Three rating agencies have reaffirmed Catholic Health Initiatives’ credit rating of “AA,” the highest rating category for bonds that are not insured. “Catholic Health Initiatives’ continued financial strength maintains this high rating and keeps the cost of capital as low as possible for our system,” said Colleen Blye, senior vice president of finance and treasury for Catholic Health Initiatives.

Standard & Poor’s, Moody’s Investors Service and Fitch Ratings gave Catholic Health Initiatives’ bonds a “AA/Aa2/AA” rating. In announcing the ratings, the agencies cited Catholic Health Initiatives’ strong financial performance for fiscal year 2004; solid levels of liquidity; and excellent market diversity.
Core Strategy: People Distinctive Culture Attracts Outstanding Employees

In the people-intensive business of health care, it’s important to provide the right kind of work environment, said Michael Fordyce, chief administrative officer for Catholic Health Initiatives. “Leaders must have a true understanding of the employee experience within their facilities and how to improve it — because we know that higher employee satisfaction is linked to better operating performance.”

Strategic Plan Priorities Set for 2005 and 2006

Catholic Health Initiatives has set the agenda for the priority objectives within the Catholic Health Initiatives strategic plan for fiscal years 2005 and 2006. Each core strategy — People, Information, Quality, Performance and Growth — has several priority objectives and corresponding actions detailed in this issue.

Patient Satisfaction Rises for Five Consecutive Quarters

Catholic Health Initiatives’ market-based organizations are willing to do the hard operational work that produces more satisfying patient experiences. “Those that most successfully manage the patient experience have gone beyond simple guest relations training programs,” said Tim Moran, director of customer strategy. The system’s Customer and Market Strategy Team helps market-based organizations focus on six operational best practices proven to improve patient satisfaction outcomes.
Executive Fellows Take New Positions: New Candidates Sought

The first two participants in the Catholic Health Initiatives Executive Diversity Fellowship Program have completed their 18-month fellowships and have accepted executive team positions within the system.

Derrick Jones, previously assistant administrator of support services at Memorial Health Care System, Chattanooga, Tenn., is now vice president of external clinical services at Saint Joseph HealthCare, Lexington, Ky. Richelle Webb, previously director of medical education at Mayo Clinic, Jacksonville, Fla., is now director of advocacy and community health for Catholic Health Initiatives.

The President’s Council of Catholic Health Initiatives initiated the Executive Diversity Fellowship Program in 2002. The program is designed to:

- Address the national shortage of qualified health care leaders.
- Attract high-performing, values-based leaders who have lacked the opportunity to develop from “mid-career” leadership roles to executive team roles.
- Ensure that future leadership teams reflect the increasingly diverse populations served and employed by Catholic Health Initiatives.

“Richelle and Derrick’s success has inspired Catholic Health Initiatives to offer one or two executive fellowship openings in 2005,” said Dave Black, vice president of leadership and culture development. “We’re asking leaders throughout Catholic Health Initiatives to recommend mid-level leaders who have the potential to succeed in a greater role as a result of this intense fellowship experience. This will help us meet our objectives of increasing our leadership talent depth, especially among racial and ethnic minorities and women.”

To recommend a candidate from inside or outside of Catholic Health Initiatives, contact Dave Black at davidblack@catholichealth.net.
Patient Satisfaction Rises for Five Consecutive Quarters

The Jackson Organization, which administers Catholic Health Initiatives’ patient satisfaction measurement, reports that system-wide patient satisfaction rose steadily during the five quarters from July 2003 to September 2004.

According to Susan Allmond, director of customer loyalty for Catholic Health Initiatives, the improvement comes from several factors. “One factor is the real expression of our core values in the patient experience on the part of leaders and staff members,” she said. “In addition, market-based executives, managers and staff increasingly focus on ‘Key Touch Points’ in the patient care experience — those vital moments in which patients form their perception of satisfaction with the care they receive.”

Tim Moran, director of customer strategy for Catholic Health Initiatives, noted the willingness of market-based organizations to do the hard operational work that produces more satisfying patient experiences. “The Catholic Health Initiatives hospitals that most successfully manage the patient experience have gone beyond simple guest relations training programs,” he said.

