While innovation is alive and well within Catholic Health Initiatives, Kevin E. Lofton, FACHE, president and chief executive officer, says a greater understanding of where and how it occurs can fuel the spread of knowledge across the organization and help create even more innovation. “Catholic Health Initiatives has tremendous scope and scale, and we know that innovation is occurring throughout the organization on a daily basis,” said Lofton. “With additional strategic focus, Catholic Health Initiatives can leverage the value of innovation currently taking place and help inspire innovation in a few high priority areas.”

Background and Development of Catholic Health Initiatives’ Innovation Focus

To address the subject of innovation, Catholic Health Initiatives created an interdisciplinary work group in 2003. Within its charter, the Innovation Team developed a three-phase course for action and completed Phase I this spring.

“From the start, it was important that we learn as much about what was being written about the discipline of innovation as what was actually being done in organizations inside and outside of health care,” said Dan Haus, vice president of compensation for Catholic Health Initiatives and member of the Innovation Team.

Because “innovation” can mean so many different things to different people, the team quickly realized the need to define and agree upon concepts and terminology. “Our literature review and expert interviews told us we must establish a common conceptual framework, or ‘mental map,’ for innovation as the foundation for our work,” said Susan Henry, director of business development for St. Vincent Health System, Little Rock, Ark., and member of the Innovation Team. “The lack of a consistent framework and common understanding can lead to false starts, missteps and confusion.”

Continued on page 6
Dear Catholic Health Initiatives Family:

The work of Catholic Health Initiatives’ Innovation Team, detailed in the cover story of this issue of Initiatives, has produced three strategic priorities that we believe can move us toward the goal of becoming a more innovative organization.

First, we’d like to improve our ability to produce even more innovation across Catholic Health Initiatives on a regular basis: to raise our productive “yield” of innovations. We believe that the key to higher yield will be improving our ability to scan, evaluate and transfer proven innovations to the rest of the organization. Using our knowledge management resources to more effectively spread the knowledge we gain from our Institute for Healthcare Improvement Impact projects is a perfect example of how this strategy can produce positive results.

Second, we’d like to proactively generate more innovation in a few selected, strategically important areas that would produce benefit and value system-wide. Initially, we’ve identified end-of-life care and senior services as two areas in which Catholic Health Initiatives could potentially take a leadership role in producing innovative approaches to care delivery.

Our third priority is an integral part of each of the first two priorities: a vital commitment to the role and responsibility of leadership in making innovation happen. We must establish innovation as one of our most important core competencies, just as our capital planning and allocation process is today. Additionally, as leaders and managers, we must grow our personal skills in creative thinking and planning methodologies to help us produce more innovation.

Finally, we must ensure that our policies and procedures are completely aligned in order to reduce organizational barriers to innovation and reward positive results.

Innovation — from our unique model of sponsorship to the way our front-line employees deliver care to our patients and residents — is part of the fabric of Catholic Health Initiatives. With your help, we can take innovation to another level in patient care and our building of healthy communities. Thank you for all you do to foster and spread innovation today, and for being part of our commitment to becoming a more innovative organization tomorrow.
Harold E. Ray, MD, senior vice president and chief medical officer for Catholic Health Initiatives, has received the 2004 Lifetime Achievement Award from the American College of Physician Executives (ACPE) and Modern Physician magazine.

The award recognizes a physician whose career accomplishments demonstrate visionary leadership, measurable improvements in business performance and significant contribution to patient satisfaction and community service.

“I'm especially pleased that Hal received this national recognition as he prepares for his retirement later this year,” said Kevin Lofton, president and chief executive officer of Catholic Health Initiatives. “During his 30 years in private practice, as well as his seven years with Catholic Health Initiatives, Hal has been a tireless champion of quality health care. Catholic Health Initiatives received the 2001 National Quality Health Care Award as a result of Hal's leadership.”

