



# Living Our Promises, Acting On Faith

*A National Program of Performance Improvement for the Catholic Health Ministry*



Performance  
Improvement  
Collaborative:

Employee Satisfaction  
with Involvement  
in Decision Making

**T**he Catholic Health Association of the United States represents the combined strength of its members, more than 2,000 Catholic health care sponsors, systems, facilities, and related organizations. Founded in 1915, CHA unites its members to advance selected strategic issues that are best addressed together rather than as individual organizations. It strengthens the church's healing ministry in the United States by advocating for a just health care system, convening leaders to share ideas and foster collaboration, and uniting the ministry voice on critical issues.

National headquarters:  
4455 Woodson Road  
St. Louis, MO 63134-3797  
314-427-2500

Washington office:  
1875 Eye Street, NW, Suite 1000  
Washington, DC 20006-5409  
202-296-3993

Website: [www.chausa.org](http://www.chausa.org)

Copyright © 2001 by  
The Catholic Health Association of the United States  
4455 Woodson Road  
St. Louis, MO 63134-3797

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the written permission of the publisher.

Printed in the United States of America.



# Contents

Preface.....	<b>2</b>
Applying Collaborative Benchmarking.....	<b>4</b>
Collaborative Benchmarking Steering Committee.....	<b>5</b>
Successful Practices.....	<b>10</b>
Profile: Providence Hospital.....	<b>18</b>
Profile: St. Joseph Regional Medical Center.....	<b>20</b>
Bibliography.....	<b>22</b>
Task Force.....	<b>24</b>





# Preface

*“We are the people of Catholic health care, a ministry of the church continuing Jesus’ mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.”*

*“We work to bring alive the Gospel vision of justice and peace. We answer God’s call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.”*

These two simple paragraphs comprise the shared statement of identity for Catholic health care that has been articulated by people throughout our ministry, across our country. It is a statement of commitment, a claim of faith, a promise, and a dream. But most significantly, it is the declaration of persons, because the Catholic health ministry in the United States (which often extends beyond our national borders) is the service of real people—physicians and nurses, chaplains and chief executives, trustees and technicians, religious and clergy, and many others—people working together to improve the lives of those in need around them.

Since 1998, the Catholic Health Association (CHA) has been involved in a project called *Living Our Promises, Acting On Faith*, a program of performance improvement for our ministry. This project first identified a set of organizational behavioral demonstrations of fidelity to the *Ethical and Religious Directives for Catholic Health Care Services*, one definitive expression of an organization’s Catholic identity. The project continued with research to gather baseline data about these demonstrations from the acute care and nursing facility sectors of CHA’s membership. In acute care, the

baseline data formed a comparative database which has been used to spotlight successful practices. This work led to our ministry’s first collaborative performance improvement project in enacting Catholic identity.

Acknowledging that ours is a ministry of people in service to others, this first project concentrated on the all-important human resource of Catholic health care. The collaborative project focused on employees’ satisfaction with their involvement in decision making within the ministry’s acute care organizations.

How fitting a topic of study for our first project of its kind. Threaded throughout the social teachings of the Roman Catholic Church, from the first articulation by Pope Pius XI in his encyclical, *Quadragesimo Anno* (1931), and rooted in the justice norms of the Hebrews, the principle of “subsidiarity” dictates that those who are affected by a decision should have a voice in the decision making.

In an even larger sense, the relationships formed between a Catholic health care organization and its employees—as much as the relationships with patients and communities—must reflect those core commitments of our Catholic identity: a deep respect for the inherent



dignity of every human person, the intentional promotion of the common good, wise stewardship of the resources given us by God, and a special attention to those around us who are vulnerable and in need. The equitable involvement of employees in the decisions that affect them is emphatic evidence of a ministry actualizing these commitments of faith.

Along with CHA's Board of Trustees, I am especially grateful to the representatives from 12 acute care facilities who formed the steering committee for this project. Their dedicated work has yielded this report which is offered to the entire Catholic health ministry to stimulate improvement in this critical area. I applaud the fine work of Providence Hospital, Washington, DC, and St. Joseph Regional Medical Center, Ponca City, OK, and the other facilities whose successful practices in involving employees are documented here.