Kim Moore, chief nursing officer at Saint Elizabeth Regional Medical Center, Lincoln, Neb., agrees. “We have wonderful, compassionate staff members who are critical to our success, but there’s more at work here,” she said. “Proactively managing wait times, patient transfers, shift changes and other key interfaces with patients and their family members means making choices in how we operate at the unit, department and house-wide level.”

Catholic Health Initiatives focuses on employee satisfaction as a driver of patient satisfaction. In addition, the National Customer and Market Strategy Team helps market-based organizations focus on six operational best practices proven to improve the patient experience and patient satisfaction outcomes:

1. Identify key, measurable points of interaction — or Touch Points — that have the most potential to satisfy or frustrate patients and family members. “Map the customer experience, department by department, to gain a better understanding of what patients experience as they move through your organization,” said Moore. “What goes on in the mind of a patient is often different from our assumptions. It’s important to understand what patients want and how we meet those needs. We did this in our radiology department and immediately improved our patient satisfaction scores.”

2. Identify key behaviors and words that staff members and others should use to proactively manage the patient experience during moments of truth. “For example, instead of pulling a curtain around an emergency room patient and assuming the patient understands that action, manage the interaction by saying ‘I am pulling this curtain around you to ensure your privacy,’” said Debbie Brakke, vice president, outcomes and service excellence at St. Mary’s Healthcare Center, Pierre, S.D. “That way, patients won’t be left wondering if the curtains are for their privacy or that of the staff.”

(continued on page 13)
CARITAS and Jewish Hospital HealthCare Services to Form Strategic Partnership

Citing a shared vision of service to the community and the benefits of collaboration, the Board of Directors of CARITAS Health Services, Louisville, Ky., and the Board of Trustees of Jewish Hospital HealthCare Services in Louisville approved a memorandum of understanding to develop a strategic partnership.

The memorandum states that both parties agree to enter into exclusive, confidential negotiations; complete a due diligence process; and develop a final agreement that will allow them to work more closely together to enhance the quality of health care to the communities they serve. The organizations anticipate completing this process during the next four to six months.

Jewish Hospital HealthCare Services is the parent company of a regional health care network that includes nearly 60 health care facilities in Kentucky and southern Indiana, with more than 1,300 patient beds. With more than 7,000 employees, Jewish Hospital HealthCare Services provides a complete array of health care services. CARITAS operates the 331-bed CARITAS Medical Center; CARITAS Peace Center, one of the nation’s largest not-for-profit psychiatric hospitals; CARITAS Home Health; and CARITAS Physician Group.

“Catholic Health Initiatives has long respected the vision of Jewish Hospital HealthCare Services management and their record of clinical innovation and use of advanced technology,” said Kevin Lofton, president and chief executive officer of Catholic Health Initiatives. “By exploring options where we could combine our strengths in a strategic partnership, we could be better able to expand services, enhance quality of care and extend our respective missions.”

CARITAS will continue to operate as a Catholic health care provider and retain its unique Catholic identity. Jewish Hospital HealthCare Services will also retain its unique Jewish identity, heritage, mission and religious beliefs and practices.

Catholic Health Initiatives Contributes to Tsunami Relief

Catholic Health Initiatives has contributed $10,000 to disaster relief in the Asian and East African countries devastated by the recent tsunami through the Catholic Medical Mission Board, which has 75 years of experience providing relief in massive disaster situations. Catholic Health Initiatives is also collecting and consolidating market-based organizations’ contributions to the disaster relief fund.

“Catholic Health Initiatives has benefited from many blessings, and we are now called to share some of our many gifts with others who are in great need,” said Peggy Egan, OSF, PhD, vice president of mission and healthy communities for Catholic Health Initiatives.

