National Conference Charts Faithful Passage to Tomorrow

Catholic Health Initiatives’ fourth National Leadership Conference, “Faithful Passage to Tomorrow,” focused on the kind of organization Catholic Health Initiatives needs to be to meet the challenges of a vibrant ministry in the next decade. The biennial event, attended by 640 leaders from throughout the organization, was held September 16–18 in Vancouver, British Columbia.

The conference’s keynote speakers, general sessions and breakout sessions were highly rated by attendees.

In his address to the conference, Kevin E. Lofton, president and chief executive officer of Catholic Health Initiatives, detailed three themes that will shape the organization’s future: its vision; the strategic plan as a roadmap to the vision; and the need for organizational change to achieve the vision.

Lofton said Catholic Health Initiatives’ vision of human dignity and social justice creates an obligation to be a champion for the poor and underserved. “We will be a strong national voice to advocate for legislation to redirect resources to make a difference in the lives of our patients, residents and employees,” he said.

He also spoke about the five platforms of the newly updated Catholic Health Initiatives strategic plan — People, Information, Quality, Performance and Growth — as the foundation that will guide the organization toward its vision.

Now that Catholic Health Initiatives has matured into a true system, Lofton also described a new construct that will better leverage the size and scope of the organization. “We will continue to balance the need for high-quality, safe, state-of-the-art local health ministries with the need to better integrate business processes and streamline our costs,” he said.

Lofton said the integration of business processes into national systems will enable market-based organizations to direct more resources to high-value activities such as creating new ministries, building physician partnerships and promoting healthy communities. He also said the systematization of business processes will be driven by participative decision-making that will engage leaders throughout the organization.

To read an excerpted copy of Lofton’s address to the National Leadership Conference, visit the Catholic Health Initiatives Web site at www.catholichealthinit.org.
Mercy in Roseburg Attracts Physicians

A recent article in The Oregonian newspaper highlighted Mercy Medical Center, Roseburg, Ore., and its success in attracting doctors under the Conrad-30 visa program. The program, named for the North Dakota senator who authored the legislation, waives a requirement for foreign-born doctors who complete residencies in the U.S. to return to their home countries for at least two years. In return, the physicians commit to working for at least three years in areas that have difficulty attracting doctors, including rural areas, inner cities and Native American reservations. Each state is allowed to place 30 of these physicians each year. Working together, Mercy Medical Center and the Roseburg Clinic have attracted 10 Conrad-30 doctors to Roseburg, the most of any location in Oregon. For more information, contact Kathleen Nickel of Mercy at kathleennickel@catholichealth.net.

Anticoagulant Solution Team Publishes Guideline and Supporting Toolkit

After a thorough study of sentinel and adverse events related to the use of anticoagulants in hospitals, Catholic Health Initiatives has developed a guideline related to the care of inpatients on heparin and warfarin. An anticoagulant is defined as a medication or substance that inhibits blood clot formation.

The guideline was developed by the Anticoagulant Solution Team (ACST), comprised of staff members from market-based organizations and supported by national staff. “This guideline has the potential to improve quality, prevent injury and save lives throughout the system,” said Milt Hammerly, MD, director of integrative medicine and medical operations for Catholic Health Initiatives.

The guideline includes six critical processes for management of inpatients receiving heparin and/or warfarin:

1. Selection and Procurement
2. Storage and Availability
3. Ordering and Transcribing
4. Preparing and Dispensing
5. Administration
6. Monitoring

The ACST identified the processes and action steps that market-based organizations can take to achieve specified goals in each process.

To support implementation of the guideline, the ACST also developed a toolkit that includes supporting materials and a data tracking tool. The guideline and toolkit materials were reviewed, refined and approved through a pilot program at eight market-based organizations.

Market-based organizations are responsible for assessing their processes against the anticoagulant guideline. Market-based organizations that identify gaps can then plan and implement processes to meet the intent of the guideline. The ACST developed a list of measures to help market-based organizations evaluate the effectiveness of the guideline; Catholic Health Initiatives will also measure its effectiveness across the system.

For more information, contact Nancy Lima, director of clinical performance improvement at Catholic Health Initiatives, at nancylima@catholichealth.net.

