magazine...at one point in the conversation I said, ‘We once talked about health care in terms of a social contract. Unfortunately, that no longer exists. A social contract would be one in which our American society and all of its component parts viewed health care in the same way as we view the right to receive an education and the right to freedom of speech.’ At the end of the interview I said, ‘Our social contract has been breached and it must be restored...’

“For many, health care in the United States is the best in the world. For too many, it is not. Our health care system is marked by many superlatives. At the same time, it is marked by inequality and inefficiency for millions. In a country blessed with great wealth and resources, that is disturbing. It is our role, our duty, to help the women and men who deliver care to those in need. Together, we must reconnect the fundamental moral tenets of what made the American health system great and what drives us to be better. We must renew the passion for our work every day, and remind ourselves that 300 million Americans are waiting and longing for change.

“Today, I challenge all of us to let go of our fears and work for transparency. More than anything, openness and candor about everything we do — from the bedside, to the boardroom, to the billing office — will help us renew the social contract with the communities that created us.”

Lofton also previewed a framework for improving America’s health that the AHA will make public later this year. “It will lay out five opportunities for delivering a health care system to the American people that works, and how those opportunities can be met,” he said. “All five will ask much of hospitals, but hospitals alone cannot solve all the issues. Other health care sectors must also have skin in the game. Everyone — payers, providers, government and the public — must have a stake in the future of high-quality, affordable, sustainable health care for our nation.”

Lofton introduced the five opportunities:

- Improving the health of our nation.
- Ensuring that health care is efficient and affordable.
- Making health care safer and more effective.
- Making the best information available for care decisions.
- Providing health coverage for every American.

In conclusion, Lofton said, “We will raise the bar to change the way health care is delivered and paid for in this country... Together, we will restore the social contract for health care.”
Governing Boards Approve Formation of a Single Market-Based Organization in Kentucky

The governing boards of Catholic Health Initiatives’ four market-based organizations in Kentucky have approved the formation of a single, consolidated market-based organization in the state.

The consolidated market-based organization will include Flaget Memorial Hospital, Bardstown; Marymount Medical Center, London; Our Lady of the Way Hospital, Martin; and Saint Joseph HealthCare, Lexington, which includes Saint Joseph Hospital, Saint Joseph East and Saint Joseph Berea. The new market-based organization will have one chief executive and one governing board.

“This is a true milestone for these hospitals and for Catholic Health Initiatives,” said Gary Campbell, senior vice president of operations for Catholic Health Initiatives. “The courageous action taken by the members of the governing boards will allow the hospitals to better pursue their shared priorities, build their individual strengths and serve their communities.”

Together, the hospitals will form one of Kentucky’s largest health systems.

The goals for the new consolidated organization are to:

- Create work communities of choice in every setting.
- Deliver quality care in a consistent, reliable manner across the commonwealth.
- Leverage strengths and speak with one voice on issues of importance to local communities.
- Grow health ministries and partner with physicians and others to create healthier communities.

There are no plans to eliminate or reduce existing services in any market.

Each hospital will have a hospital president, a separate medical staff with a local medical executive committee, and a local hospital council of community members. Hospitals with foundations will have a local foundation governing board, with assurance to community donors that their dollars will be used as they intend.

The chief executive officers of the four market-based organizations — Virginia Dempsey, Bruce Klockars, Kathy Stumbo and Gene Woods — began meeting in 2004 to discuss how they could work more closely together to advance the mission and leverage the strengths of their organizations. Their recommendation to consolidate into a single market-based organization emerged from a focused research and planning process. “They determined that consolidation is the best approach to enhance their shared ministry in Kentucky,” said Campbell.

In March, the chief executive officers presented their recommendation to a combined meeting of the Executive Committees of their governing boards. The Executive Committees supported the recommendation.

On June 2, the members of all the market-based organization boards met to participate in a mission-driven decision making process led by Carl Middleton, DMin, ND, vice president of ethics for Catholic Health Initiatives. Each board then met separately, and each voted unanimously to approve the consolidation.

Members of the congregations who founded the hospitals — the Sisters of Charity of Nazareth, who founded Flaget Memorial Hospital, Marymount Medical Center and Saint Joseph Hospital; and the Sisters of Charity of Cincinnati, who founded Our Lady of the Way Hospital — were also fully informed of the recommendation to consolidate.