In promulgating the *Ethical and Religious Directives for Catholic Health Care Services*, the bishops of the United States described Catholic health care facilities as “marked by a spirit of mutual respect among caregivers” which leads them to care for patients, families, and communities “with the compassion of Christ, sensitive to their

vulnerability at a time of special need” (Directive 2). Our ability to create, sustain, and increase “mutual respect among caregivers”—in one way, through involving them in decisions that impact their lives and ministry—will move us forward in the transformation that is the object of our prayer and work—the transformation of our world into the kingdom of God.

**Rev. Michael D. Place, STD**

President and Chief Executive Officer  
Catholic Health Association of the United States





# Applying Collaborative Benchmarking

**A**t the 2000 Catholic Health Assembly in San Francisco, attendees were introduced to the first year's findings of a landmark performance improvement project in health ministry. The project, titled *Living Our Promises, Acting On Faith*, was the first of its kind in the history of the CHA, an attempt to identify and measure the ways in which Catholic health care organizations are living out their Catholic identity.

*Living Our Promises, Acting On Faith*, initiated by the CHA Board of Trustees in 1998 and built on the *Ethical and Religious Directives for Catholic Health Care Services*, was designed to achieve three objectives:

- To convert descriptions of Catholic identity into measurable and accountable outcomes
- To identify successful practices as hallmarks of the church's health care ministry

- To provide measures for ongoing performance improvement

Focused in its first year on acute care facilities, the project, under the direction of a task force of ministry leaders, defined a set of demonstrations and measures of fidelity to Catholic identity and implemented a nationwide data collection initiative based on those demonstrations and measures. Thirty-six percent of CHA-member acute care facilities submitted data. The resulting database presented some striking examples of how Catholic health ministry is fulfilling its core commitments. The findings of this research were published in the report, *Year One: Baseline Data and Observations*, which was distributed to CHA-member organizations in summer 2000.

The data collection and resulting comparative database were ultimately directed toward identifying organizations that are reaching high levels of performance on the defined indicators. Once identified, these high performers would be studied in the project's second phase, so their successful practices could be shared throughout the ministry, thereby allowing for ministry-wide improvement. In developing the overall project, the task force determined that "collaborative benchmarking"

methodology would be employed in the second phase.

The collaborative approach to benchmarking is appropriately applied to health care organizations for a number of reasons:

- Collaboration conserves resources, human and financial; project costs are shared by participants.
- The collaborative approach shifts from comparing data to comparing and understanding the processes critical for effective, efficient delivery of care.
- This approach benefits all participants mutually and helps eliminate the isolation that historically separated health care organizations. Instead of paying external experts to recreate "solutions" already developed at other organizations, collaboration helps disseminate learning and transfer improvement methodology.<sup>1</sup>

## Focusing the Project

The comparative database suggested a number of areas for improvement within ministry acute care facilities (see "Next Steps" in *Year One: Baseline Data and Observations*, p. 29).



Given limited resources for staffing a CHA-sponsored collaborative benchmarking project, the association was required to select a single improvement area to be the subject of such a project in 2000-2001. After collecting input from persons within member acute care facilities, CHA selected the topic of *employee satisfaction with involvement in decision making* for the bench-marking project. (About half the acute care facilities participating in the data collection submitted data for the measure “percent of employees indicating satisfaction with their involvement in decision making.” For those reporting, on average, 63 percent responded that they were satisfied.)

Once the topic was selected, a number of facilities were invited to participate in the collaborative benchmarking project. All the invited facilities had participated in the earlier data collection phase. Among those selected were facilities demonstrating high scores on the measure and some demonstrating low scores. The project would study the practices of both to identify characteristics that enable performance in this area. Representatives from the participating facilities formed the Collaborative Benchmarking Steering Committee. (See box.)

## Collaborative Benchmarking Steering Committee

The facilities represented on the steering committee reflect the diversity of CHA-member acute care facilities. Among the participating facilities are urban and rural, large and small facilities from across the country, as well as one community hospital partner of a Catholic health care system.