Anticoagulant Solution Team Members

The members of Catholic Health Initiatives’ Anticoagulant Solution Team worked for more than 18 months to improve patient safety by developing a guideline related to the use of heparin and warfarin, as well as numerous support materials.
Farmington Centers to Become New Operator of Mt. St. Joseph in Portland

Farmington Centers Inc. of Portland, Ore., will likely become the new operator of Mt. St. Joseph, a Catholic Health Initiatives long-term care facility in Portland, according to a letter of intent signed by Farmington and the board of Mt. St. Joseph.

“We’ve been very careful and deliberate in choosing the right new operator for Mt. St. Joseph, and Farmington Centers appears to be a good fit for residents, staff and the community,” said Tom Triplett, chair of Mt. St. Joseph’s board of directors. “Farmington Centers has earned a reputation for well-run facilities, excellent resident service and treating employees well.”

In January, Mt. St. Joseph announced to its staff and residents that it would work with Catholic Health Initiatives to find a new owner to continue its tradition of service to the Portland community.

“We are excited about the opportunity to work with the dedicated staff of Mt. St. Joseph and to serve even more seniors in Oregon,” said Terri Waldroff, chief executive officer of Farmington Centers. Farmington Centers, a for-profit corporation headquartered in Portland, operates senior living communities in Oregon, Washington and Idaho. Farmington operates St. Catherine’s Residence in North Bend, Ore., a former member of the Catholic Health Initiatives system.

The parties involved must finalize their negotiations, complete due diligence and complete the review process with state and Church authorities. The transfer of Mt. St. Joseph is expected to be completed in early 2005.

Mt. St. Joseph was established in 1897 by the Sisters of Mercy and currently serves about 250 seniors with assisted living, intermediate and skilled nursing services.

Catholic Health Initiatives Welcomes New Trustee

Bruce Siegel, MD, MPH, was recently named a member of the Catholic Health Initiatives Board of Stewardship Trustees. He is a research professor in the Department of Health Policy at the George Washington University Medical Center’s School of Public Health and Health Services.

There, he directs Urgent Matters, a national program of the Robert Wood Johnson Foundation that focuses on the health care safety net and emergency departments. He also works on other projects concerning health care quality and disparities, and writes and speaks extensively on health care administration, policy and public health issues.

Siegel previously held the positions of New Jersey commissioner of health; president of the New York City Health and Hospitals Corporation; and president of Tampa General Healthcare in Florida.

He holds a bachelor’s degree from Princeton University in New Jersey; a medical degree from Cornell University, Ithaca, N.Y.; and a master’s degree in public health from Johns Hopkins School of Hygiene and Public Health, Baltimore, Md. He is board certified in preventive medicine.

Bruce Siegel, MD, MPH
Here are some photo highlights from the Catholic Health Initiatives National Leadership Conference, held September 16–18 in Vancouver, British Columbia.
Faithful Passage to TOMORROW
James Orlikoff  
President, Orlikoff and Associates, Inc.  
Executive Director, American Governance & Leadership Group  
Bozeman, Mont.  

Orlikoff reviewed environmental trends and challenges facing Catholic Health Initiatives leaders and outlined best practices to effectively lead the organization’s passage to tomorrow.

Molly Joel Coye, MD, MPH  
Founder and Chief Executive Officer, HealthTech  
San Francisco, Calif.  

Coye spoke on technology trends, their implications for the design of hospitals and the role of physician leadership in guiding technology planning and adoption.

John J. Nance, JD  
Pilot, Author, Consultant  
Founding Board Member, National Patient Safety Foundation  
Federal Way, Wash.  

Nance used hair-raising parallels from aviation and how that industry dealt with change to explore the cultural shift that must occur within health care to address patient safety.

William J. Cox  
President and Chief Executive Officer  
The Alliance of Catholic Health Care  
Sacramento, Calif.  

Cox examined the distinctive contribution Catholic health care makes to the Church’s mission and the larger society and explored what will be required to sustain and strengthen the vision of Catholic identity.
Strategic Plan for 2005–2009 Moves Forward

With the Board of Stewardship Trustees’ approval of Catholic Health Initiatives’ core strategies and objectives for fiscal years 2005-2009, the President’s Council and the National Leadership Team have moved into the next stage of strategic planning: implementation, which includes defining priority actions and accountabilities.

Focus for Fiscal Year 2005

In July, a number of actions were developed for each objective within the strategic plan: People, Information, Quality, Performance and Growth. The President’s Council prioritized those actions for fiscal year 2005.