During the next six months, a Transition Task Force will complete detailed plans for the consolidation. Members of the task force will include the chief executive officer and three members of the governing board from each predecessor market-based organization. The consolidation is expected to occur by January 1, 2008.
Because the vision of Catholic Health Initiatives — to transform health care delivery and create new ministries that promote healthy communities — requires innovation and change, Catholic Health Initiatives has implemented a change leadership model that will help the organization to thrive on change.

“Catholic Health Initiatives’ senior leadership wants to increase the pace and success of change within the system,” said Mike McIntosh, vice president of change leadership for Catholic Health Initiatives. “They believed that Catholic Health Initiatives already did relatively well at process- and technology-related aspects of change, but needed to help people throughout the organization become more engaged in change. Our change leadership methodology, adapted from a successful methodology used by GE Healthcare, truly manages and promotes the people side of change.”

**Focus on Major Strategic Initiatives**
While Catholic Health Initiatives’ change leadership methodology can be used effectively throughout the organization, it is currently focused on the system’s major strategic initiatives.

Change leadership is being applied to the implementation of CHI Connect, Catholic Health Initiatives’ integrated system for the management of essential business functions, including payroll, accounts payable, core accounting, human resources and supply chain. CHI Connect will streamline these operations, help employees access information they need to work more efficiently, and leverage the collective buying power of Catholic Health Initiatives.

**The Role of Leadership**
With a project that brings significant change, such as CHI Connect, leadership is critical to success. Effective project management and the use of change resources, methods and tools are also essential. “All of these elements are essential to effective change, but leadership is arguably the most essential,” said McIntosh. “In driving change, there is no substitute for leadership support. Significant, lasting change does not occur without visible, committed leaders.

Rowan said that it is critical to ensure that leaders and organizations are ready and capable of making necessary changes and to function effectively after the changes are made. “Achieving alignment and commitment around a project at all levels of leadership and management is key to effective, efficient implementation and success. Without this commitment and alignment, expecting employees to readily accept and make changes — however necessary the changes are — becomes very difficult.”

The essential role of leadership in change is one reason that Catholic Health Initiatives’ process is called change leadership rather than change management. “John Kotter, the Harvard Business School professor who is an authority on leadership and change,
said that producing successful change is about 80 percent leadership and 20 percent management,” said McIntosh. “You can have excellent management of the planning, budgeting and problem-solving processes related to change, but for real success you need leaders to sponsor and champion change from the start. Leadership support for change is essential to people’s acceptance and ability to integrate change into their jobs.”

“The faster you can get all leaders on board, the better,” said Rob Cunningham, vice president of human resources at Good Samaritan Hospital, Kearney, Neb. “We conducted a one-day director’s retreat, led by our chief executive officer, to help align our leaders around the vision and desired outcomes of CHI Connect. During the retreat, we overviewed CHI Connect and conducted demonstrations. We described what success would look like for our departments, barriers to success and how leaders can help achieve success. We also discussed what we need to do individually to make CHI Connect successful. The feedback described the retreat as ‘excellent.’”

**Seven Components of Change Leadership**

In Catholic Health Initiatives’ change leadership methodology, change is effective and efficient when all seven components of the methodology are done well.

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_The Change Acceleration Process (CAP)_

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(continued on page 8)
The Environment and Energy Task Force grew from an effort to collect data on energy use across the Catholic Health Initiatives system. “During the past few years, we collected data from about 50 of our hospitals,” said Dennis Smith, assistant director of facility services for Catholic Health Initiatives. “That gave us a sense of our system-wide energy usage. We also realized that any effort to conserve energy goes hand-in-hand with efforts to protect the environment by reducing the waste stream and eliminating hazardous materials in our hospitals.”

Some market-based organizations already have significant energy conservation and environmental protection programs in place. At Catholic Health Initiatives’ recent Chief Executive Officers Meeting, Kevin Lofton, president and chief executive officer of Catholic Health Initiatives, presented awards to several hospitals for establishing mercury-free environments. Awards were presented to St. Clare Hospital, Lakewood, Wash.; St. Gabriel’s Hospital, Little Falls, Minn.; St. Joseph Medical Center, Tacoma, Wash.; and St. Joseph Medical Center, Towson, Md.

“All of these hospitals received recognition from Hospitals for a Healthy Environment for going mercury free,” said Smith. “One of the goals of the Environment and Energy Task Force is to create tools that will help all Catholic Health Initiatives hospitals achieve that kind of success and meet the requirements for national recognition.”

