List of Most Highly Integrated Health Care Networks Includes Three from Catholic Health Initiatives

Three Catholic Health Initiatives’ organizations are included in the 2007 IHN 100®, an annual assessment of the 100 most highly integrated health care networks (IHNs). The list, compiled by Verispan and published in the February 5 issue of Modern Healthcare, includes Franciscan Health System, Tacoma, Wash., at number 8; Alegent Health, Omaha, Neb., at number 13; and TriHealth, Cincinnati, Ohio, at number 25. To compile the tenth annual list, Verispan evaluated 570 non-specialty, local and regional health care networks in the U.S. Each network was graded on its ability to operate as a unified organization in eight categories: integration, integrated technology, contractual capabilities, outpatient utilization, financial stability, hospital utilization, services and access, and physicians.
CHI Connect is Here

CHI Connect, Catholic Health Initiatives’ system-wide initiative to standardize and centralize selected business functions, was fully implemented January 2 in the national offices and at Memorial Health Care System, Chattanooga, Tenn.; St. Joseph Health Ministries, Lancaster, Pa.; and St. Joseph Community Health, Albuquerque, N.M. These locations are serving as pilot sites for CHI Connect, which will be rolled out to the rest of Catholic Health Initiatives’ market-based organizations in quarterly implementations from July 2007 through January 2009.

Advocacy Priorities Set for 2007–2008

With the convening of a new U.S. Congress, Catholic Health Initiatives is poised to pursue system-wide advocacy priorities endorsed by the Board of Stewardship Trustees in December. “It is important to take a fresh look at the multitude of advocacy issues every two years,” said Colleen Scanlon, RN, JD, senior vice president of advocacy for Catholic Health Initiatives. “We identify those priority issues on which Catholic Health Initiatives will take a leadership role and to which we will dedicate the majority of our advocacy resources.”

Learning About International Mission Work

On behalf of Catholic Health Initiatives and Global Health Initiatives, John Tolmie, president and chief executive officer of St. Joseph Medical Center, Towson, Md., and Paul Neumann, Esq., senior vice president of legal services and general counsel for Catholic Health Initiatives, recently led a group of health professionals to the Karatu District of northern Tanzania. Find out what they learned about the challenges and rewards of international mission work.
A group of 19 market-based organizations has set a goal to eliminate preventable birth injuries by December 2008.

The Perinatal Care Collaborative Group is comprised of chief nursing officers, risk managers and obstetric department staff members from the market-based organization groups led by Dave Goode and Larry Schulz, senior vice presidents of operations for Catholic Health Initiatives.

“These market-based organizations are taking a systematic approach to improving patient care and satisfaction in perinatal services, and ultimately reducing risk, through implementation of evidence-based practices,” said Randy Wick, senior risk consultant for Catholic Health Initiatives.

“They will base this work on the Institute for Healthcare Improvement’s Idealized Design for Perinatal Care white paper. The white paper promotes achievement of a new level of perinatal care, primarily through effective communication, thorough documentation and implementation of the elective induction and augmentation bundles for managing labor and delivery.” A bundle is a collection of evidence-based processes that, when executed together, result in better patient outcomes.

Representatives from nine of the 19 market-based organizations involved in the project met on December 14 at Catholic Health Initiatives’ Minneapolis office to discuss the best approach to project implementation. The project team will also oversee outcome measurement and reporting, as well as the sharing of best practices throughout the group.

The Perinatal Care Collaborative Group is supported by Catholic Health Initiatives’ national Clinical Services, Knowledge Management, Performance Management and Risk and Insurance Management Groups.

For more information, contact Randy Wick at randywick@catholichealth.net, Mary Osborne at maryosborne@catholichealth.net, or Barbara Caspers at barbaracaspers@catholichealth.net.
Most of the nation’s largest health care organizations announced that they have agreed on a proposal to significantly expand health coverage for the nearly 47 million uninsured individuals in the U.S., starting immediately with expanded coverage for children.

The Health Coverage Coalition for the Uninsured (HCCU) is comprised of 16 national organizations that play influential roles in federal health policy debate, often on opposing sides. Despite their divergent views, the member organizations of HCCU have committed to jointly press lawmakers to act on the group’s two-phased proposal.

“The women and men working in America’s hospitals see firsthand the consequences of having no insurance. Too often, people without health insurance depend on the local emergency department as their family doctor,” said Kevin Lofton, president and chief executive officer of Catholic Health Initiatives and chair of the American Hospital Association. “The end result is that uninsured patients live with illness until it becomes much worse, often seriously so. We know that there is a better way and believe this agreement marks a significant step toward expanding health coverage to those who have none.”

With Congress scheduled to consider reauthorization of the State Children’s Health Insurance Program (SCHIP) in the coming months, the HCCU proposal could have an immediate impact.

The proposal’s first phase is a “Kids First Initiative” that would allow parents to more easily enroll their children in public programs like SCHIP and Medicaid. It calls for a “one-stop shopping” system in which low-income families could enroll children in SCHIP or Medicaid at the same time they apply for other public programs, such as reduced-cost lunches or food stamps. The proposal would provide states with the additional funds needed to enroll eligible children. HCCU members believe this could help up to six million uninsured children who are eligible for, but not enrolled in, public insurance programs. The proposal also calls for a new tax credit to help eligible families cover some of the cost of providing private health insurance for their children; and a competitive grant program to enable states to experiment with new, innovative approaches to expanding health coverage.