---

### **Rene Campagna**

Director, Mission Integration  
Providence Portland Medical Center  
Portland, OR

### **Rovena Claxton**

Director, Human Resources/Education  
Lourdes Hospital  
Paducah, KY

### **Sr. Brigid Conlon, CCVI**

Mission Services  
CHRISTUS St. Joseph Health System  
Paris, TX

### **Jacquelyn Espree**

Director, Human Resources  
Our Lady of Lourdes Regional  
Medical Center  
Lafayette, LA

### **Sr. Roseann Hitchens, DC**

Director, Mission Services  
Providence Hospital  
Washington, DC

### **Keith Hufnagel**

Director, Human Resources  
St. Joseph Regional Medical Center  
Ponca City, OK

### **Rev. Carolyn Jones**

Vice President, Mission and Ethics  
St. John's Mercy Medical Center  
St. Louis, MO

### **Kim Kubasek**

Vice President, Ambulatory  
Services/ Mission Leader  
St. Charles Hospital &  
Rehabilitation Center  
Port Jefferson, NY

### **Patrick Lampe**

Director, Mission Integration  
St. Alexius Hospital  
St. Louis, MO

### **Janet O. Lewis**

Director, Quality Care  
Providence Hospital  
Washington, DC

### **Nicole Morin-Scribner**

Director, Human Resources  
St. Mary's Regional Medical Center  
Lewiston, ME

### **Cheryl Perry**

Director, Human Resources  
CHRISTUS St. Joseph Health System  
Paris, TX

### **Lisa Rutherford**

Vice President, Mission Services  
CHRISTUS St. Joseph Health System  
Paris, TX

### **Deborah Siemens**

Director, Senior Services  
Sioux Center Community Hospital &  
Health Center  
Sioux Center, IA

### **Ann Varner**

Mission Integration Coordinator/Patient  
Representative  
St. John's Mercy Medical Center  
St. Louis, MO

### **LaTisha Wells**

Vice President, Mission Integration  
St. Mary's Hospital & Medical Center  
Grand Junction, CO

### **Consultant:**

#### **Robert G. Gift**

President  
Systems Management Associates, Inc.  
Omaha, NE

### **CHA Staff:**

#### **Regina M. Clifton**

#### **Ed Giganti**

#### **Julie M. Jones**



The steering committee met for the first time on October 3 and 4, 2000 at CHA's headquarters in St. Louis. Through a process facilitated by benchmarking consultant Robert G. Gift, the steering committee named a list of 13 factors that contribute to employee satisfaction in organizational decision making, narrowed the focus to

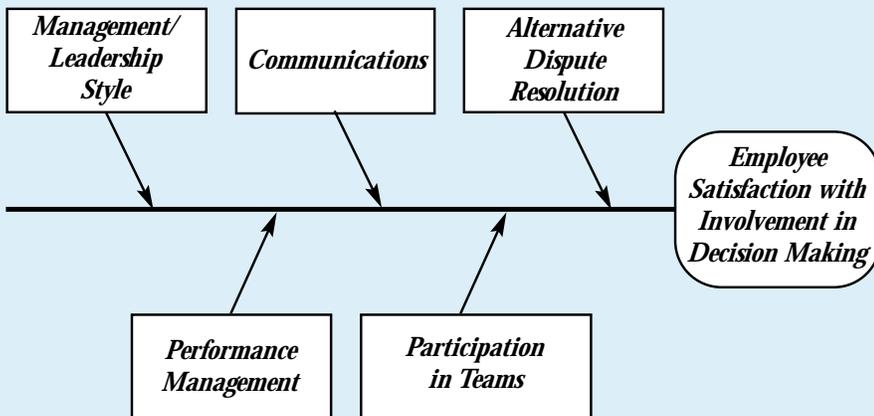
five key "drivers," and articulated in-depth questions for investigating these drivers. This set of drivers is represented in **Figure 1**.

Gift, who has consulted with CHA on the Living Our Promises project since its inception, developed the group's questions into five "data guides," one for each of the drivers. (See Box.)

An Appendix of Data Guides, featuring the survey instrument sections, is available on CHA's website, [www.chausa.org](http://www.chausa.org) or may be obtained by contacting Julie M. Jones, project administrator, mission services, at CHA, 314-253-3544.