The Environmental Protection Agency’s (EPA) Energy Star program also provides recognition for hospitals that practice effective energy management. “The EPA Web site has some excellent materials showing how more efficient energy use can have a significant impact on the bottom line,” said Smith. “The data we have gathered so far from Catholic Health Initiatives hospitals show annual energy costs of nearly $42 million; we estimate that energy costs are approximately $50 to $60 million per year across the system. Reducing that total by 10 percent would amount to a significant reduction in cost.”

The Environment and Energy Task Force and its subcommittees will meet regularly during the coming year to develop energy management and environmental stewardship programs. For more information, contact Dennis Smith at dennissmith@catholichealth.net.

### Environmental and Energy Management Goals

Catholic Health Initiatives’ facility services team has drafted specific energy and environmental management goals:

**Energy Management**
- Reduce energy use, as measured in the Energy Star Portfolio Manager, by 10 percent during the next five years.
- Help Catholic Health Initiatives hospitals earn the Energy Star label.
- Participate in a system-wide goal of a 10 percent reduction in energy use.

**Environmental Management**
- New and renovation design and construction will design toward the Silver LEED Building level, part of the Leadership in Energy and Environmental Design Green Building Rating System from the U.S. Green Building Council.
- Introduce a waste management plan, to include recycling and disposal of products/equipment.
- Reduce or eliminate hazardous materials in Catholic Health Initiatives facilities.
LEAD Courses Help Build Cohesive Team

As the manager of a large medical unit at Saint Joseph Hospital in Lexington, Ky., Pat Jessen, RN, has multiple clinical managers on two different shifts reporting to her. To help build these managers into a cohesive team, she drew on the resources of Catholic Health Initiatives’ Leadership Education and Development (LEAD) Program.

“After I joined Saint Joseph in 2002, I attended some LEAD courses and found them to be interesting and helpful,” said Jessen. “About 18 months ago, three of the four clinical managers on our unit were either new to the organization or were coming back after some time away. We have a large and busy unit, and our clinical managers are absolutely critical to patient care and to the creation of a positive work environment. I thought that by taking a LEAD course together, we could establish ourselves as a cohesive team that could manage issues on our unit in a consistent way.”

“We’re seeing more market-based organizations hardwiring the LEAD courses into their cultures and practices,” said Mary Steuber, director of leadership development for Catholic Health Initiatives. “Pat provides an example of hardwiring the skills taught by LEAD into the daily management that she and her team provide to their medical unit. She’s a great example of how the implementation of the skills learned through LEAD can enhance the value of the training and have a real impact on an organization.”

Jessen and the clinical managers were able to arrange their work schedules so that all five could attend the “Resolving Conflicts within Your Team” course together. “It was a wonderful experience,” said Jessen. “We all got to know each other better. It was a half-day course, so we used the rest of the day for a work session in which we were able to discuss specific situations on our unit and use our new skills to solve them.”

Since then, the team has also completed “Audition,” a full-day LEAD course that addresses hiring the right candidate for a job; “Symphony,” a full-day course that help leaders learn a systems-thinking approach to leadership; and “Identifying Work Priorities and Setting Verifiable Goals,” a half-day course. “The LEAD courses have helped us become a really well-oiled management team,” said Jessen. “The clinical managers recently worked together to interview and hire a new graduate nurse, and they did a superb job with the skills they learned through the Audition course. The goal-setting course has helped all of us become more skillful at setting goals for groups of employees as well as individual employees.”

The team plans to continue taking LEAD courses together, with the “Working Together — Understanding and Valuing Diversity” course up next. “LEAD has provided cohesiveness to our management team,” said Jessen. “We learn the same thing at the same time, with the opportunity to discuss and implement what we learn. I believe that taking LEAD together helps us support each other and to address issues at work in a more consistent way.”

For more information about LEAD, contact Mary Steuber, director of leadership development, at marysteuber@catholichealth.net.

“The LEAD courses have helped us become a really well-oiled management team.”

— Pat Jessen, RN
Saint Joseph Hospital in Lexington, Ky.
Following are the seven components of change leadership, brief definitions and examples of how they apply to the implementation of CHI Connect.