In August, the National Leadership Team met to discuss priority actions for fiscal year 2005. “In general, they felt these priorities are appropriate,” said Bob Cook, vice president of strategic planning for Catholic Health Initiatives. “In addition, they described several ‘key success factors’ that will be required to accomplish the priority actions during this fiscal year.” The key success factors are:

- **Focus**: concentrate resources on actions that will have the greatest impact on success.
- **Accountability**: clarify roles and responsibilities for achieving results and improve management and status reporting processes.
- **Alignment**: align national group efforts and incentives with the priorities in the strategic plan.
- **Communication**: communicate clearly, consistently and continuously regarding strategic plan implementation and accomplishments.

The National Leadership Team will reconvene in early November to discuss resource commitments and allocations for the strategic priorities. The team will also consider other business imperatives and infrastructure requirements and begin the process of aligning measures and incentives for fiscal year 2006.

“It’s clear that the success of our strategic plan is now in the details: focus, defined roles and responsibilities, aligned incentives, collaboration and performance accountability,” said Cook. “Fiscal year 2005 is about moving strategy into action and action into tangible demonstrations of accomplishment.”

For more information, contact Bob Cook at bobcook@catholichealth.net.
Data Cleansing Set to Deliver Supply Chain Benefits

As part of the CHI Connect project, Catholic Health Initiatives’ supply chain team is working with Inobis, a provider of data cleansing services, to establish single item and vendor master files. While this work is underway, reports created from the consolidated data are already identifying cost reduction opportunities across the organization. The supply chain team anticipates about $43 million in supply expense reduction with the implementation of CHI Connect, with the Inobis project helping to expedite the savings.

“Our market-based organizations use about 38 different databases now, with different item numbers and naming conventions,” said Joni Rittler, director of supply chain infrastructure for Catholic Health Initiatives. “By cleaning out redundant and obsolete information, Inobis is able to consolidate and standardize all of that data. This will make it easy to see, system-wide, what we are buying; which manufacturers and distributors we are buying from; and what costs are being paid.”

At a system level, Catholic Health Initiatives has had to rely on purchasing data provided by vendors. “Now, we will have our own source of data for securing best pricing, contract negotiations, tracking manufacturer rebates and calculating contract administration fees,” Rittler said. In fact, two market-based organizations have already received value from this work through the discovery of unreported sales by their respective distributors.” This audit capability will generate cash recovery of more than $70,000 for the prior fiscal year and ensure that payments continue for qualifying purchases.

Rittler expects the data cleansing to reveal some significant differences in the prices of products purchased by multiple market-based organizations, even for contracted supplies. “Our group purchasing organization, Consorta, is constantly negotiating for new items and better prices,” she said. “It can be difficult for a market-based organization to keep up with all the changes.”

The initial data cleansing process began last fall and will be completed by January 1, 2005. After that, Catholic Health Initiatives will follow a biennial schedule of data extraction and cleansing while market-based organizations continue to move to CHI Connect. “The materials management and accounts payable personnel have been extremely helpful and valuable throughout this process, particularly in meeting some very tight deadlines” said Rittler. “It’s exciting to see their efforts begin to pay off this early in the project.”

For more information, contact Joni Rittler at jonirittler@catholichealth.net.

Catholic Health Initiatives Enters Age of E-Advocacy

Catholic Health Initiatives has introduced a new, Web-based tool that makes it easier for employees to participate in legislative advocacy at the state and federal levels.

The new Legislative Advocacy Center, accessible from the Catholic Health Initiatives Web site, automatically matches registered users with their state and federal representatives. With just a few clicks, a user can quickly communicate with legislators on priority issues.

The Legislative Advocacy Center provides registered users with a variety of effectively worded form letters on current issues, such as nursing workforce development programs and medical liability reform. Users can also compose their own letters on specific topics.

“The center makes it easy and convenient for employees, board members, physicians and others associated with Catholic Health Initiatives to have their voices heard by policy makers,” said Marcia Desmond, director of public policy for Catholic Health Initiatives.

The center runs on government relations software that is also used by the Catholic Health Association and the American Hospital Association. “However, we custom-designed the screens and many of the functions specifically for Catholic Health Initiatives,” said Desmond. “We also performed a great deal of field testing to ensure ease of use.”