Future issues of Initiatives will include news about how market-based organizations are responding to the need for aid. If you have news of tsunami relief efforts, send them to initiatives@catholichealth.net.
Leadership Team Announcements

Vallier Named Chief Human Resource Officer

Herbert Vallier is the new senior vice president of human resources and chief human resource officer for Catholic Health Initiatives, effective January 24, 2005. He joined Catholic Health Initiatives from Revlon, Inc., New York, N.Y., where he was executive vice president of human resources. Prior to joining Revlon, he was director of strategic staffing and associate director for finance and administration and personnel services at Harvard University, Cambridge, Mass. He was also head of human resources for Central Massachusetts Health Care, Inc., Worcester, Mass., and Health American Corporate, San Antonio, Texas. Vallier was a member of the Catholic Health Initiatives Board of Stewardship Trustees since 2002. He reports to Michael Fordyce, chief administrative officer, who also served as senior vice president of human resources since Catholic Health Initiatives formed in 1996. Vallier is based in the Northern Kentucky office of Catholic Health Initiatives.

Blye Named Senior Vice President, Finance and Treasury

Following a national search, Colleen Blye was named senior vice president of finance and treasury and chief financial officer for Catholic Health Initiatives, effective January 17.

Blye has been with Catholic Health Initiatives and a founding member system since 1989. Since 1998, she served as vice president of financial services, responsible for developing, implementing and executing financial systems.

“Colleen has proven administrative and team-building skills,” said Kevin Lofton, president and chief executive officer of Catholic Health Initiatives. “She has played the key leadership role in effectively managing and coordinating Catholic Health Initiatives’ acquisition and divestiture initiatives during the past four years.”

Blye previously served as chief financial officer for St. Joseph Medical Center, Reading, Pa., and was part of the finance leadership team of the former Franciscan Health System, Aston, Pa. She started her career in finance with Ernst & Young in Philadelphia, Pa.

Blye is a graduate of the University of Delaware, a member of the American Institute of Certified Public Accountants and a member of the Healthcare Financial Management Association. She will be based in the Denver office of Catholic Health Initiatives.

Campbell Named Senior Vice President of Operations

Gary Campbell joined Catholic Health Initiatives as senior vice president of operations in December 2004. He works with market-based organizations in Arkansas, Kentucky and Tennessee. Campbell previously served as executive vice president of Mercy Health System, Cincinnati, Ohio; chief executive officer of the Heart Center of Indiana; and president and chief executive officer of Lake Hospital System, Willoughby, Ohio. He also developed two businesses, Second Curve Group and Second Curve Healthcare, designed to help health care organizations transform for the future. He holds a master’s degree in hospital and health administration from Xavier University, Cincinnati, Ohio, and a bachelor’s degree from Western Michigan University, Kalamazoo. He is based in the Northern Kentucky office of Catholic Health Initiatives.
Catholic Health Initiatives’ People strategy states that the organization’s distinctive culture will create a work community of choice in every market it serves. “That may sound like a lofty statement, but it’s very practical,” said Herb Vallier, Catholic Health Initiatives’ new senior vice president of human resources. “Simply, our goal is for the distinctive culture of Catholic Health Initiatives to attract and retain outstanding people; their commitment to each other and those they serve helps create work communities of choice.”

In the people-intensive business of health care, it’s important to provide the right kind of work environment, said Michael Fordyce, chief administrative officer for Catholic Health Initiatives. “The healing ministry of Jesus is carried out by our employees, and we have the responsibility to enhance their on-the-job experience every day,” he said.

“Leaders must have a true understanding of the employee experience within their facilities and how to improve it — because it is essential that we always practice our core values, and because we know that higher employee satisfaction is linked to better operating performance.”

The Catholic Health Initiatives Employee Covenant states that the organization is committed to providing a safe, supportive work environment as well as the opportunity to learn and grow. In addition, improving the employee experience means addressing the needs of all employees. “Our human resources action plan includes a lot of different items because our workforce is diverse, with diverse needs,” said Robyn Wilkinson, senior vice president of human resources for Mercy Medical Center, Des Moines, Iowa, which has been recognized as a Best Place to Work by the Des Moines Business Record. “We can’t focus on one type of employee and do a complete job of building a work community of choice. Our goal is for every employee to feel included and engaged.”

One tool market-based organizations and Catholic Health Initiatives’ national office can use to engage employees is Catholic Health Initiatives’ Employee Climate Assessment Survey. “Data from this survey, combined with employee turnover data and results from Core Values Assessments, provide a clear picture of areas that need attention,” said Fordyce. “It shows leaders where to focus on improving the employee experience.”