- **Leading Change**: having a champion and leadership team who sponsor the change. With CHI Connect, leading change includes having market-based organization leaders kick off and “own” the implementation of CHI Connect within their organizations; and aligning key leaders, managers and stakeholders around project’s goals.

- **Creating a Shared Need**: having a reason to change, whether driven by threat or opportunity. Through monthly calls and meetings, both Catholic Health Initiatives and market-based organization leaders create understanding of the need for and the shared benefits of CHI Connect.

- **Shaping a Vision**: the desired outcome of a change is clear, legitimate, widely understood and shared. Market-based organization leaders develop their understanding of the vision and desired outcomes for successful CHI Connect implementation, then build common understanding and commitment through consistent communication within their organizations.

- **Mobilizing Commitment**: key stakeholders are identified, resistance is analyzed and actions taken to gain strong commitment. Onboarding sessions, ongoing assessments, training, communications and site visits help gain the commitment of all stakeholders in the CHI Connect implementation process.

- **Making Change Last**: learnings are transferred throughout the organization, with consistent, visible and tangible reinforcement of the change. Market-based organization leaders communicate successes and lessons learned during CHI Connect implementation, addressing stakeholders’ feedback and questions.

- **Monitoring Progress**: progress is made; benchmarks are set and realized; indicators are established to ensure accountability. Leaders regularly monitor progress toward CHI Connect project milestones and assess go-live success using operational metrics.

- **Changing Systems and Structures**: management practices are aligned to complement and reinforce change. Leaders ensure that all policies, systems and structures are redesigned and aligned as needed with new CHI Connect systems and processes. Effects on roles are identified and necessary changes implemented.

### Using the Work-Out™ Process

Catholic Health Initiatives’ change leadership methodology includes a useful improvement methodology for CHI Connect implementation: the Work-Out process. “Successful implementation requires redesigning some processes, policies and roles in order to synchronize them with the new CHI Connect systems,” said Rowan. “It is important to start this redesign ahead of the implementation of CHI Connect technology. Change leadership can provide resources and facilitate Work-Out sessions that will help.”

A Work-Out is a one-day, highly focused meeting in which a problem is discussed by those closest to it. The group identifies major issues and barriers, then discusses solutions. The group chooses a solution to present to a sponsor: typically, the sponsor is a leader who can drive implementation of the solution. The sponsor may either accept the solution; decline to accept, sending the group back for more discussion; or ask for more information before making a decision.

“Work-Outs get people to sit down together and break down barriers so they can work productively to resolve issues by agreeing on workable solutions,” said McIntosh. “By the end of the 2007 fiscal year, there will have been nearly four dozen projects throughout Catholic Health Initiatives that include Work-Out sessions. These Work-Outs focus on issues ranging from having the right supplies in the right place at the right time to medication reconciliation to reducing emergency room wait times. At least 25 percent of these Work-Outs are related to CHI Connect, and we expect that percentage to increase as the implementation of CHI Connect continues.”

### Change Agents Throughout CHI

The Work-Out process is facilitated by trained change agents located throughout Catholic Health Initiatives. “We thought about establishing mobile change agents who would travel to different market-based organizations as needed, but decided it is valuable to have at least two trained change agents located in every market-based organization,” said McIntosh. “While there may still be a need for change agents to travel from time to time to help facilitate change in other Catholic Health Initiatives locations, these resources are readily available to each market-based organization.”

Catholic Health Initiatives currently has nearly 175 change agents trained in Work-Out and other elements of the change leadership process.

St. Joseph Medical Center, Reading, Pa., uses its trained change agents to help facilitate change related to CHI Connect. Scott Mengle, vice president of human resources, emphasizes the importance of
spending time aligning management with the objectives of CHI Connect. “I think you can underestimate the time and effort it takes to align managers to the need for change,” Mengle said. “The 12 change agents we have trained help managers work through changes and barriers to change. We find that informal meetings between a manager and a change agent are sometimes more effective than larger meetings that use a more formal process to gain alignment.”

Catholic Health Initiatives also has seven master change agents who work full time to support the change agents and the use of the change leadership methodology. Four of the seven — Jerry Brooks, Marilyn Jones-Davis, Judy Ann Mundis Stephens and Ron Stephenson — are primarily devoted to working with CHI Connect.

The master change agents coordinate with other Catholic Health Initiatives staff to support the change leadership process, including its application to CHI Connect. These include communications, knowledge transfer and learning professionals who have also been trained in change leadership concepts, methods and tools.