According to Desmond, this type of tool takes excellent advantage of Catholic Health Initiatives’ size and scope. “Across the country, Catholic Health Initiatives has more than 65,000 employees with views on and experiences with health care that legislators need to hear,” she said. “Our input is needed in Washington, D.C. and in state capitals across the country to help legislators understand the health care needs of our communities and shape effective public policy.”

To visit the Legislative Advocacy Center, log on to Catholic Health Initiatives’ Web site at www.catholichealthinit.org, then click “Advocacy” on the left-side navigation menu. Click the “E-Advocacy” link to open a log in and registration page. Registration is available to Catholic Health Initiatives employees, physicians, trustees, volunteers and members of participating congregations.

For more information, contact Marcia Desmond at marciadesmond@catholichealth.net.
Core Strategy: People

Nursing Workforce Diversity Grant Awarded to Mercy in Roseburg

Mercy Medical Center, Roseburg, Ore., along with Umpqua Community College, received a Nursing Workforce Diversity Grant from the Health Resources and Services Administration of the Department of Health and Human Services. The $487,783 grant, which will be paid over three years, will help Mercy recruit, train and retain students from targeted rural areas who want to become nurses. The grant will be used to help disadvantaged students enter and graduate from professional nursing schools. The goal is for the students to advance academically and ultimately return to provide medical care to residents in their rural communities. For more information, contact Janet Buchanan of Mercy at 541/677-2407.

Dental Clinic Opens at St. Joseph’s in Park Rapids

St. Joseph’s Area Health Services, Park Rapids, Minn., has opened a new dental clinic. The Community Health Clinic, sponsored by the hospital, is a public health clinic and the first of its kind in the state. “What makes the clinic a unique model is that we’re going to be able to integrate dental health into our public health services, where there are a lot of connections,” said Peter Jacobson, president and chief executive officer of St. Joseph’s. The Healthy Park Rapids 2010 coalition, supported by a grant from the Catholic Health Initiatives Mission and Ministry Fund, identified dental care as a community priority. For more information, contact Cindy Lempola of St. Joseph’s at 218/732-3311.

Miller of Mercy in Williston Speaks to MedPAC Forum

Kimberly Miller, president and chief executive officer of Mercy Medical Center, Williston, N.D., recently participated in a forum in Fargo, N.D., hosted by the Medicare Payment Advisory Commission (MedPAC). In a presentation to members of the commission, Miller applauded them for moving in the direction of paying for quality services. She asked them to recognize that North Dakota is a state in which statistics demonstrate high quality of care combined with Medicare payments that are less than those paid in states with lower quality of care.

St. Joseph’s in Dickinson Hosts Congressional Representative, Social Security Commissioner

Representative Earl Pomeroy of North Dakota and Jo Anne Barnhart, commissioner of the Social Security Administration, recently toured St. Joseph’s Hospital and Health Center in Dickinson, N.D., to view a national model project. St. Joseph’s is one of three sites in North Dakota that enables citizens to speak with Social Security Administration representatives in the state office via Web-based interactive video conferencing. The model project is an effort to develop ways for people who live in rural areas to avoid driving long distances when Social Security requires an interview. For more information, contact Dina Maas of St. Joseph’s at dinasaile@catholichealth.net.

Daniels Fund Grant Awarded to St. Anthony Hospitals in Denver

St. Anthony Hospitals of Denver, Colo., part of Centura Health, have received a $50,000 Daniels Fund grant to support its Shared Beginnings program. Shared Beginnings is a community-wide support and mentoring program for pregnant and parenting teenagers. For more information, contact Bev Lilly of Centura Health at bevlilly@centura.org.

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Core Strategy: People

Alegent in Omaha Creates Community Benefit Trust Fund

Alegent Health, Omaha, Neb., has announced the creation of a Community Benefit Trust Fund, with $14 million initially available for health-related projects and services that benefit vulnerable populations in the Omaha area. Non-profit organizations are eligible to apply for funding. Proposed projects or services must relate to the health status of individuals or the community at large and have a documented need. The funding process will encourage creative and innovative approaches to improving community health and wellness. For more information, contact Christa Hines of Alegent at chines1@alegent.org.

Lance Armstrong Foundation Supports Oncology Exercise Program at Good Samaritan in Kearney

The Lance Armstrong Foundation will help fund the Healthy Lifestyles Oncology Exercise Program at Good Samaritan Health Systems, Kearney, Neb., with a $19,550 grant. The money will be used to provide cancer patients with education and hands-on training that can improve cancer recovery.