The proposal’s second phase focuses on uninsured adults. It would give states the flexibility and funds to expand Medicaid eligibility to cover all adults with incomes below the federal poverty level, millions of whom are currently ineligible for public coverage. For those with higher incomes, between 100 and 300 percent of the federal poverty level, a refundable, advanceable tax credit would be established to help cover the cost of private insurance.
CHI Connect is Here

CHI Connect, Catholic Health Initiatives’ system-wide initiative to standardize and centralize selected business functions, was fully implemented January 2 in the national offices and at Memorial Health Care System, Chattanooga, Tenn.; St. Joseph Health Ministries, Lancaster, Pa.; and St. Joseph Community Health, Albuquerque, N.M. These locations are serving as pilot sites for CHI Connect, which will be rolled out to the rest of Catholic Health Initiatives’ market-based organizations in quarterly implementations from July 2007 through January 2009.

Through CHI Connect, Catholic Health Initiatives standardizes and centralizes certain business functions in:

- Human resources
- Core accounting
- Accounts payable
- Payroll
- Standard time and attendance
- Supply chain management

As CHI Connect is implemented, responsibility for certain functions in these areas shifts to support centers that serve all market-based organizations. The national offices, St. Joseph Health Ministries and St. Joseph Community Health, which have been using the finance and supply chain functions of CHI Connect since July 2006, added the human resources functions on January 2, while Memorial implemented CHI Connect in its entirety.

“The goal of CHI Connect is to help employees across Catholic Health Initiatives do their jobs more efficiently,” said Michael Rowan, chief operating officer for Catholic Health Initiatives. “CHI Connect enables market-based organizations and national offices to share information that will help our facilities to be competitive in their local markets. It lays a technology foundation for a strong future for every facility within Catholic Health Initiatives.”

Access to Information

Some aspects of CHI Connect affect the way certain employees, such as accounting and materials management staff members, do their jobs. Other aspects bring beneficial new capabilities to every employee. For example, HR/Payroll Connection, one component of the overall CHI Connect initiative, gives employees direct access to information they must currently obtain through their managers or human resources departments. Employees can view and print their own pay statements; check their available paid time off; request tuition reimbursements; manage the direct deposit of their pay; and more.

“CHI Connect helps employees access information more efficiently,” said Rowan.

“Whenever we can add efficiency to our operations, it helps to keep our ministry vibrant and ready to serve the needs of our communities.”

CHI Connect also provides managers with new tools that will add efficiency to processes such as hiring new employees, promoting employees and ordering supplies.

At Memorial Health Care System, leaders worked to ensure that Memorial’s associates were fully aware in advance of the changes associated with CHI Connect.

“Change almost always brings challenges. Despite the challenges, our associates are committed to the long-term success of our mission and ministry, and understand that we will continue to be successful if we effectively incorporate new processes into the way we deliver care and services to our patients and guests,” said Ruth Brinkley, president and chief executive officer of Memorial. “CHI Connect offers an opportunity to strengthen our mission by leveraging our size and collective knowledge. We can do far more together than any one of us can do alone.”

For more information, contact Paul Parish, vice president of financial and administrative systems for Catholic Health Initiatives, at paulparish@catholichealth.net.

“Whenever we can add efficiency to our operations, it helps to keep our ministry vibrant...”

—Michael Rowan, Chief Operating Officer
Catholic Health Initiatives
## Implementation Schedule

<table>
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<tr>
<th>Implementation Date</th>
<th>Market-Based Organizations</th>
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| July 1, 2007        | St. Catherine Hospital, Garden City, Kan.  
|                     | St. Vincent Health System, Little Rock, Ark.  |
| October 1, 2007     | Good Samaritan Health Systems, Kearney, Neb.  
|                     | Saint Elizabeth Health Systems, Lincoln, Neb.  
|                     | St. Mary’s Community Hospital, Nebraska City, Neb.  
|                     | St. Joseph Medical Center, Towson, Md.  
| January 1, 2008     | Franciscan Health System, Tacoma, Wash.  
|                     | Holy Rosary Medical Center, Ontario, Ore.  
|                     | Mercy Medical Center, Nampa, Idaho  
|                     | Mercy Medical Center, Roseburg, Ore.  
|                     | St. Anthony Hospital, Pendleton, Ore.  
|                     | St. Elizabeth Health Services, Baker City, Ore.  |
| April 1, 2008       | Flaget Memorial Hospital, Bardstown, Ky.  
|                     | Marymount Medical Center, London, Ky.  
|                     | Our Lady of the Way Hospital, Martin, Ky.  
|                     | Saint Francis Medical Center, Grand Island, Neb.  
|                     | Saint Joseph HealthCare, Lexington, Ky.  |
| July 1, 2008        | Central Kansas Medical Center, Great Bend, Kan.  
|                     | LakeWood Health Center, Baudette, Minn.  
|                     | Mercy Medical Center-Des Moines, Iowa  
|                     | Mercy Regional Medical Center, Durango, Colo.  
|                     | St. Francis Medical Center, Breckenridge, Minn.  
|                     | St. John’s Regional Medical Center, Joplin, Mo.  
|                     | St. Mary’s Healthcare Center, Pierre, S.D.  
|                     | Unity Family Healthcare, Little Falls, Minn.  |
| October 1, 2008     | Carrington Health Center, Carrington, N.D.  
|                     | Lisbon Area Health Services, Lisbon, N.D.  
|                     | Mercy Hospital, Devils Lake, N.D.  
|                     | Mercy Hospital, Valley City, N.D.  
|                     | Mercy Medical Center, Williston, N.D.  
|                     | Oakes Community Hospital, Oakes, N.D.  
|                     | St. Joseph’s Area Health Services, Park Rapids, Minn.  
|                     | St. Joseph’s Hospital and Health Center, Dickinson, N.D.  |
| January 1, 2009     | Franciscan Villa, South Milwaukee, Wis.  
|                     | Villa Nazareth, Fargo, N.D.  |
While relationships between U.S. health care providers and third-world areas in need of health improvement often grow slowly, the rewards — for those who provide help as well as those who receive it — can be great.