**What’s Next for Change Leadership**

Catholic Health Initiatives will continue to apply its change leadership methodology to strategic priorities and major initiatives like CHI Connect. Change leadership is also being integrated with leadership development programs, human resources practices and other systems and processes. Leaders and change agents across Catholic Health Initiatives will continue to be engaged in order to increase understanding and application of the methodology.

“We are tracking applications of our change leadership process so that we can communicate results and share learnings. This will also help clarify when and how our leaders can use the methodology to the benefit of their organizations and their people,” said McIntosh. “Over time, we anticipate significant increase in effective and efficient change as a result of the change leadership methodology, which will ideally result in improved clinical and operational outcomes.”

**Change Leadership Defined**

Change leadership is a set of concepts, methods and tools for leading and managing the people side of change within Catholic Health Initiatives. Change leadership:

- Increases the organization’s capability for effective change.
- Is applied by leaders and managers to help the organization and its employees transition from a current state to a desired future state.
- Delivers methods and tools to help redesign processes and solve specific problems.
- Increases the odds for and speed of successful change.
- Includes identification, planning and management of communications, barriers, resistance, training, knowledge transfer and coaching of change sponsors and leaders.
Work-Study Students Graduate from Arrupe Jesuit High School

The first graduating class of Arrupe Jesuit High School, Denver, Colo., includes six students who gained work experience at Catholic Health Initiatives through a work-study program.

Arrupe Jesuit High School was founded to serve economically disadvantaged, racially and culturally diverse youth who live in Denver’s inner city. The school offers a Jesuit pre-college curriculum. To offset the cost of tuition, each student is required to work one day per week through the school’s work-study program. Catholic Health Initiatives has been a sponsor of the work-study program since the school opened in 2003.

All six graduating students who worked with Catholic Health Initiatives are college-bound. The graduates and the colleges they plan to attend are:

- Sonia Gurrola, Community College of Denver, Denver, Colo.
- Alejandra Luna, Mount St. Mary’s College, Los Angeles, Calif.
- Erica Maes, Regis University, Denver, Colo.
- Adriana Marquez, Adams State College, Alamosa, Colo.
- Isabel Marquez, Mesa State College, Red Rocks Community College, Denver, Colo.
- Michelle Spreutels, Regis University, Denver, Colo.

Catholic Health Initiatives held a reception for these students and their families at the downtown Denver office on June 4.

As a whole, the 48 members of Arrupe Jesuit High School’s first graduating class have earned more than $1.5 million in merit-based college scholarships. Alejandra Luna received a Daniels Fund scholarship.

Five Arrupe undergraduate students will continue to gain work experience at Catholic Health Initiatives’ downtown Denver office each year. In addition, a team of four students will be employed at the Denver Meridian North office and at St. Anthony Central Hospital in Denver.

Participants in Catholic Health Initiatives’ 2007 Quality Conference in New Orleans, La., learned about disaster preparedness from someone with a first-hand experience.

James Aiken, MD, director of emergency services at Louisiana State University Trauma Center, used real examples from Hurricane Katrina in his presentation about successful and unsuccessful strategies for disaster preparation. The conference attendees were so moved by his stories of patients and providers that they collected nearly $800 for Aiken to deliver to the Daughters of Charity Health Center—St. Cecilia. The center serves people in the heavily impacted Bywater and Ninth Ward neighborhoods of New Orleans.

Two special conference guests also contributed to the donation. Mr. and Mrs. Varney spoke to the group about the person-centered care they received at Good Samaritan Health Systems, Kearney, Neb., when their son died tragically from a gunshot wound. (Read more about the Varneys and their son in “Breaking the Rules,” Sacred Stories, Eighth Edition.)

“The Varneys provided a moving account of how we can make a difference in the lives of patients and their families,” said Milt Hammerly, MD, vice president of medical operations and integrative medicine for Catholic Health Initiatives.
Saint Francis Receives State’s Highest Quality Award

Saint Francis Medical Center, Grand Island, Neb., received the 2006 Edgerton Quality Award for Excellence from the Nebraska Department of Economic Development and other sponsors. The award is patterned after the Malcolm Baldrige National Quality Award program and is Nebraska’s highest award for ongoing efforts in quality and performance excellence. This is the first time a hospital has received the highest Edgerton award, the Award for Excellence. Saint Francis also received an Edgerton Award for Progress in 2004. “We are extremely proud to be the first hospital to ever receive the Edgerton Award for Excellence,” said Michael Gloor, president and chief executive officer of Saint Francis. “This award recognizes achievement in the journey to performance excellence. We’re proud to be held out as an organization that continually looks for ways to do it better — to continually deliver better care to our patients.”