Ray received the Lifetime Achievement Award on April 26 at the 2004 ACPE Spring Institute in Las Vegas, Nevada. His career was featured in the April issue of Modern Physician magazine and the ACPE and Modern Physician Web sites, www.acpe.org and www.modernphysician.com.

“Hal's exemplary skill, high energy and consummate integrity have been integral to the superior health care, patient safety and clinical effectiveness we provide,” said Lofton. “I know that everyone in the Catholic Health Initiatives family joins me in congratulating him on this most deserved honor.”

Career Highlights: Harold E. Ray, MD

- Attended medical school at the University of Kansas; served an internship and residency in obstetrics and gynecology at the University of Oregon.
- In private practice from 1965 to 1995 in Sacramento, Calif; the Labor and Delivery Unit at Sutter Community Hospital in Sacramento is dedicated to him.
- Served as chief of the obstetrics and gynecology department at Sutter Community Hospital and chief of staff for Sutter Hospitals.
- Served as president of the local medical society in Sacramento; as a delegate to the California Medical Association; and as chair of the board of the Sacramento Physician Network; as chair of Omni Health Plan; and as a member of the Sutter Health board.
- Became a senior physician consultant for the Pace Group of Dallas, Texas, in 1995.
- Joined the senior management leadership team of Catholic Health Initiatives in 1997. His accomplishments with Catholic Health Initiatives include:
  - Creating an infrastructure of clinicians and quality experts to develop measurable quality parameters.
  - Providing leadership education for physicians and other clinicians.
  - Linking health care quality and safety to the financial performance of the organization.
  - Developing a physician practice management group to assist practices with financial viability and regulatory compliance.
Catholic Health Initiatives’ first Leadership Summit on Genetics, held January 26–28 in San Antonio, Texas, provided education about the current and future state of genetics in medicine and began to define a direction for genetic services, including genetic testing and counseling, within the organization.

“Many Catholics think the Church prohibits any involvement in genetics, but that is not the case,” said Ron Hamel, PhD, senior director of ethics for the Catholic Health Association, St. Louis, Mo. “There are at least two good reasons for the Catholic health ministry to engage in genetics work: it presents opportunities for healing and it’s another way to participate in God’s creative work in the world. In addition, if Catholic health wants a say in the ethics of genetic testing, it’s important for us to be involved.”

According to Carl Middleton, vice president of theology and ethics and chair of the Genetics Advisory Committee for Catholic Health Initiatives, genetic services are becoming a regular part of comprehensive, high-quality medical care.

“The spiritual and human values espoused by the Catholic health ministry can contribute positively to the experience of patients, families and communities that engage in genetic services,” he said. “This summit meeting was an important opportunity for Catholic Health Initiatives’ leaders to become educated and engage in dialog on the ethical issues involved in genetic services.”

Sixty-eight physicians and other market-based leaders attended the invitation-only summit. They discussed a number of the important issues raised by genetic science, including:

- Fairness in the use of genetic information by insurers, employers, courts, schools, law enforcement and others.
- Privacy and confidentiality of genetic information.
- Testing for specific conditions due to family history or general screening of the population.
- Reproductive issues, including informed consent and reproductive rights.
- Gene therapy, which may be used to treat, cure or prevent genetic disorders.
- Genetic enhancement, including the use of gene therapy to ensure certain characteristics in a child.

Summit participants worked in small groups to discuss the challenges and opportunities posed by various aspects of genetics. The groups recommended that the initial next steps for Catholic Health Initiatives should be to develop a strategic focus on genetic services; educate key stakeholders; and reassess current services offered within the system.

“To my knowledge, Catholic Health Initiatives is the only Catholic health care system in the country to plan and conduct a high-level summit on genetics,” said Hamel. “Catholic Health Initiatives is really ahead of the curve.”

The Genetics Advisory Committee met in Chicago on April 27 to review the outcomes of the summit and recommend a comprehensive approach for genetic services within Catholic Health Initiatives.

For more information, contact Carl Middleton at carlmiddleton@catholichealth.net.