This is one of the lessons learned by Catholic Health Initiatives leaders and other health care professionals who recently made a trip, hosted by the Catholic Consortium for International Health Care, to the African country of Tanzania. Catholic Health Initiatives is a member of the consortium, which hosts an annual trip to an international mission site led by one of its members. The fall of 2006 brought Catholic Health Initiatives’ turn to lead the trip.

On behalf of Catholic Health Initiatives, John Tolmie, president and chief executive officer of St. Joseph Medical Center, Towson, Md., and Paul Neumann, Esq., senior vice president of legal services and general counsel for Catholic Health Initiatives, led a group to the Karatu District of northern Tanzania. Neumann also represented Global Health Initiatives, the organization created by Catholic Health Initiatives to help extend its mission beyond the borders of the U.S. The group included Phyllis Hughes, RSM, DrPH, a member of the Catholic Health Initiatives Board of Stewardship Trustees and manager of the Health-HIV/AIDS Unit of Catholic Relief Services; Michael Rowan, chief operating officer of Catholic Health Initiatives; and representatives from Catholic Healthcare West, San Francisco, Calif., and Henry Ford Health System, Detroit, Mich.

Eye-Opening Experience

“With the help of international grants from the Mission and Ministry Fund, St. Joseph in Towson has been doing international mission work in the Karatu District for more than five years. This is the longest tenure of the projects under the auspices of Global Health Initiatives,” said Neumann.

“Both John and I had been to Tanzania before, and we knew that we would be able to show the group a full range of health facilities, from larger hospitals in urban areas to small clinics and health projects that serve remote villages. With such a diversity of settings and facilities, we knew that the group would see a wide range of possibilities for international mission work.”

Perhaps the most eye-opening experience for the group was to see the absence of basic health necessities in many of northern Tanzania’s rural villages. “The people who live in and around these villages are primarily subsistence farmers,” said Neumann.

“Many of them have only mud huts to live in, open latrines and no running water. Flies, mosquitoes and the lack of clean water contribute to the spread of diseases like cholera and malaria. The people have few financial resources, and many can’t afford to pay for any health care that might be available. Our group was able to see all of this and understand one of the important lessons learned by St. Joseph Medical Center’s mission teams — it may not be possible to come in and help a local hospital build its capacity to provide health care without first helping the surrounding community obtain the basic resources of good health.”
Generally, health care facilities in the Karatu District need lots of help,” said Sister Phyllis. “However, while the local hospitals need assistance, the greater need was to find out why people were coming to the hospitals. St. Joseph realized that they needed to go into the villages to do preventive work: to figure out why people were coming to Karatu’s health care facilities with malaria and cholera, and why they were so malnourished. It was very interesting to learn how St. Joseph started out to address health issues, but soon branched off into community development work.”

Community Outreach
St. Joseph and its collaborators in Tanzania — which include Mercy Regional Medical Center, Durango, Colo., and the local Catholic and Lutheran dioceses have worked on projects such as implementing water purification systems; creating a system of covered latrines; distributing mosquito netting for beds; and even providing families with goats and cows to establish a reliable food supply and a means of income. “It’s a parallel to the type of community health work we do in the U.S., but in the Karatu District the needs are so much more basic,” said Neumann. “Communities in the U.S. are in need of health services, but they are usually not in need of clean water or covered toilets.”

“It was wonderful and very impressive to see what St. Joseph and its collaborators have been able to accomplish through sustained effort,” said Sister Phyllis. “John Tolmie has provided consistent, hands-on leadership of this international mission effort and has been very effective at making connections with local leaders and other groups that do mission work in the area.”

Sister Phyllis noted that Catholic Relief Services’ manager in Tanzania was able to join the group and see the programs supported by St. Joseph, which may lead to future collaboration.

Tolmie emphasizes that Tanzanians are not looking for handouts, but for helping hands. “The ability to assist the villagers in helping themselves is very rewarding. St. Joseph Medical Center has developed many friendships, which is the richest gift we could ever be given for our assistance,” he said.

Building Trust
While U.S. health care providers may envision replicating their own models of care overseas, this is probably not practical, according to Neumann. “Our group learned how important it is to visit a site even before sending supplies and equipment,” he said. “You need to talk to the local health providers and any others who are already there to do mission work to find out what resources are present. For example, is there a reliable...”
Advocacy Priorities Set for 2007–2008

With the convening of a new U.S. Congress, Catholic Health Initiatives is poised to pursue system-wide advocacy priorities endorsed by the Board of Stewardship Trustees in December 2006.

“The Catholic Health Initiatives’ advocacy priorities are reviewed and endorsed by the Board every two years,” said Colleen Scanlon, RN, JD, senior vice president of advocacy for Catholic Health Initiatives. “Some issues, such as health care access and coverage for all, consistently remain on our priority list. However, it is important to take a fresh look at the multitude of advocacy issues every two years to identify those priority issues on which Catholic Health Initiatives will take a leadership role and to which we will dedicate the majority of our advocacy resources.”