The Employee Climate Assessment Survey yields positive results at Mercy Medical Center in Roseburg, Ore.,
which has been named one of the 100 Best Places to Work in Oregon. “There is always room for improvement,” said Denise Dwight, vice president of human resources for Mercy. “For example, we saw that we needed to better communicate with employees and physicians about how the hospital works with the community. High satisfaction scores don’t mean our work is done.”

Human resources leaders also have tools to determine how well their programs and policies align with the Employee Covenant, which describes guiding principles of the employee experience within the system. “Human resources leaders must work with others in their organizations to ensure their activities align with the Covenant,” said Fordyce. “During this fiscal year, human resources leaders are using the new Our Values at Work tool kit to evaluate the alignment of their policies and procedures.”

Leaders at TriHealth, Cincinnati, Ohio, attribute their recognition as a top workplace from both the Cincinnati Business Courier and Working Mother magazine to its distinctive, values-based culture. “We make a real effort to communicate that ours is a culture of respect for all people,” said Walter McLarty, vice president of human resources. “This sets the tone for our employees to be productive, creative, respectful and courteous.”

When Catholic Health Initiatives’ leadership analyzes employee satisfaction data and Core Values Assessment results along with data regarding employee turnover, patient satisfaction and operating performance, an important connection is clear. “The data show that market-based organizations with higher employee satisfaction and lower turnover also have better patient satisfaction and operating performance,” said Fordyce. “If we don’t get the people element right, we can’t give the level of care and service we want to provide for the people and communities we serve. Fortunately, leaders throughout Catholic Health Initiatives are working together to develop tools and practices to assure that we create the right environments to live Our Values at Work. I think we’re making great progress in assuring that our People strategy is on the right course for this journey.”

Congratulations to the following market-based organizations and national offices, which have received workplace-related recognition.

Alegent Health, Omaha, Neb.
Optimas Award from Workforce Management magazine

Centura Health, Denver, Colo.
International Spirit at Work Award from the Association for Spirit at Work and others.

Franciscan Health System, Tacoma, Wash.
Washington’s 52 Best Companies to Work For from Washington CEO magazine

Memorial Hospital, Chattanooga, Tenn.
Top Five Best Places to Work in Tennessee from Business Tennessee magazine (new — see p. 15)

Mercy Medical Center, Roseburg, Ore.
Oregon’s 100 Best Companies to Work For from Oregon Business magazine

Northern Kentucky Office, Erlanger, Ky.
Top 15 Medium-sized Best Places to Work in Kentucky by the Kentucky Chamber of Commerce and the Kentucky Society of Human Resources Management (to be presented March 2005)

Saint Francis Medical Center, Grand Island, Neb.
Optimas Award from Workforce Management magazine (new — see p. 15)

St. Joseph’s Area Health Services, Park Rapids, Minn.
Best Minnesota Hospital Workplace Award from the Minnesota Hospital Association

TriHealth, Cincinnati, Ohio
100 Best Companies for Working Mothers from Working Mother magazine; Best Place to Work from the Cincinnati Business Courier
Catholic Health Initiatives has set the priority actions agenda within the Catholic Health Initiatives strategic plan for fiscal years 2005 and 2006.

Each of the plan’s five core strategies has an executive sponsor, and each of the multiple objectives within the strategy has an executive owner. Executive owners ensure resource focus, collaboration within and across groups and the achievement of specific outcomes for their objectives. “Executive sponsors report regularly to the President’s Council,” said Kevin Lofton, president and chief executive officer of Catholic Health Initiatives. “This level of focus and accountability ensures that we are aligning resources to produce the strategic plan’s intended results.”

Catholic Health Initiatives has set the priority actions agenda within the Catholic Health Initiatives strategic plan for fiscal years 2005 and 2006.