Franciscan Health System Receives Washington State Quality Award

Franciscan Health System, Tacoma, Wash., received the 2007 Washington State Quality Award (WSQA) for performance excellence. Using the rigorous criteria for performance excellence set by the Malcolm Baldrige Quality Award program, the WSQA program honors organizations with proven, sustainable accomplishments in business performance and overall excellence. Franciscan Health System was recognized at the Leadership Level, distinguishing the organization as a role model for other businesses seeking to elevate their quality and performance. “This award acknowledges the dedication and commitment to excellence that are shown every day by the nearly 6,000 employees at Franciscan Health System,” said Mike Fitzgerald, chief financial officer for Franciscan Health System. For more information, contact Gale Robinette of Franciscan Health System at galerobinette@fhshealth.org.

Sts. Mary & Elizabeth Hospital Named a Center of Excellence for Bariatric Surgery

Sts. Mary & Elizabeth Hospital, Louisville, Ky., was named a Center of Excellence by the American Society for Bariatric Surgery (ASBS). The ASBS Center of Excellence designation was created to recognize bariatric surgery centers that perform well and to help hospitals and surgeons continue to improve the quality and safety of care provided. The designation recognizes surgical programs with demonstrated track records of favorable outcomes in bariatric surgery, based on site inspections and data analysis.

Good Samaritan Opens State-of-the-Art NICU

Parents of tiny and sick babies in central Nebraska and northern Kansas now have access to a technologically advanced, newly renovated neonatal intensive care unit (NICU) at Good Samaritan Hospital, Kearney, Neb. Good Samaritan’s NICU, renovated at a cost of $1.69 million, was created around the concept that families whose babies need a higher level of care should have their own private spaces. The unit features nine new “personal NICU” rooms designed to promote a baby’s growth and wellness through special lighting, acoustics and alarm systems. The rooms accommodate the unique developmental needs of premature, sick and multiple-birth infants while providing private space for the families. “It’s got all the technology you would find in larger cities, with an added benefit — it’s close to home,” said Karen Navis, director of Good Samaritan’s Family Birth Center and NICU. The renovation project also
included a new well-baby nursery. The space formerly occupied by the well-baby nursery and NICU will be renovated into six new labor/delivery/recovery/postpartum rooms. For more information, contact Marsha Wilkerson of Good Samaritan at 308-865-7972.

**Roseburg Nurses Complete Healing Therapy Training**

Seven nurses at Mercy Medical Center, Roseburg, Ore., were recently honored for completing Catholic Health Initiatives’ Healing Therapy training. Healing Therapy is a person-centered, supportive method of using the hands to assist those in pain; promote relaxation in those who are experiencing anxiety, tension or stress; and comfort those in the dying process. Under the instruction of Carl Middleton, DMin, ND, vice president of ethics for Catholic Health Initiatives, the nurses completed a year-long Healing Therapy training program. The training included 24 hours of classroom work, individual study of literature and 100 therapy sessions with clients. The nurses call themselves the Tender Loving Care Team and are led by Lola Chitwood, pain resource nurse at Mercy Medical Center. They receive referrals for Healing Therapy from many sources, including physicians, nurses, respiratory therapists, physical therapists and clergy.

**St. Anthony Central Receives American Stroke Association Achievement Award**

St. Anthony Central Hospital, Denver, Colo., received the American Stroke Association’s “Get with the Guidelines-Stroke” (GWTG-Stroke) Initial Performance Achievement Award. The award recognizes the hospital’s commitment to and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations. To receive the award, St. Anthony Central Hospital consistently complied for 90 days with the requirements of the GWTG-Stroke program, which include the aggressive use of medications and smoking cessation. The 90-day period was the first stage in an ongoing self-evaluation by the hospital to maintain the 85 percent compliance level needed to sustain the award.
Growth