The Board of Stewardship Trustees endorsed the following advocacy priorities for 2007–2008. The Board’s endorsement capped a priority-setting process that involved attendees of Catholic Health Initiatives’ 2006 National Leadership Conference; the Board of Stewardship Trustees; the Members of the Civil Corporation; market-based chief executive officers; advocacy leaders; and the National Leadership Team.

- Access and Coverage for All: Reform the United States’ health care system to provide affordable health insurance coverage and access to health care services for every individual, beginning with the most vulnerable. Seek immediate coverage of all children, access for immigrants and elimination of health care disparities.
- Charitable Purpose: Preserve the charitable purpose and tax-exempt status of nonprofit health care. Provide, demonstrate and communicate organizational accountability and community benefit that is responsive to community need.
- Fair Payment to Providers and Programs: Ensure Medicare and Medicaid payments that cover costs of providing quality care and maintain the viability of health care

**ADVOCACY MODEL**

Each of Catholic Health Initiatives’ advocacy priorities for 2007–2008 will be addressed within the three dimensions of Catholic Health Initiatives’ advocacy model:

“People generally think of advocacy in terms of public policy and government relations,” said Colleen Scanlon, RN, JD, senior vice president of advocacy for Catholic Health Initiatives. “This is natural, because our work to communicate with elected officials in order to influence legislation and regulation is often the most visible aspect of what we do. However, the community and organizational dimensions of advocacy are just as essential to the realization of Catholic Health Initiatives’ mission and vision.”

Individual/Community
Focus on immediate needs/assets, provision of direct services and community partnerships.

Organizational/System
Focus on internal justice issues, provider integrity and social responsibility.

Societal/Governmental
Focus on systemic change through legislation, regulation and political activism.
programs. Oppose payment reductions that negatively impact the provision of needed services to seniors, people with disabilities and low-income individuals and that cause undue harm to providers.

- Non-Violence: Support initiatives and public policy opportunities that reduce violence in society, including domestic violence, senior abuse and gun possession, to promote the building of healthy communities.

- Rural Health Care: Promote access to, and the quality of, health care services in rural communities through improved programs and payment for rural health care, including critical access hospitals.

“The priority issues give focus to advocacy activities and are central to our comprehensive advocacy agenda, which addresses a wide range of issues that impact the health and well-being of individuals in the communities we serve,” said Scanlon. “We have created tools and resources to assist advocacy leaders throughout Catholic Health Initiatives and give us the flexibility to quickly address emerging issues as well as take action on any of our current advocacy issues.”

As a national health care system, Catholic Health Initiatives has the opportunity to make a significant impact on health policy legislation in the U.S. “Just at the federal level, we have 38 U.S. senators and 40 U.S. representatives who represent the states and districts served by Catholic Health Initiatives’ facilities,” said Scanlon. “When our system and local leaders build relationships with their legislators, it does so much to advance the issues of social justice that are central to the Catholic health ministry and important to the communities we serve.”

For more information about Catholic Health Initiatives’ advocacy priorities, agenda and tools, contact Colleen Scanlon at colleenscanlon@catholichealth.net or Marcia Desmond, director of public policy, at marciadesmond@catholichealth.net. To view the full advocacy agenda, visit www.catholichealthinitiatives.org and click on Advocacy.

### Web-Based Resources

The tools Catholic Health Initiatives’ Advocacy Group has created to assist advocacy leaders throughout the system include two Web-based tools: the e-Advocacy Web site and e-Advocacy Alerts.

“Any Catholic Health Initiatives employee can register to use the e-Advocacy Web site,” said Marcia Desmond, director of public policy for Catholic Health Initiatives. “They can use the site to learn about current advocacy issues; to quickly identify their state and national legislators; and to communicate with legislators about issues of local, state and national importance.”

The site provides form letters on specific advocacy issues that employees can customize; or, employees can compose their own letters. The site is accessible through Catholic Health Initiatives’ public web site, catholichealthinitiatives.org, and through the organization’s intranet, Inside CHI.

When a specific advocacy issue becomes ripe for action — for example, when a Congressional vote approaches on legislation important to health care — the national Advocacy Group sends an e-Advocacy Alert via e-mail to market-based chief executive officers, advocacy contacts and members of Catholic Health Initiatives’ National Leadership Team.

“The alerts let this network of leaders know when we need to act quickly to influence congressional action,” said Desmond. “We are enormously grateful to them for calling or sending e-mails and letters to their congressional representatives to urge their support for certain pieces of legislation.”

During 2006, Catholic Health Initiatives sent many e-Advocacy Alerts on issues such as budgeting for Medicare, immigration reform and rural health.
Family medicine and internal medicine physicians at Mercy Clinics, Des Moines, Iowa, recently earned more than $1 million from Wellmark Blue Cross and Blue Shield of Iowa for improving care for patients who have diabetes or hypertension. The payment was three times the Wellmark award of $354,000 earned by Mercy Clinic physicians in 2005.

“We identified patients with those chronic conditions and collected information about them in a central database,” said David Swieskowski, MD, vice president of quality improvement for Mercy Clinics. “We set ambitious goals for improvement in the processes we use to care for these patients and for improvement in their health outcomes.”

For example, the clinics created a new position, “health coaches,” who work with patients to control their blood sugar and blood pressure levels.

By meeting the goals, 87 Mercy physicians at 14 primary care clinics earned a total of $1,062,500 from Wellmark. “We returned the money to the clinics to cover the cost of the program, including bonuses for each staff member. The remainder after expenses was paid in equal amounts to the physicians,” said Swieskowski. “This method of distribution emphasizes that the care of patients with chronic health conditions is a team effort.”