<table>
<thead>
<tr>
<th>Core Strategy</th>
<th>Priority Objectives</th>
<th>Expected Actions for Fiscal Years 2005–2006</th>
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<td><strong>People</strong></td>
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<tr>
<td><strong>P-1 Distinctive Culture</strong></td>
<td><strong>Executive Owners:</strong> Herb Vallier, Chief Human Resource Officer, and Tom Kopfensteiner, Senior Vice President of Mission</td>
<td>▪ Work community of choice policies and procedures</td>
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<td><strong>P-2 Workforce Potential</strong></td>
<td><strong>Executive Owner:</strong> Herb Vallier, Chief Human Resource Officer</td>
<td>▪ Climate assessment baseline</td>
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<td><strong>P-3 Physician Alignment</strong></td>
<td><strong>Executive Owner:</strong> John Anderson, MD, Chief Medical Officer</td>
<td>▪ Physician satisfaction and relationship analysis</td>
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<td><strong>P-4 Work Design</strong></td>
<td><strong>Executive Owner:</strong> Susan Peach, Senior Vice President of Performance Management</td>
<td>▪ Workflow improvement studies</td>
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<tr>
<td><strong>P-5 Leadership</strong></td>
<td><strong>Executive Owners:</strong> Herb Vallier, Chief Human Resource Officer, and Tom Kopfensteiner, Senior Vice President of Mission</td>
<td>▪ Vision and program development</td>
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### Information

**Core Strategy**

Catholic Health Initiatives will be the trusted health information partner in the communities it serves.

*Executive Sponsor: Michael Rowan, Chief Operating Officer*

<table>
<thead>
<tr>
<th>Priority Objectives</th>
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</table>
| **I-1 Organizational Readiness**  
Executive Owner: Christopher Macmanus, Chief Information Officer |
| **I-2 Information Management**  
Executive Owner: Christopher Macmanus, Chief Information Officer |
| **I-3 Knowledge Management**  
Executive Owner: Colleen Elliott, Director of Knowledge Management |
| **I-4 Alignment and Relationships**  
Executive Owners: Tim Moran, Director of Customer Strategy, and an Information Technology representative to be named |
| **I-5 Consumer Empowerment**  
Executive Owner: Tim Moran, Director of Customer Strategy |
| **I-6 Support of Core Strategies**  
Executive Owner: Christopher Macmanus, Chief Information Officer |

**Expected Actions for Fiscal Years 2005–2006**

- Communicate/refine information management plan
- Gap analysis to specify priority issues
- Implement CHI Connect, Advanced Clinical Information System (ACIS) and Meditech conversions
- Learning Management System infrastructure
- Knowledge transfer methodology to support innovation
- Physician information needs assessment
- Consumer research on Web-based customer relations management (CRM)
- Business requirements for CRM capabilities
- Consumer information needs assessment and best practice evaluation/recommendations
- Incorporated in all actions above

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At Catholic Health Initiatives, People and Information drive Quality; Quality drives Performance; and Performance drives Growth.
## Quality

### Core Strategy

Catholic Health Initiatives will be a recognized leader in clinical quality, safety and customer loyalty.

*Executive Sponsor: John Anderson, MD, Chief Medical Officer*

### Priority Objectives and Expected Actions for Fiscal Years 2005–2006

<table>
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<tr>
<th>Objective</th>
<th>Expected Actions for Fiscal Years 2005–2006</th>
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| **Q-1 Clinical Quality and Safety**<br>*Executive Owners: John Anderson, MD, Chief Medical Officer, and Vicki George, RN, PhD, Chief Nursing Officer* | - Clinical baselines/targets  
- Tools and processes for improvement  
- Palliative care best practices and pilots |
| **Q-2 Customer Loyalty**<br>*Executive Owners: Tim Moran, Director of Customer Strategy, and Debbi Honey, RN, Vice President of Clinical Services* | - Assess service excellence requirements |
| **Q-3 Health Management**<br>*Executive Owner: John Anderson, MD, Chief Medical Officer* | - Measure/monitor high volume diagnosis related group (DRG) guideline impact |
| **Q-4 Influence of Policy and Standards**<br>*Executive Owner: Colleen Scanlon, RN, JD, Senior Vice President of Advocacy* | - Leadership participation inventory |
| **Q-5 Practitioner Proficiency**<br>*Executive Owners: John Anderson, MD, Chief Medical Officer, and Vicki George, RN, PhD, Chief Nursing Officer* | - Screening/monitoring practitioners and care providers |

(continued from page 8)

### Ensuring Implementation Success

Catholic Health Initiatives leaders emphasized the importance of clear accountability for each expected action, as well as:

- Continuous communication about the plan’s priorities and implementation process.
- Clearly designated roles and responsibilities for national groups and market-based chief executives.
- Commitment and coordination of resources to achieve desired outcomes.
## Performance

### Core Strategy

Catholic Health Initiatives will be a recognized leader among health care systems for its operating and financial excellence.