Experts Speak at Genetics Summit

The experts who participated in presentations and panel discussions at Catholic Health Initiatives’ first summit meeting on genetics included:

- Jesse Adams, MD, FACC
  Assistant Clinical Professor of Medicine
  Division of Cardiology
  University of Louisville
  Louisville, Ky.
- Ron Hamel, PhD
  Senior Director, Ethics
  Catholic Health Association
  St. Louis, Mo.
- Judith Pratt Rossiter, ND, FACOG, FACMG
  Director, St. Joseph Perinatal Center
  St. Joseph Medical Center
  Towson, Md.
- Arthur A. Serpick, MD, FACP
  Vice President, Medical Affairs
  St. Joseph Medical Center
  Towson, Md.
- Jeffrey G. Shaw, MS
  Program Director and Senior Genetic Counselor
  Penrose-St. Francis Health Services/Centura Health
  Colorado Springs, Colo.

Summit Meeting Helps Set Course for Genetics
Healthy Community Profile: Mercy Medical Center, Williston, N.D.
Healthy Williston, Healthy Youth

After some initial challenges, the community of Williston, N.D., is on track with its healthy community initiative, “Healthy Williston, Healthy Youth.” The initiative is modeled on the “Healthy Nampa, Healthy Youth” program championed by Mercy Medical Center in Nampa, Idaho.

“When we first started a healthy community initiative several years ago, we had a large task force,” said Virginia Davy, director of mission and spiritual care at Mercy Medical Center in Williston. “It turned out to be too large a group to function effectively. We pared down to a seven-member steering committee and began building a cohesive community coalition.”

The committee learned about the Healthy Communities/Healthy Youth survey developed by the Search Institute of Minneapolis, Minn. The survey identifies which of 40 assets — such as family support, self-esteem and service to others — are present or missing in the lives of a community’s youth. The committee visited Nampa to learn more about that community’s success with the program. Lynn Borud, vice president of community development for Mercy Medical Center in Nampa, also traveled to Williston to provide assistance.

“We’re pursuing ‘Healthy Williston, Healthy Youth’ because our young people reflect our community as a whole,” said Davy. “Understanding where they are in their personal, school and spiritual lives will show us our community’s assets and deficits.”

The coalition has grown to 30 members, with leaders from business, education, civic groups, the medical community and the Chamber of Commerce. Last fall, more than 1,300 students completed the Search Institute survey. Now, the coalition is making plans to release the results, build community assets and grow the coalition.

“We are very excited to have this opportunity to improve the health of our wonderful community,” said Davy. “We truly believe that if we work with our youth, the health of the community will follow.”

For more information, contact Virginia Davy at virginiadavy@catholichealth.net.

Kaskie Resigns from Catholic Health Initiatives

James Kaskie, senior vice president of operations for Catholic Health Initiatives, has accepted a position as president and chief operating officer of Kaleida Health, a not-for-profit health care system based in Buffalo, N.Y. He will leave Catholic Health Initiatives by June 30, 2004, to join Kaleida, a teaching system that includes five acute-care hospitals, three long-term care facilities and more than 25 ambulatory care centers.

“We are very grateful that Jim has been part of Catholic Health Initiatives’ journey for the past 11 years,” said Kevin Lofton, president and chief executive officer of Catholic Health Initiatives. “Without question, Jim has been an outstanding leader, and our organization is better today because of his many contributions and dedication to the Catholic health ministry.”

Kaskie was a senior operations executive with Catholic Health Corporation, Omaha, Neb., from 1993 until 1996, the year that system joined with two others to form Catholic Health Initiatives. As a senior vice president of operations for Catholic Health Initiatives, Kaskie significantly improved operating performance within his group of market-based organizations, completed acquisitions and divestitures, created a community health services organization and developed systematic processes for annual reviews of market-based organization performance.

“Kaleida Health is fortunate to gain a leader of Jim’s intellect, integrity and talent,” said Lofton. “We congratulate Jim and wish him success in all of his future endeavors.”