**Figure 1**

*Drivers of Employee Satisfaction with Involvement in Decision Making*  
*First Meeting of Benchmarking Collaborative*



**Results of Data Collection**

During November 2000, steering committee members surveyed colleagues within their facilities to answer the 135 questions within the five data guides. The responses, along with supporting materials, were submitted to Gift to aggregate and analyze. Aggregate results are summarized briefly below:

**Alternative Dispute Resolution:** Grievance processes are commonplace within the participating facilities but are invoked rarely, however. A review of the policies submitted showed few substantive differences among them. Three of the 12 participating organizations have alternative dispute resolution (ADR) processes, appeals processes that involve either outside third parties or a panel of participants outside the typical internal "chain of command" structure (possibly a panel of peer employees) who will have final and binding authority to resolve grievances. One organization had replaced its grievance process with an



**The appendix covers the following:**

- Performance Management Data Guide
  - Recruitment, Selection, and Retention
  - Orientation
  - Training and Development
  - Performance Evaluation
  - Wages and Benefits
  - Recognition

- Participation in Teams Data Guide
  - Participation on Hospital and/or Medical Committees
  - Project Teams
  - Involvement on Teams
  - Mission Integration
  - Involvement with Strategic Planning
  - Recognizing Involvement
- Management and Leadership Data Guide
  - Assessing Leadership Competencies

- Mission Driven Management Style
  - Management Education
  - Management and Leadership Availability and Accessibility
- Communications Data Guide
  - Alternative Dispute Resolution Data Guide
    - Questions about Grievance Process
    - Questions About Alternative Dispute Resolution Process

ADR process. Like grievance processes, ADR processes are used infrequently. No significant correlation could be drawn between existence of and communication about an organization's ADR process and higher employee satisfaction with involvement in decision making.

**Communications:** Research identified 24 different employee communications vehicles, e.g., newsletters, staff meetings, e-mail, etc., in use among the participating facilities. Typically, facilities are using eight different vehicles. There was wide diversity in the facilities' evaluation of these communication vehicles' effectiveness. Employee newsletters were the most likely vehicle to be evaluated. Half the participants cited questions in their employee attitude surveys relating to employees feeling valued because of the information shared with them. Correlations between employee communication strategies and higher employee satisfaction scores regarding

involvement in decision making were inconclusive. The data suggest, however, that the use of more vehicles and sharing more types of information increase satisfaction scores.

**Management and Leadership Style:** Only three of the 12 participant organizations use formal 360-degree assessment processes for managers. Most responded that they have mechanisms (e.g., evaluations, role modeling) in place to ensure that managers' actions reflect mission and values. Eight of the 12 facilities offer formal management education programs; at four, their management education includes building skills to involve employees in decision making. Four organizations name involving employees in decision making as a core competency for managers; this characteristic appears to correlate with higher satisfaction scores. Unfortunately, the data also suggest that facilities do not always match this expectation of managers with training to help them achieve it.

**Participation in Teams:** Data submitted regarding this driver was widely varied and complex, making for difficult analysis. Participating facilities offer many opportunities for teamwork. Employees are involved in standing committees, typically, because of management appointment or by virtue of their positions. They are involved in project teams by management appointment or self-selection, typically. Nonmanagement employees tend to make up a greater segment of project teams than standing committees. The data showed that representation of off-site and/or off-shift employees falls behind, as does involvement of dietary, housekeeping, and laundry workers. Seven of the 12 participants indicated that employees are involved in strategic planning. Although no strong correlation could be identified, the data do suggest that involving employees in meaningful roles may be the key to increasing satisfaction scores.



**Performance Management:** Half of the organizations participating involve employees in interviewing and selecting job candidates; most processes are informal, however. In two-thirds of the organizations, candidates are questioned to probe for congruence with the organizational mission and values. Once hired, new employees in all the participant organizations are oriented to the mission and values, typically as part of general orientation. Analysis of the data shows that although organizations may be setting expectations related to mission and values, they are much less likely to follow through with evaluation of projects in light of mission and values.

Three organizations have articulated expectations for employee involvement. Only one organization has tied employee satisfaction to managerial performance evaluation. As stated above, the data suggest that although organizations may set expectations for employee involvement, they may not offer managers the training needed to realize the expectations.

The steering committee's analysis of the data collected in response to the five data guides identified five themes—in effect, five somewhat different drivers of employee satisfaction with involvement in decision making than those initially articulated by the steering committee. These five drivers are shown in **Figure 2**.