*Executive Sponsor:* Michael Rowan, Chief Operating Officer

### Priority Objectives

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<tr>
<th>Executive Sponsor</th>
<th>Priority Objectives</th>
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<tr>
<td></td>
<td>PF-1 Accountability</td>
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<td>PF-2 Joint Operating Agreement Relationships</td>
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<td>PF-3 Philanthropy and Grants</td>
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<td>PF-4 Financial Results and Position</td>
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<td>PF-5 Capital Allocation</td>
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*PF-1 Accountability*
*Executive Owner:* Michael Rowan, Chief Operating Officer

- Set clear expectations for quality, cultural and financial results
- Identify and disseminate five best/next practices
- Biweekly productivity tool

*PF-2 Joint Operating Agreement Relationships*
*Executive Owner:* Michael Rowan, Chief Operating Officer

- Facilitate closer alignment
- Increase leadership participation
- Leverage economies of scale and knowledge transfer

*PF-3 Philanthropy and Grants*
*Executive Owner:* to be named

- Formalize philanthropy strategy

*PF-4 Financial Results and Position*
*Executive Owners:* Michael Rowan, Chief Operating Officer, and Colleen Blye, Chief Financial Officer

- Achieve targets for margin, cash and debt to capital

*PF-5 Capital Allocation*
*Executive Owners:* John DiCola, Senior Vice President of Strategy and Business Development, and Colleen Blye, Chief Financial Officer

- Improve alignment of capital allocation process with strategic plan/priorities

## Core Strategy Priority Objectives

- Set clear expectations for quality, cultural and financial results
- Identify and disseminate five best/next practices
- Biweekly productivity tool

- Facilitate closer alignment
- Increase leadership participation
- Leverage economies of scale and knowledge transfer

- Formalize philanthropy strategy

- Achieve targets for margin, cash and debt to capital

- Improve alignment of capital allocation process with strategic plan/priorities

“Our immediate challenge is to ensure that leaders across the organization are focused on our strategic priorities and that resources of time, human energy and financial capital are committed accordingly,” said Michael Fordyce, chief administrative officer for Catholic Health Initiatives. To that end, the National Leadership Team and President’s Council review the core functions and priority initiatives of every national group to ensure they are aligned with the strategic plan.

“The National Leadership Team has developed a status reporting system that ensures we will be able to measure and evaluate the progress we are making on the plan’s priority objectives and expected actions,” said Michael Rowan, chief operating officer for Catholic Health Initiatives. “We are developing our mid-year report now and will be evaluating and sharing those results in February.”

For more information about the strategic plan, contact Bob Cook, vice president of strategic planning, at bobcook@catholichealth.net.
## Growth

**Core Strategy**

Catholic Health Initiatives will extend the scope and influence of the Catholic health ministry through growth, development, advocacy and continued transformation.

*Executive Sponsor: John DiCola, Senior Vice President, Strategy and Business Development*