“Without question, Jim has been an outstanding leader, and our organization is better today because of his many contributions and dedication to the Catholic health ministry.”

Kevin Lofton
President and Chief Executive Officer
Catholic Health Initiatives
Continued from page 1

**Definition and “Current State” of Innovation within Catholic Health Initiatives**

Tim Moran, director of customer strategy for Catholic Health Initiatives, says the Innovation Team built understanding of and agreement to a relatively simple framework. “Within Catholic Health Initiatives, ‘innovation’ now means both a type of innovation — a procedure, process, product/service or business model — and a degree of innovation — either incremental, distinctive or breakthrough,” he said.

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<th>Types of Innovation</th>
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To illustrate Catholic Health Initiatives’ framework for innovation, the team developed a grid (below) that combines the types and degrees of innovation. “This grid, populated with examples of current innovations from across the organization, helps us understand how Catholic Health Initiatives defines its ‘current state’ of innovation,” said Bob Cook, vice president of strategic planning for Catholic Health Initiatives. “Just as important, it helps us describe our ‘desired future state’ of innovation going forward.”

Currently, like most large, operations-driven organizations, Catholic Health Initiatives’ innovation activity skews to the lower left area of the grid, which shows incremental improvements in procedures and processes. “The challenge is to improve our ability to produce more innovations overall, as well as increase the number of innovations higher on the vertical axis and out on the horizontal axis,” said John DiCola, senior vice president of strategy and business development.

**“Desired Future State” of Innovation within Catholic Health Initiatives**

Phase I of the Innovation Team’s work concluded with specific strategy recommendations approved by the President’s Council. Three strategies will set the course for Catholic Health Initiatives’ innovation focus and resource investment for the short and long term:

- **Improve the organization’s ability to produce innovation on a daily basis.** This includes doing a better job of encouraging and recognizing innovation throughout the system and focusing knowledge management resources to enhance the spread of innovations across the organization.
- **Generate innovation in priority areas that will produce system-wide benefit.** The team is currently reviewing opportunities around which to proactively focus innovation efforts on a system basis, such as end-of-life care models, senior service demonstration pilots and a national nursing home collaborative.
- **Define leadership’s role and responsibilities for innovation organization-wide.** This includes a commitment to defining responsibilities, accountabilities and resource commitments to support defined priorities.

With approval to proceed, the Innovation Team has begun Phase II of its work. The objectives for this phase include:

- Develop criteria for selecting priority areas for innovation.
- Recommend resource allocation and focus for increasing the quantity and spread of innovative ideas.
- Secure leadership commitment to resources, accountabilities and incentives.

For more information, contact Bob Cook, vice president of strategic planning for Catholic Health Initiatives, at bobcook@catholichealth.net.

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**Catholic Health Initiatives’ “Current State” of Innovation Scatter Diagram**

The above are selected examples of Catholic Health Initiatives’ innovations.

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**Innovation Team Charter**

To recommend where and why Catholic Health Initiatives should invest its resources in order to advance innovation organization-wide and optimize its investment return:

- Identify the critical success factors required to support innovation.
- Analyze the existing Catholic Health Initiatives environment against these criteria.
- Recommend how Catholic Health Initiatives can most effectively focus resources towards innovation.
**Critical Care Summit Features Saint Joseph in Lexington**

Sherry Tichenor, RN, vice president of performance management and medical staff services for Saint Joseph Healthcare, Lexington, Ky., served on the faculty of the third annual International Summit on Innovations in Critical Care Delivery, sponsored by the Institute for Healthcare Improvement. Saint Joseph has implemented intensive care unit improvements resulting in a 33 percent decrease in ventilator days and a 26 percent reduction in average length of stay. The improvements have saved Saint Joseph a projected $1.2 million per year and increased intensive care unit capacity by 15 percent.