**Alignment of Expectations and Tools:** Organizations that aligned expectations for employees and managers with relevant training, necessary tools, and vehicles to enable performance, clear performance measures, appropriate accountability, and follow-up that “closes the loop” seem to achieve higher levels of employee satisfaction with their involvement in decision making.

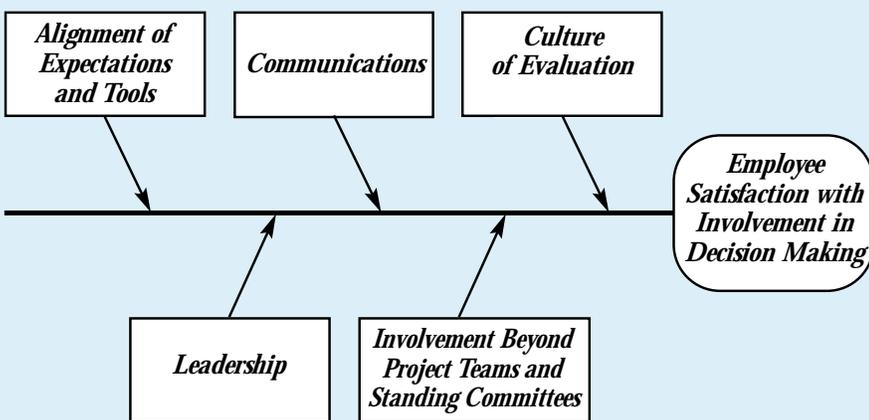
**Communications:** Frequent communications, utilizing multiple media and styles, often repeating key messages, and sharing meaningful, strategic information with employees appears to contribute to employees' satisfaction.

**Culture of Evaluation:** The data collection revealed that some organizations demonstrate a more comprehensive practice of evaluation, measuring the effectiveness of a variety of factors from management and leadership style to employee communication vehicles. An organizational culture of regular evaluation of effectiveness—typically informing continuous improvement efforts—also appears to correlate with employee satisfaction scores.

**Involvement Beyond Project Teams and Standing Committees:** Two participating facilities with high scores in employee satisfaction with involvement in decision making—Providence Hospital, Washington, DC, and St. Joseph Regional Medical

Figure 2

*Drivers of Employee Satisfaction with Involvement in Decision Making*  
*Analysis of Responses to Data Guides*





Center, Ponca City, OK—have implemented processes for meaningful employee input into organizational strategy and work life (see profiles in this report, pp. 18 and 20). Data collected from the other participant facilities also support this driver of employee satisfaction.

**Leadership:** Less quantified in their responses to the data guides, the importance of the leader in facilitating employee satisfaction with involvement in decision making was frequently called out by steering committee members in discussions and in anecdotal information supplied during data collection.

## External Research

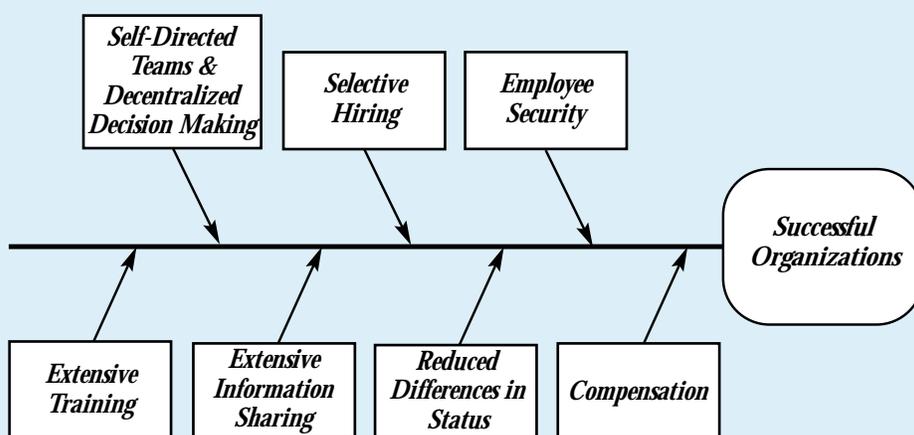
Simultaneous with data collection within the participating facilities, CHA staff and Gift undertook a search of current business, management, and human resources literature and professional organizations’ resources to gather additional learning regarding practices of “best in class” organizations in the area of employee satisfaction with involvement. This research is presented in the “Successful Practices” section which follows. The “external” research phase identified a third set of drivers of organizational success in creating employee satisfaction. These drivers are shown in **Figure 3**.