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<thead>
<tr>
<th>Priority Objectives</th>
<th>Expected Actions for Fiscal Years 2005–2006</th>
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<tr>
<td><strong>G-1 Advocacy</strong></td>
<td>▪ Demonstrate charitable purpose</td>
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<td><em>Executive Owner:</em></td>
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<tr>
<td>Colleen Scanlon,</td>
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<td>RN, JD, Senior Vice</td>
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<td>President of</td>
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<td>Advocacy</td>
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<td><strong>G-2 Transforming Delivery</strong></td>
<td>▪ Research and development recruitment and staffing</td>
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<td><em>Executive Owner:</em></td>
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<td>John DiCola,</td>
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<td>Senior Vice President</td>
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<td>Development</td>
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<td><strong>G-3 System Growth</strong></td>
<td>▪ Implement Catholic system growth plan</td>
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<td><em>Executive Owner:</em></td>
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<td>John DiCola,</td>
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<td>Development</td>
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<td><strong>G-4 Regional Development</strong></td>
<td>▪ Regional network development</td>
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<td><em>Executive Owner:</em></td>
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<td>Michael Rowan,</td>
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<td>Chief Operating</td>
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<td>Officer</td>
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<td><strong>G-5 Rural Health Development</strong></td>
<td>▪ Rural health summit</td>
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<td><em>Executive Owner:</em></td>
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<td>Larry Schulz,</td>
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<td>Senior Vice President</td>
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<td>of Operations</td>
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<td><strong>G-6 Existing Market Growth</strong></td>
<td>▪ Rural health issues research</td>
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<td><em>Executive Owner:</em></td>
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<td>John DiCola,</td>
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<td>Development</td>
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<tr>
<td>▪ Clinical Technology Advancement Center implementation plan</td>
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<td>▪ Service line assessment and tools development</td>
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Measure success in managing the patient experience during the Key Touch Points. “We focus on the lag measure of patient satisfaction, but also on lead indicators,” said Donna Sanders, vice president of mission and community outreach at Saint Francis Medical Center, Grand Island, Neb. “We see if wait times are down, if key words are used at key times to promote a more satisfying experience and if staff members promote the competence and compassion of their fellow care team members to our patients.”

Develop a system for recognition of high performance. “The highest performing organizations in patient satisfaction make consistent recognition an operational priority,” said Maryann Reese, vice president of operations for Mercy Medical Center, Nampa, Idaho. “This often includes weekly thank you notes to staff members and other personal expressions of gratitude.”

Develop a consistent approach to accountability. “Performance changes when behavior changes,” said Joseph Messmer, chief executive officer of Mercy Medical Center in Nampa. “So, in addition to recognizing people who excel in patient satisfaction measures, organizations must deal with chronic under-performers. As Jim Collins states in Good to Great, leaders must make sure the right people are on the bus and encourage the wrong people to find another ride.”

Develop consistent “rounding” by hospital leaders. “Rounding does not mean ‘management by walking around,’” said Allmond. “Rounding means routinely visiting each department in the hospital to accomplish two things: identify individuals to be recognized for their work in managing excellent patient experiences; and learn from the front line about any barriers to satisfying patient and employee experiences. At a departmental level, it includes rounding with staff and with customers to gain real-time feedback, assess effectiveness and initiate service recovery in situations where customer expectations have not been met.”

According to Moran, this is the hard operational work that industry leaders must address. “It’s important to enhance customer service skills through training, but I strongly recommend that market-based organizations build the needed operational infrastructure and establish clear patient experience expectations first,” he said. “Infrastructure gives staff a context for these questions: What’s important? For what am I accountable? How will I be measured and recognized when I’m successful?”

In its strategic plan for 2005–2009, Catholic Health Initiatives identified improved patient satisfaction as one of its top 25 operational objectives. Catholic Health Initiatives will continue to provide market-based organizations with guidance on the six operational best practices; sponsor a national seminar in June 2005; and develop a virtual community in which leaders, managers and staff members can share best practices for improving the patient experience.

For more information, contact Susan Allmond at susanallmond@catholichealth.net or Tim Moran at timmoran@catholichealth.net.
Three Market-Based Organizations Among Top Hospitals for Cardiovascular Care

Solucient’s 2004 list of the 100 top U.S. heart hospitals includes three of Catholic Health Initiatives’ market-based organizations: Mercy Medical Center, Des Moines, Iowa; Penrose-St. Francis Health Services, Colorado Springs, Colo.; and St. Joseph Medical Center, Towson, Md. Solucient’s 2004 study of cardiovascular benchmarks showed that while coronary bypass patients are sicker than ever, more are surviving — with the 100 top hospitals showing the best outcomes of all. This is the first time Penrose-St. Francis Health Services has appeared on the list, while Mercy Medical Center is making its second appearance and St. Joseph Medical Center its fifth. Solucient, based in Evanston, Ill., is an information products company serving the health care industry.