Swieskowski also leads Catholic Health Initiatives’ Ambulatory Quality Improvement Committee, which is working to spread best practices in ambulatory care throughout the system. For more information, contact David Swieskowski at dswieskowski@mercydesmoines.org.

Mercy Clinics Receives $1 Million Pay for Performance Award

Learning About Mission Work
(continued from page 7)
Catholic Health Initiatives Presents Rapid Response Team Success at IHI National Forum

Two members of Catholic Health Initiatives’ clinical services team presented the system’s approach to the implementation of rapid response teams at the Institute for Healthcare Improvement’s 18th National Forum in Orlando, Fla., December 10. Mary Osborne, director of clinical performance improvement, and Jeff Norton, director of clinical services, were part of the faculty for a session called Learning from Rapid Response Teams. “The session was part of a learning lab presented by the recipients of grants from the Robert Wood Johnson Foundation for the implementation of rapid response teams,” said Norton. “Catholic Health Initiatives is definitely a leader in this work.” Rapid Response teams are summoned to assess patients who show signs of rapid decline.

John Anderson, MD, chief medical officer for Catholic Health Initiatives, hosted a reception on December 11 for more than 40 representatives of market-based organizations who attended the National Forum. Don Berwick, president and chief executive officer of the Institute for Healthcare Improvement (IHI), and Rosemary Gibson, senior program officer for the Robert Wood Johnson Foundation, also attended. Gibson served as a keynote speaker for Catholic Health Initiatives’ National Leadership Conference in September 2006.

Also at IHI’s National Forum, Berwick announced the organization’s new 5 Million Lives Campaign to reduce incidents of medical harm in U.S. hospitals. The campaign, which builds on the success of the 100,000 Lives Campaign, promotes the adoption of 12 improvements in care that can save lives and reduce patient injuries. Six of the improvements were included in the 100,000 Lives Campaign, and six are new. The campaign’s goal is to protect patients from five million incidents of medical harm during a 24-month period ending December 9, 2008.

Commitment to Community Benefit

Catholic Health Initiatives’ market-based organizations and community health services organizations achieved 100 percent participation in a ministry-wide community benefit initiative sponsored by the Catholic Health Association. All market-based organizations and community health services organizations have confirmed their commitment to community benefit by adopting a resolution; approving a community benefit policy; and using standard definitions and reporting guidelines for community benefit.

“The involvement of our market-based organizations and community health services organizations symbolizes their continuing dedication to meeting the needs of the communities they serve, and I commend them,” said Kevin Lofton, president and chief executive officer of Catholic Health Initiatives.

Several resources, including a community benefit handbook and a comprehensive communications resource bank, are available to help market-based organizations and community health services organizations ensure consistency in planning, documenting and reporting community benefit. For more information, contact Colleen Scanlon, senior vice president of advocacy, colleenscanlon@catholichealth.net; or Richelle Webb, director of advocacy and community health, richellewebb@catholichealth.net.

Jeff Norton and Mary Osborne at the IHI conference.
LEAD Helps Managers Identify Priorities, Set Goals

Taking a fresh look at all of the work responsibilities on your “plate” — and determining which have the highest priority — can be a daunting task even for the most experienced leaders. One of the courses available through Catholic Health Initiatives’ LEAD (Leadership Education and Development) program builds the skills required to clarify priorities and set goals, and market-based organizations have begun to adapt the course tools to their own needs.

The LEAD course, “Identifying Work Priorities and Setting Verifiable Goals,” gives participants an opportunity to reflect on their responsibilities and priorities. “We give participants actual paper plates on which they write all of the tasks in their areas of responsibility,” said Mary Steuber, LEAD training manager for Catholic Health Initiatives. “They share their plates with other participants, listening to their opinions on which tasks may take highest priority in the eyes of their staff members, co-workers and leaders.”

Once the priorities are identified, participants rank them with consideration for how clearly they contribute to the strategic plans of their organizations and of Catholic Health Initiatives. “When participants think about their priorities from a strategic standpoint, they often identify tasks that take lots of time, but do not contribute to any strategic goals,” said Steuber. “They realize that those tasks may not be priorities after all.”

The course also includes a tool participants use to set verifiable goals related to work priorities. The goal-setting tool focuses on being “SMART:” setting goals that are Specific, Measurable, Action-oriented, Realistic and Time-bound. Leaders at Unity Family Healthcare, Little Falls, Minn., have adapted this goal-setting tool for their managers’ use in setting departmental goals.

“We needed to give our managers a way to better connect with their employees in setting annual departmental goals,” said Barb Miller, director of St. Camillus Place and of leadership education and development for Unity Family Healthcare. “We use the goal-setting tool from LEAD to help managers communicate with their employees about our organization’s strategic goals and those of Catholic Health Initiatives. This helps employees understand their roles in accomplishing those goals; this, in turn, helps define departmental goals for the year.” During the next year, Unity Family Healthcare plans to add a goal achievement assessment to its appraisal process for managers.

“This LEAD course and its tools give managers a rare opportunity to reflect on tasks and goals that will contribute to organizational goals,” said Steuber. “We’re thrilled whenever a market-based organization can use and adapt any of the LEAD tools to develop these and other leadership skills in their managers.”

For more information about any of the LEAD courses, contact Mary Steuber at marysteuber@catholichealth.net.

“We use the goal-setting tool from LEAD to help managers communicate with their employees about our organization’s strategic goals and those of Catholic Health Initiatives.”