**St. Joseph’s in Dickinson Offers IMRT for Cancer**

The Cancer Center at St. Joseph’s Hospital and Health Center, Dickinson, N.D., now offers Intensity Modulated Radiation Therapy (IMRT). IMRT has the ability to precisely sculpt a tumor with higher doses of radiation while greatly reducing radiation to surrounding healthy tissue. IMRT has been shown to be especially effective in the treatment of prostate cancer and cancers of the head and neck. For more information, contact Dina Maas, public relations specialist for St. Joseph’s, at 701/456-4285.

**Foundation Gala Raises Funds for MRI Breast Coil at Mercy in Williston**

The Seventh Annual Charity Gala and Auction organized by the Mercy Medical Foundation raised more than $26,000 for the purchase of a magnetic resonance imaging (MRI) breast coil for Mercy Medical Center in Williston, N.D. Mercy’s Imaging Department is the first in the area to offer breast MRI as a diagnostic tool. For more information, contact Jamie Lee, marketing manager for Mercy Medical Center, at jamielee@catholichealth.net.

**Core Strategy: People**

**CARITAS in Louisville Honors Judy Collins**

CARITAS Peace Center, Louisville, Ky., and The National Alliance for the Mentally Ill recently presented singer and songwriter Judy Collins with the Spirit of Peace Award. The award is given annually to a distinguished individual who has contributed to mental health advocacy. Collins has campaigned for access to mental health services for children and mental health insurance parity, and to stamp out the stigma of mental illness. Recently, she has been a tireless crusader in educating the public about depression and suicide. For more information, contact Dan Shaw, executive director of public relations and marketing for CARITAS, at 502/361-6767.

**Core Strategy: Growth**

**Time Capsule Provides Glimpse of History at St. Vincent in Little Rock**

The recent demolition of a building that once served as the maternity annex for St. Vincent Infirmary revealed a time capsule inside a cornerstone marked with the year of construction, 1938. The capsule was opened during a public ceremony, revealing statuettes, photographs, prayer cards and other artifacts. The contents of the time capsule are on display in St. Vincent Infirmary Medical Center’s Heritage Hall. For more information, contact Shawn Smith, communications coordinator for St. Vincent, at 501/552-3871.

**Core Strategy: Performance**

**Memorial in Chattanooga to Participate in State Program for Breast Health**

Memorial Health Care System, Chattanooga, Tenn., has been chosen to participate in a state-wide initiative for breast health. The initiative, organized by the National Consortium of Breast Centers, is being funded by the state’s portion of a nationwide settlement with Mylan Pharmaceuticals. “One of our major goals is to reach women in every county, provide education about early detection of breast cancer and make it possible for them to receive breast services, including clinical exams and mammography,” said Kathy Dittmar, director of breast services for Memorial. For more information, call Memorial’s Breast Services department at 423/495-6744.
Announcements

Alegent in Omaha Selects New Chief Executive Officer

The board of directors of Alegent Health, Omaha, Neb., has selected Wayne Sensor as the new chief executive officer of Alegent Health. Sensor will join the organization in early June and will succeed Charles Marr, who will retire that month. Sensor has nearly 20 years of experience leading major health care systems and is currently president and chief executive officer of CHRISTUS Schumpert Health System, Shreveport, La., a regional health system with 3,000 employees. He is a graduate of the University of Northern Iowa, Cedar Falls, and earned a master’s degree in business administration from St. Ambrose College, Davenport, Iowa.

Brinkley of Memorial in Chattanooga to Chair Community Task Force

Ruth Brinkley, president and chief executive officer of Memorial Health Care System, Chattanooga, Tenn., will chair the Community Involvement Task Force for the Hamilton County Education Summit. The summit involves the citizens of the county in creating a vision for public education.

Hager Joins Catholic Health Initiatives as Associate Counsel

Sharon Hager has been named associate counsel for Catholic Health Initiatives. She has a juris doctorate from the University of Kentucky College of Law, Lexington, and a bachelor of science degree in nursing from the University of Tennessee, Knoxville. She will be based in the Northern Kentucky office.