Saint Joseph in Lexington Names Interim Leader

Thomas A. Reitinger has been appointed interim president and chief executive officer of Saint Joseph HealthCare, Lexington, Ky. He has more than 30 years of experience as a health care leader and was previously president and chief executive officer of Provena Saint Joseph Medical Center, Joliet, Ill. Before that, he served as president and chief executive officer of Mercy Health Network, Des Moines, Iowa, a joint operating agreement between Catholic Health Initiatives and Trinity Health, Novi, Mich.

Mansfield of St. Vincent in Little Rock Honored by ACHE

The American College of Healthcare Executives (ACHE) presented Stephen Mansfield, president and chief executive officer of St. Vincent Health System, Little Rock, Ark., with its 2004 Regent’s Award for Senior-level Healthcare Executives. The award is given annually to the Arkansas health care executive with best-demonstrated leadership ability, innovative and creative management, outstanding capacity for organizational development and a commitment to the development of others in the health care profession.

Core Strategy: Performance

Friendship, Inc. in Fargo Reaccredited with Distinction

Friendship, Inc., Fargo, N.D., has received reaccreditation with distinction from the Council on Quality and Leadership. The Council on Quality and Leadership is a leader in developing and measuring quality indicators and standards for services for people with disabilities. Friendship’s reaccreditation covers a three-year period.

Health S.E.T. of Denver Recognized for Service to Seniors

Health S.E.T., Denver, Colo., received the 2004 Denver Health Hospital-Medical Center’s Betty Noris Geriatric Program Community Recognition Award. The award recognized Health S.E.T.’s health promotion clinics and its advocacy and care management program, which serve patients in the hospital’s geriatric program. For more information, contact Angel Gutierrez of Health S.E.T. at angelgutierrez@catholichealth.net.

Visiting Nurse Association at St. Vincent in Little Rock Receives Excellence Award

The Visiting Nurse Association (VNA) at St. Vincent Health System, Little Rock, Ark., received the Achievement Award from the Arkansas Institute for Performance Excellence (AIPE). “This award shows the dedication of the St. Vincent VNA to quality home health care,” said Denise Looker, director of the St. Vincent VNA. Looker and 70 employees provide post-surgical care, diabetes teaching, wound care, stroke rehabilitation, cardiac care, intravenous therapy and physical therapy to more than 1,600 homebound patients each year. For more information, visit www.stvincenthealth.com.

Core Strategy: Growth

Mercy in Durango Breaks Ground for New Facility

Mercy Medical Center, Durango, Colo., celebrated an official site blessing and groundbreaking ceremony for the new, 80-bed Mercy Regional Medical Center. The new facility, expected to open in spring 2006, will replace the existing Mercy Medical Center. More than 350 people attended the event, where speakers included Alan Bowman, director of spiritual development for Catholic Health Initiatives, and Blaine Petersen, vice president of financial services for Catholic Health Initiatives. For more information, contact David Bruzzese of Mercy at 970/382-1667.

An architectural rendering shows the entry of the new Mercy Regional Medical Center.

Continued on back cover
Construction of New Wing Underway at Mercy in Des Moines

Mercy Medical Center, Des Moines, Iowa, held a groundbreaking ceremony for a new, six-story hospital wing. The $67 million expansion will feature a new patient and family-centered environment for three clinical services, plus a modern health education center. “We are re-tooling our facilities to create the best possible healing environments for patients and families,” said David Vellinga, president and chief executive officer of Mercy. “These modern facilities will allow us to redesign care processes to lower costs, improve quality and meet the growing health care needs of Central Iowans.” For more information, contact Allison Gerdes of Mercy at agerdes@mercydesmoines.org.

David Vellinga, president and chief executive officer of Mercy Medical Center in Des Moines, greets Sisters of Mercy who attended the groundbreaking ceremony for a new hospital wing.

Donation Enables Memorial in Chattanooga to Purchase Mobile Health Van

The foundation at Memorial Health Care, Chattanooga, Tenn., will use a donation of $300,000 from the Hamico Foundation and SunTrust Bank to purchase a mobile health van. Beginning in early 2005, Memorial Cancer Services will use the van to provide residents in 24 counties with mammography and other health screening services. “We have had many requests for breast services from small communities and rural areas and have wanted a van for several years,” said Kathy Dittmar, director of breast services for Memorial. “This will enable us to reach people who might not otherwise take advantage of these services.”