—Barb Miller, Director, Leadership Education and Development
Unity Family Healthcare
Consorta Signs Letter of Intent to Join HealthTrust Purchasing Group

Consorta, the group purchasing organization of which Catholic Health Initiatives is the largest shareholder, has signed a nonbinding letter of intent to become a part owner of HealthTrust Purchasing Group, Brentwood, Tenn.

HealthTrust is the purchasing organization for 15 of the nation’s 17 largest investor-owned health care systems. HealthTrust represents $9 billion in annual purchases; Consorta represents $5 billion.

“For the past 18 months, Consorta’s Board of Directors has examined strategies to address the rising cost of supplies and equipment,” said Michael Rowan, chief operating officer of Catholic Health Initiatives and a member of the Consorta board. “The opportunity for Consorta to become an owner and participant in the HealthTrust portfolio of contracts offers an expected net benefit of more than $535 million during the next five years, according to an independent evaluation by Huron Consulting Group. Based on this estimate, Catholic Health Initiatives would receive an expected benefit of $134 million during that period of time.”

The savings would result from purchasing supplies and equipment at lower prices through existing HealthTrust contracts, and through contracts that would be renegotiated to reflect the combined purchasing power of HealthTrust and Consorta.

Consorta and HealthTrust expect to complete due diligence and negotiations by the end of February.
Catholic Health Initiatives has begun the process of selecting one or more preferred vendors of ambulatory electronic health record (AEHR) solutions for market-based organizations’ physician practices.

“Groups of market-based organization stakeholders, along with Catholic Health Initiatives’ clinical and information technology leaders, are involved in this initiative,” said Theresa Lewis, director of medical affairs for Catholic Health Initiatives. “The goal is to select an AEHR solution that is flexible enough to meet the needs of physician practices in each market-based organization. We know that the implementation of AEHR systems in ambulatory settings will help improve the quality of patient care and patient safety.”

The AEHR strategy group narrowed the field of possible vendors to finalists that are demonstrating their products to the AEHR Strategy Vendor Selection Team via Web-based and in-person demonstrations. “Our intent is to select a limited number of preferred vendors, and if appropriate just one,” said Lewis.

The AEHR Vendor Selection Team plans to complete the vendor selection process in March, then to complete implementation negotiations by the end of June. “Then, market-based organizations will be able to begin the process that leads to implementation,” said Lewis.

For more information on Catholic Health Initiatives’ AEHR vendor selection, contact Theresa Lewis at theresalewis@catholichealth.net.
Mercy Medical Center-Des Moines, Iowa, celebrated the 175th anniversary of the founding of the Sisters of Mercy. David Vellinga, president and chief executive officer of Mercy Medical Center, welcomed Sisters of Mercy as they viewed a new photo display that explains the congregation’s heritage and mission at Mercy in Des Moines. The medical center also dedicated a contemporary statue of Catherine McAuley, foundress of the Sisters of Mercy, during the celebration.

St. John’s Celebrates 110 Acts of Kindness
St. John’s Regional Medical Center, Joplin, Mo., celebrated 110 Acts of Kindness, an event that showcased instances in which St. John’s employees have gone above and beyond the call of duty to meet the needs of people in southwestern Missouri. The “acts of kindness” included emergency department staff members providing food, gifts and home improvement assistance to a family in need during the holidays; and medical records staff members making and presenting a quilt to a cancer patient. The event also marked the completion of St. John’s 110th year of service in Joplin.

Good Samaritan Helps Employees Recover from Ice Storm
Good Samaritan Health Systems, Kearney, Neb., created Caring Connection, a virtual bulletin board, on its intranet to help employees affected by devastating December ice storms that knocked out power to many communities for weeks. Employees used Caring Connection to post and locate resources that could help staff members whose homes were without power for an extended period or who needed help with storm clean up. Good Samaritan also negotiated discounted rates at local hotels for employees who could not stay in their homes, and made some essential services, such as kitchen facilities, laundry facilities and hot showers, available to employees and their families.

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St. John’s Regional Medical Center, Joplin, Mo., celebrated 110 Acts of Kindness, an event that showcased instances in which St. John’s employees have gone above and beyond the call of duty to meet the needs of people in southwestern Missouri. The “acts of kindness” included emergency department staff members providing food, gifts and home improvement assistance to a family in need during the holidays; and medical records staff members making and presenting a quilt to a cancer patient. The event also marked the completion of St. John’s 110th year of service in Joplin.

Saint Joseph East Offers Interactive Entertainment
Saint Joseph HealthCare, Lexington, Ky., launched the GetWellNetwork® at its Saint Joseph East campus. With a click of a handheld control, patients are able to watch movies, surf the Internet, send e-mail to friends, play video games, view videos about their health conditions and request hospital services. Saint Joseph East is the first hospital in Lexington and only the second in Kentucky to implement this new, patient-centered technology. “We want our patients and their families to feel connected with their normal lives and routines during their hospital stays,” said Gene Woods, president and chief executive officer of Saint Joseph HealthCare. “We realize that most people would not choose to be in a hospital. However, we believe that this system will help our patients and families to feel more comfortable while they’re away from home.” For more information, contact Jeff Murphy of Saint Joseph at murphyjr@sjhlex.org.
Successful Hand Transplant Performed at Jewish Hospital
The nation’s third successful hand transplant was performed at Jewish Hospital, a service of Jewish Hospital & St. Mary’s HealthCare (JHSMH), Louisville, Ky., on November 29. The group of surgeons from Kleinert Kutz and Associates Hand Care Center and the University of Louisville who performed the surgery also performed the world’s first successful hand transplant in 1999 at Jewish Hospital. The 15-hour procedure involved a 26-member surgical team and a five-member anesthesiology team. A hand transplant involves multiple tissues (skin, muscle, tendon, bone, cartilage, fat, nerves and blood vessels) and is called composite tissue allotransplantation.