Using these drivers as categories, the “Successful Practices” section presents

Figure 3

### Drivers of Organizational Success

#### Results of External Research



organizational strategies, policies, and behaviors from Catholic acute care facilities participating in *Living Our Promises, Acting On Faith* as well as organizations outside the ministry and outside the health care industry.

### A Multiple-Cause Effect

The collaborative benchmarking phase of *Living Our Promises, Acting On Faith* yielded several key findings and a number of successful practices which can be adopted and adapted for use in Catholic health care organizations across the country. The research was

not, however, successful at drawing a direct, “line of sight” correlation between any one practice and higher employee satisfaction with involvement in decision making. This condition appears to be the effect of many factors: organizational culture, leadership behavior, systemic alignment, and others. The persons who described their organizations’ actions leading to high performance on this measure referred to “putting it all together” and “everything we do.” Creating a satisfied, involved community of employees is a synthetic act, as much art as science.



# Successful Practices

This collaborative benchmarking phase of *Living Our Promises, Acting On Faith* identified a variety of “successful practices” from a study of the 12 participating facilities, as well as those “high performers”—Catholic acute care facilities reporting high scores on this measure (Measure 1.3: The percent of employees indicating satisfaction with their involvement in decision making). Additionally, research into the practices of organizations outside Catholic health ministry suggested some practices which might be adapted by ministry facilities.

Eleven facilities out of the 239 participating in last year’s data collection reported scores of 85 percent or higher on Measure 1.3, qualifying them as “high performers.” These facilities represented a mix of both urban and rural, small and large (based on bed size). They were scattered across the United States; however none were located in the deep South. They were all members of parent systems.

Two high performers, Providence Hospital, Washington, DC, and St. Joseph Regional Medical Center, Ponca City, OK, participated in the collaborative benchmarking project. Their successful practices are presented in the accompanying profiles. Interviews were conducted with

representatives of the remaining nine high performers. Interviewees were asked:

- What factors influence your organization’s performance (on this measure)?
- What are the most important of those factors?
- What conditions in the facility allow those factors to exist?
- What advice can you share with other facilities?
- What are the key messages that are communicated to your employees?
- How do employees in your facility share their dreams for the organization?

The experiences of these high performers, gleaned from the interviews, are presented throughout this section.

Looking beyond Catholic acute care facilities, research into organizations recognized as leaders in effecting employee satisfaction turned up seven drivers of success in this area:

1. Ensuring employment security
2. Selective hiring of new personnel
3. Self-directed teams and decentralized decision making

4. Comparatively high compensation contingent on organizational performance
5. Extensive training
6. Reduced status distinctions among levels of employees
7. Extensive information sharing<sup>2</sup>

Practices of many of these organizations are also presented in this section.

## Employment Security

Herb Kelleher, the colorful CEO of Southwest Airlines, has said that “our most important tools for building employee partnership are job security and a stimulating work environment.” To that end, Southwest has structured long-term employment growth paths for its workers. Employment security appears as an important dimension of high performance management systems in a variety of industries.<sup>3</sup> Automaker Saturn and New United Motors Manufacturing, Inc. (NUMMI), a joint venture of General Motors and Toyota, maintain job guarantees for their workers except in extreme conditions.

Lincoln Electric, an arc welding equipment and electric motor manufacturer, has not sustained a



lay-off since 1948, opting instead to deploy production workers into other assignments including product sales. Lincoln Electric has seen gains in productivity beyond industry standards and has enjoyed consistent increases in market share. Also, a study of the banking industry turned up a significant relationship between employment security and banks' return on assets.<sup>4</sup>

At St. Rita's Medical Center, Lima, OH, commitment to employee security is evident in the three-to-five-year development plans that are standard for managers. Brian Smith, senior vice president with responsibility for the human resources function, says that St. Rita's expects managers to have long careers with the hospital. St. Rita's sends all key managers and directors—after their first year on the job—to an organizational psychologist for assessment and assistance in creating their long-term development plans. The cost of each consultation is approximately \$2,500 per manager/director. Then, to achieve their three-to-five-year development goals, managers receive between 24 and 36 hours of training annually.