Franciscan Health System Celebrates Start of St. Anthony Construction

More than 225 community leaders and residents attended an April 26 groundbreaking ceremony that marked the start of construction of St. Anthony Hospital, Gig Harbor, Wash., part of Franciscan Health System, Tacoma, Wash. The 80-bed hospital is scheduled to open in early 2009 and will offer a full range of medical care, including 24-hour emergency services. The groundbreaking ceremony was held indoors, near the construction site, so that construction crews could continue work uninterrupted during the festivities. Archbishop Alexander Brunett of the Archdiocese of Seattle led the opening prayer, reflection and blessing. The event also included remarks by Joe Wilczek, president and chief executive officer of Franciscan Health System; Chuck Hunter, mayor of Gig Harbor; Derek Kilmer, state senator; Pat Lantz, state representative; and other dignitaries. During the ceremony, it was announced that the George F. Russell Jr. Fund of the Russell Family Foundation pledged a founding gift of $1.5 million to help create a state-of-the-art outpatient cancer center at St. Anthony. In addition to the groundbreaking, Franciscan Health System organized a series of events, including a 5k run and walk and a live concert, which gave community members a chance to gather and celebrate the start of construction.

Community leaders joined representatives of Franciscan Health System in an indoor ceremonial groundbreaking for St. Anthony Hospital, which included soil that was brought from and returned to the construction site.

Stewardship

St. Joseph and Radio Station Present Dialog on the Uninsured

St. Joseph Medical Center, Reading, PA, encouraged community dialog about health care coverage for people who are uninsured by partnering with a local radio station during Cover the Uninsured Week, April 23-27. A two-hour broadcast on radio station WEEU 830 AM originated from St. Joseph’s city center campus in Reading on Monday, April 23. The live call-in show, hosted by Jo Painter, ran from 3 to 5 p.m. and featured guests that included Janet Henry, RSM, vice president of mission and ministry for St. Joseph; Patrick Richards, chief financial officer and vice president of finance for St. Joseph; Debra Wingenroth, manager of St. Joseph’s downtown urgent care center; and other St. Joseph leaders.

Radio host Jo Painter talked with Janet Henry, RSM, of St. Joseph Medical Center during a live call-in show to promote community dialog on health coverage for people who are uninsured.

St. Joseph Raises $2.4 Million for Cancer Institute

The St. Joseph Medical Center Foundation, Towson, Md., announced that it has raised $2.4 million to support The Cancer Institute at St. Joseph Medical Center. The Cancer Institute, which occupies a new facility on the St. Joseph campus that will be officially dedicated in fall 2007, provides state-of-the-art diagnosis and treatment for cancer care.
**Kentucky’s Best Places to Work Include CHI, Hospitals**

The Kentucky Society for Human Resources Management, in conjunction with the Kentucky Chamber of Commerce, named Catholic Health Initiatives’ Northern Kentucky office, Erlanger; Saint Joseph HealthCare, Lexington; and Our Lady of the Way Hospital, Martin, among the Best Places to Work in Kentucky for 2007. Among the top 25 medium-sized companies (less than 250 employees), Our Lady of the Way placed 17th and the Northern Kentucky office placed 19th; Saint Joseph placed 15th among the top 25 large companies. The award program is a multi-year initiative designed to motivate companies in Kentucky to focus, measure and move their workplace environments toward excellence. The selection process is based on an assessment of employee policies and procedures, as well as the results of employee surveys.

**Mercy-Des Moines Receives Psychologically Healthy Workplace Award**

Mercy Medical Center-Des Moines, Des Moines, Iowa, received the 2007 Psychologically Healthy Workplace Award from the Iowa Psychological Association (IPA). The IPA presents the award annually to an Iowa business that has created a healthy environment for employees. “Mercy believes that the success of our organization directly ties back to having satisfied associates, and we are committed to providing a premier workplace environment that reflects a strong, vibrant culture of caring,” said Dave Vellinga, president and chief executive officer of Mercy. Robyn Wilkinson, Mercy’s senior vice president and chief human resources officer, attributed Mercy’s recognition to the many programs the organization has implemented to provide support, resources and opportunities to employees. For more information, contact Gregg Lagan of Mercy at glagan@mercydesmoines.org.

**St. Joseph’s Selected for Rural Medical Education Program**

St. Joseph’s Hospital and Health Center, Dickinson, N.D., has been selected as a new site for the Rural Opportunities in Medical Education (ROME) program of the University of North Dakota School of Medicine and Health Sciences. ROME provides interdisciplinary experience in a rural primary care setting to third-year medical students. The students train under the supervision of physician educators who are board-certified in family medicine.