The hand transplant recipient — David Savage, a 54-year-old man from Bay City, Mich. — injured his dominant right hand 32 years ago in a work-related machine-press accident. “I want to give special praise to the partnership of physicians and researchers at the Jewish Hospital Hand Care Center, the University of Louisville, and Kleinert Kutz, who are responsible for developing this pioneering composite tissue allotransplantation program,” said Robert Shircliff, president and chief executive officer of JHSMH. “This work will greatly impact the future of transplantation and reconstructive surgery in this nation and the world well into the 21st century.”

For more information, contact Dan Shaw of JHSMH at daniel.shaw@jhsmh.org.

St. Francis Home Health Ranked in Top 25 Percent
St. Francis Home Health, Breckenridge, Minn., was named to the 2006 HomeCare Elite, a list of the nation’s most successful home care providers compiled by OCS, Inc., a healthcare informatics provider, and DecisionHealth, publisher of the Home Health Line newsletter. The list names Medicare-certified home health agencies whose performance measures in quality, improvement and financial performance are among the top 25 percent of providers nationwide. Cindy Splichal, director of St. Francis Home Health, credited the department’s team of home health care providers — specifically, their attention to quality and dedication to those they serve — with its ability to rank as one of the HomeCare Elite.

Mercy in Nampa Receives Quality Award from Blue Cross
Mercy Medical Center, Nampa, Idaho, received top honors from Blue Cross of Idaho for its work in a year-long Quality Incentive Program for Idaho hospitals. The Blue Cross of Idaho program was designed to improve the quality, safety and affordability of patient care. Mercy was presented with the Award of Achievement as the top-performing hospital in the state. Twenty-nine hospitals participated in the program and were judged on several criteria, including implementation of evidence-based measures that are known to improve outcomes. For more information, contact Ken Taylor of Mercy at kennethtaylor@chiwest.com.

Tsu min Tsai, MD, reattaches blood vessels in one phase of the 15-hour hand transplant surgery performed at Jewish Hospital. Photo courtesy of Jewish Hospital, Kleinert Kutz and University of Louisville.
**Alegent Health Introduces Cost Information Tool for Consumers**

Alegent Health, Omaha, Neb., introduced My Cost, an online tool that allows patients to obtain information about the actual costs they will incur for nearly 500 medical tests and procedures. Tommy Thompson, former U.S. secretary of health and human services, attended the unveiling of My Cost, which is available via the Alegent Health Web site, www.alegent.com. For more information, contact Lora Ullerich of Alegent Health at lulleric@alegent.org.

**Dominican Spirit Provides Air Transport for St. Catherine Hospital**

St. Catherine Hospital, Garden City, Kan., unveiled its new air ambulance, a Beechcraft King-Air C-90 aircraft named “Dominican Spirit.” The Dominican Spirit provides medical air transport for residents of southwestern Kansas. The fixed-wing aircraft can navigate turbulent weather and can reach Wichita, Kan., in 45 to 55 minutes, a trip that can take three hours via ground ambulance. Father Frank Jordan blessed the aircraft and its crew at a ceremony on January 11, which was attended by several Nuns of the Third Order of St. Dominic of Great Bend, Kan., one of the participating congregations of Catholic Health Initiatives.

**Stewardship**

**Lisbon Area Health Services Receives State Funding**

Lisbon Area Health Services, Lisbon, N.D., received $8,500 from the North Dakota Small Hospital Improvement Program (SHIP). Lisbon Area Health Services is one of 30 small hospitals in the state to receive the funding. SHIP is funded through a grant from the federal Office of Rural Health Policy. The purpose of SHIP is to help small rural hospitals comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); reduce medical errors; and support quality improvement.

**Mercy-Des Moines Hosts Town Hall Meeting on Children's Health Coverage**

Mercy Medical Center-Des Moines, Iowa, hosted a Town Hall Meeting January 11 to promote expansion of children's health coverage and Congressional reauthorization of the State Children's Health Insurance Program (SCHIP). The Des Moines event was part of a national day of Town Hall Meetings sponsored by the Campaign for Children’s Health Care and seven national hospital and health care associations, including the Catholic Health Association and the American Hospital Association. The Town Hall Meetings took place in Washington, D.C., and 35 other cities. Speakers at the Des Moines event included State Senator Jack Hatch and Ron Askland, coordinator of the Children’s Health Center at Mercy Medical Center-Des Moines. For more information, contact Gregg Lagan of Mercy-Des Moines at glagan@mercydesmoines.org.