St. Joseph in Towson Participates in Study of New, FDA-Approved Artificial Disc

St. Joseph Medical Center, Towson, Md., was one of 15 spine centers that took part in a two-year study of the CHARITE™ artificial disc, which was approved by the U.S. Food and Drug Administration on October 26, 2004. The study demonstrated that patients implanted with the artificial disc improved more quickly and had pain and function scores statistically superior to patients who received lumbar spinal fusion surgery. The disc is the first motion-preserving device approved for use for chronic lower back pain and degenerative disc disease. For more information, contact Vivienne Stearns-Elliott of St. Joseph at 410/337-1536.

St. Joseph in Reading Receives $2 Million Donation

St. Joseph Medical Center, Reading, Pa., has received a $2 million donation from Raymond and Carole Neag of Wyomissing, Pa., The gift accounts for one-fifth of the hospital’s capital campaign goal of $10 million and will help St. Joseph develop a new, 220-bed facility in Bern Township and expand services at its existing campus. Raymond Neag is one of four founding members of Arrow International, a maker and developer of cardiac and critical-care medical products. The Neag’s donation is the largest single charitable gift in St. Joseph’s history. For more information, contact Mike Jupina of St. Joseph at 610/378-2527.

Alegent Health Completes Phase One of $58 Million Procedure Center

Alegent Health-Bergan Mercy Medical Center, Omaha, Neb., marked completion of the first phase of its $58 million Procedure Center with a special Commissioning Mass and Celebration, with Archbishop Elden Curtiss presiding. The Procedure Center will accommodate patients who require recovery from surgery, endoscopy, interventional radiology procedures and diagnostic or interventional heart procedures. Areas completed in the first phase include the main entrance; private perioperative rooms; a diagnostic center that consolidates all diagnostic imaging services; and a Heart and Vascular Institute that includes two cardiac catheterization labs. For more information, contact Christa Hines of Alegent at chines1@alegent.org.
People

Saint Francis in Grand Island Wins Award from Workforce Management
Saint Francis Medical Center, Grand Island, Neb., won a 2005 Optimas Award from Workforce Management magazine in the Partnership category, which recognizes development or implementation of a workforce program in partnership with another constituency. Saint Francis has established workforce development programs with various community partners, including Grand Island Senior High School. For more information, contact Lee Elliott of Saint Francis at lelliott@sfmc-gi.org.

Memorial in Chattanooga Named One of Top Five Places to Work in Tennessee
Memorial Hospital was named one of the top five best places to work in Tennessee by Business Tennessee magazine. The selection process included a comprehensive questionnaire on human resources practices and a survey of employees chosen at random. For more information, contact Karen Sloan of Memorial at 423/495-4320.

Employees at Holy Rosary in Ontario Establish Crisis Fund
Employees at Holy Rosary Medical Center, Ontario, Ore., raised $23,767 for a new Employee Crisis Fund. Holy Rosary draws its personnel from some of the poorest counties in Oregon and Idaho. “Times of crisis can be devastating for our employees,” said Mark Dalley, president and chief executive officer. “We established this fund to respond when employees face genuine emergencies.” For more information, contact Luke Larson of Holy Rosary at lukelarson@catholichealth.net.

St. Joseph in Towson Marks 140th Anniversary
St. Joseph Medical Center, Towson, Md., celebrated its 140th anniversary on November 29 with a mass led by Cardinal William H. Keeler. Founded by the Sisters of St. Francis in a group of Baltimore row houses in 1864, St. Joseph now has more than 1,100 affiliated physicians and more than 2,400 employees.

Leurck Appointed to Interim Post at St. Catherine in Garden City
Stephen Leurck as been appointed interim president and chief executive officer for St. Catherine Hospital, Garden City, Kan. Leurck has extensive experience in Catholic health care and has previously served Catholic Health Initiatives in interim leadership roles at Berea Hospital, Berea, Ky., and Marymount Medical Center, London, Ky.

Gutierrez of Health S.E.T. in Denver Honored
Angel Gutierrez, executive director of Health S.E.T., Denver, Colo., was named the 2004 Young Nonprofit Executive Director of the Year by the Young Nonprofit Professionals Network of Denver.

Correction
The November/December issue of Initiatives erroneously reported that Good Samaritan Hospital, Dayton, Ohio, was building a 10-story patient care tower. Good Samaritan Hospital in Cincinnati, Ohio, not Dayton, Ohio, is building a new patient tower. Initiatives regrets the error.