**Memorial Named One of Best Employers in Tennessee**

Memorial Health Care System, Chattanooga, Tenn., was named one of the Best Employers in Tennessee for 2007 by Best Companies Group and *Business Tennessee* magazine. Memorial is the only health care facility on the list of 25 for-profit and nonprofit businesses, and this is the third time Memorial has appeared on the list. The state’s best employers were selected in a two-part process that included an evaluation of workplace policies, practices, philosophies, systems and demographics; and a survey of employees.

**Mercy Receives Business Building Community Award**

Mercy Medical Center, Roseburg, Ore., received the 2007 Business Building Community Award from the United Way and the Roseburg Area Chamber of Commerce. Mercy received the award in the large business category based on its extensive involvement in the community. Among other activities, Mercy’s community involvement includes an annual March Against Hunger drive that has raised almost $70,000 in the past six years to fight hunger in Douglas County.

“The award represents the volunteerism, donations and community service that each of our employees provides to improve the quality of life for everyone in Douglas County,” said Kelly Morgan, president and chief executive officer of Mercy. For more information, contact Kathleen Nickel of Mercy at 541-677-2423.
Memorial’s Sister Judy Raley Elected to Lead Sisters of Charity

Judy Raley, SCN, vice president of mission at Memorial Health Care System, Chattanooga, Tenn., was elected to serve as provincial of the Western Province of the Sisters of Charity of Nazareth. Sister Judy began the five-year appointment on June 1. “Being provincial is somewhat equivalent to being chief executive officer of an organization,” said Sister Judy. “I will be responsible to direct the mission and ministries of the nearly 400 sisters in the U.S. Province. I feel honored to be chosen for this sacred responsibility, but it will be hard to leave the work I love at Memorial and my many friends in Chattanooga.”

St. Joseph Partnership Honored

St. Joseph Medical Center, Reading, Pa., and partners that collaborated to create the Langan Allied Health Academy received an honorable mention for innovation in the 2007 Achievement Awards contest conducted by The Hospital & Healthsystem Association of Pennsylvania. “Allied Health Academy: Helping a City Revitalize” was selected as an example of how community partners can find solutions to address educational, economic and cultural issues in an urban community. St. Joseph’s partners in the academy include El Centro Hispano, Kutztown University and Reading Area Community College.

Sensor Named One of Top 25 Innovators

Wayne Sensor, chief executive officer of Alegent Health, Omaha, Neb., was named one of the top 25 innovators in health care by Health Imaging & IT magazine. Sensor was named to the list due to Alegent Health’s commitment to consumers. In January 2007, Alegent Health introduced MyCost, an online tool that provides consumers with information on projected costs for nearly 500 common treatments and procedures.

Kehrberg Accepts Appointment to ECRI Board

Steve Kehrberg, vice president of clinical engineering for Catholic Health Initiatives, has accepted an appointment to serve on the Advisory Board of ECRI, a non-profit health services research agency. In this role, Kehrberg will provide input on support issues for new health care equipment.

DeMark Announces Retirement from Franciscan Villa

Roger DeMark announced his retirement as president and chief executive officer of Franciscan Villa after 18 years of service there, effective July 1. The Franciscan Villa board and Catholic Health Initiatives will appoint an interim chief executive officer and search for a replacement.

Thomas Resigns from Central Kansas Medical Center

Chris Thomas resigned his position as president and chief executive officer of Central Kansas Medical Center. Sharon Lind, chief financial officer of Central Kansas Medical Center, was appointed interim chief executive officer.
Lofton Among Nation’s Most Influential Black Leaders

Kevin Lofton, president and chief executive officer of Catholic Health Initiatives and chair of the Board of Trustees of the American Hospital Association (AHA), is on *Ebony* magazine’s annual list of the nation’s most influential black Americans.

Lofton was recognized as an influential leader in the “*Ebony* Power 150: The Most Influential Blacks in America,” which appeared in the May issue. Lofton joins well-known black Americans such as U.S. Senator Barack Obama, actress Halle Berry, talk show host Oprah Winfrey and poet Maya Angelou on the list.

Lofton has served as Catholic Health Initiatives’ top executive since August 2003 and is also the former president of the National Association of Health Services Executives. As AHA’s board chair since January 2007, he is leading a national movement for increased diversity in health care and expanded access to health care services for those in need.