**Mercy in Durango Donates Medical Equipment to Hospital in Mexico**

Through the efforts of Durango’s Daybreak Rotary Club, Mercy Medical Center, Durango, Colo., donated approximately $25,000 worth of medical equipment to Hospital General de Ciudad Juarez, a public hospital in Juarez, Mexico. The equipment, including a dental X-ray machine and infant warmers, was replaced when Mercy relocated to its new campus in June 2006. The Daybreak Rotary Club worked with its sister Rotary Club in Juarez to arrange for the donation and transport the equipment.
Construction of St. Anthony Hospital Expected to Begin in 2007
Franciscan Health System, Tacoma, Wash., plans to begin construction of St. Anthony Hospital, Gig Harbor, Wash., as soon as June 2007. The project is in the final stages of completing the City of Gig Harbor's permit requirements for new development. "With a planned opening in early 2009, the vision for St. Anthony Hospital and its lifesaving medical services is becoming a reality," said Joe Wilczek, president and chief executive officer of Franciscan Health System. A groundbreaking ceremony for the 80-bed, 217,000-square-foot hospital is being planned for late April or early May. The hospital will be named for St. Anthony of Padua, the patron saint of sailors and fishermen. The hospital's many features will include private patient rooms designed to accommodate visitors who may wish to stay overnight, and nurses' stations with line-of-sight views into all patient rooms. Free wireless Internet service will also be available to allow patients and visitors to stay in touch with loved ones. For more information, contact Gale Robinette of Franciscan Health System at galerobinette@fhshealth.org.

Cardiovascular Innovation Institute Opens in Louisville
The Cardiovascular Innovation Institute, a partnership between Jewish Hospital & St. Mary's HealthCare and the University of Louisville, opened in Louisville, Ky., January 13. The research facility, located at the university's Health Science Center, includes laboratories, fabrication facilities, operating and recovery rooms, training facilities and more. The staff of the institute, which currently includes approximately six physicians and 20 researchers, will develop new treatments for heart disease and new heart assist devices, including artificial hearts.

State Approves Memorial Hospital Expansion
The state of Tennessee has approved the expansion plans of Memorial Hospital, Chattanooga, Tenn. Members of the state's Health Services and Development Agency approved the project unanimously after presentations from Ruth Brinkley, president and chief executive officer of Memorial Health Care System, and other officials. The eight-year, $320 million expansion project includes a five-story addition to the hospital, which will feature larger patient rooms, new surgical facilities, updated cardiac catheterization and endovascular labs and a new lobby. The project also includes new physician offices and other ancillary buildings.

Kentucky Approves Outpatient Center for Jewish & St. Mary’s
An outpatient center planned by Jewish Hospital & St. Mary’s HealthCare has received approval from the state of Kentucky. The $6 million project is expected to include primary care, diagnostic imaging and emergency care, with the site to be selected soon.

St. Joseph Foundation has Record-Breaking Year
St. Joseph Medical Center, Towson, Md., completed a record-breaking year for fund-raising, with its foundation collecting $6 million, the most ever in a single year. The largest gifts were a bequest of $3 million and a $500,000 donation. The $500,000 gift, part of a total of $1 million raised at a spring gala, was used to expand and renovate the medical center's neonatal intensive care unit.
Announcements

Nurse Honored by March of Dimes

Georganne Trandum, RN, director of the Improving Care Through the End of Life program of Franciscan Health System, Tacoma, Wash., received a 2006 Nurse of the Year Award from the March of Dimes of Washington. The award recognizes exceptional leadership in nursing and patient care. Trandum established Improving Care Through the End of Life, which received a grant from the Robert Wood Johnson Foundation, nearly 10 years ago while working with bone marrow transplant patients. The program currently serves nearly 800 patients with terminal illnesses, providing them with counseling and connecting them with resources to help them make the best health care choices for themselves and their families.

Eisenmann Named President of St. Joseph’s in Dickinson

Claudia Eisenmann has been named president and chief executive officer of St. Joseph’s Hospital and Health Center, Dickinson, N.D., effective in March. Eisenmann will join Catholic Health Initiatives from Quorum Health, where she is chief executive officer for Crittenden Health Services, a 49-bed acute care hospital in Marion, Ky. She has also served as vice president/administrator at Christus St. Michael Health System, Texarkana, Texas; as chief executive officer and regional director of operations at HealthSouth Rehabilitation Hospital, Fort Smith, Ark.; and as chief executive officer at HealthSouth Western Hills Rehabilitation Hospital, Parkersburg, Va. Eisenmann holds a master’s degree in health care management from Baker College, Flint, Mich., and a bachelor’s degree in psychology from Western Kentucky University, Bowling Green, Ky.

Goebel Selected to Lead Mercy in Williston

Dennis Goebel has been selected to serve as president and chief executive officer of Mercy Medical Center, Williston, N.D., effective March 1, 2007. Goebel has more than a decade of health care financial and administrative experience. Most recently, he simultaneously served as administrator for Garrison Memorial Hospital and Skilled Nursing Facility, Garrison, N.D., and Community Memorial Hospital, Turtle Lake, N.D. He holds a bachelor’s degree in business administration with a certificate in hospital administration and long-term administration from Concordia College, Moorhead, Minn. This spring, he will earn a master’s degree in public administration with a special emphasis on health care from the University of North Dakota.

Schmidt Featured in State Association Newsletter

Mark Schmidt, president and chief executive officer of Gettysburg Medical Center, Gettysburg, S.D., was featured in the January 2, 2007, issue of Unified Voice, the newsletter of the South Dakota Association of Healthcare Organizations (SDAHO). The article noted Schmidt’s leadership skills, involvement in the Gettysburg community and contributions as a member of the board of SDAHO.

Jones Named Vice President, Healthy Communities

Diane Jones has been named vice president of healthy communities for Catholic Health Initiatives, effective February 1. She was previously director of internal and executive communications for Catholic Health Initiatives, and has served as a member of the Mission and Ministry Fund Advisory Committee and the Healthy Communities Task Force for the past six years. Jones has a master’s degree in public management with a concentration in health systems management from Carnegie-Mellon University, Pittsburgh, Pa.