In his book, *The Human Equation: Building Profits by Putting People First*, Stanford Business School professor Jeffrey Pfeffer wrote, "Companies are

unlikely to invest the resources in the careful screening and training of new people if those people are not expected to be with the firm long enough for it to recoup these investments. Similarly, delegation of operating authority and the sharing of sensitive performance and strategic information requires trust, and that trust is much more likely to emerge in a system of mutual, long-term commitments."<sup>5</sup>

### Selective Hiring

The organization that expends the necessary effort required to find and hire people who closely fit the job and the organization's culture reap rewards in employee satisfaction. Across industries, employers are relying on rigorous recruitment and selection methods to match workers with jobs. Subaru-Isuzu subjects candidates to up to six months of multiple screening processes, written tests, and assessment exercises. At business software provider PeopleSoft, interviewers are careful to present a consistent picture of organizational values and focus on candidates' team orientation and life philosophy.

At Providence Seaside Hospital, Seaside, OR, an intensive interviewing process breaks down the management-staff hierarchy by opening the process to any employee who is affected by the



pending hire. Sr. Jeri Renner, OP, the hospital's director of mission, ethics, and spiritual care (she is also liaison to the hospital's volunteers), was interviewed by staff, managers, physicians, administrators, volunteers, and even community clergy—35 people altogether—before being offered the job. "I got the sense that choosing the right person is really important here," Sr. Renner says. "I knew of the Providence System, but I was not familiar with Seaside. Two full days of interviews changed that."

Clearly, having a large pool of applicants from which to choose makes chances of finding the best fit possible. Southwest Airlines, for example, received 125,000 applications in 1994; the company hired 4,000 people that year. In today's environment, health care organizations, however, are often faced with a scarcity of applicants for



open positions. Still, successful organizations are those that clearly describe the most critical skills and attributes needed in a job and screen candidates based on the attributes most difficult to change through training, as well as the qualities that differentiate applicants.

## Self-Directed Teams and Decentralized Decision Making

Not surprisingly, organizations that have successfully implemented self-directed teams and decentralized decision making as the basic principles of organizational design have achieved improved levels of employee satisfaction with involvement in decision making. Among the “best in class” examples is Whole Foods Markets, a 121-store chain of natural food markets in which the fundamental work unit of the company is the self-directed team. Every employee is a member of a team. The company’s core values include team member happiness and excellence which are achieved with

“incremental progress: Our company continually improves through unleashing the collective creativity and intelligence of all of our team members. We recognize that everyone has a contribution to make. We keep getting better at what we do.”<sup>6</sup>

Employees of the Ritz-Carlton hotel chain (where the motto is “Ladies and gentlemen serving ladies and gentlemen”) each are empowered to spend up to \$2,500 to resolve a guest complaint. Similarly, at Hampton Inn, staff are authorized to refund a night’s stay in response to a guest complaint. Many hospitals—including St. Joseph Regional Medical Center, Ponca City, OK, profiled later in this report—have instituted similar programs giving employees the power to address patient/family complaints.

Mark Skaja, vice president of mission services, St. Rita’s Medical Center, Lima, OH, said that since 1995, the hospital’s management has been working to affect a culture change from a “parental” relationship between the organization and its employees to an “adult-to-adult” model. An emphasis on individual and collective responsibility for the organization permeates actions at St. Rita’s and translates into a model of behavior for participation in teams. Skaja said that several years ago, administration attempted to re-engineer St. Rita’s patient care model. After encountering employee resistance, administration “stepped back, listened to staff,” and

modified the care model. This willingness to involve employees in decision making built trust among the staff, Skaja said.

An innovative tactic for decentralized decision making is Providence Hospital’s (Washington, DC) employee planning days which are described later in this report.

## Compensation

East Alabama Medical Center, Opelika, AL, was among the “100 Best Companies To Work For” named by *Fortune* magazine. Under the center’s gain-sharing plan, employees receive bonuses of as much as five percent of their annual pay if certain quality targets for customer satisfaction, employee satisfaction, and financial performance are met. Several of the facilities participating in the collaborative benchmarking project have similar “value-sharing” or “gain-sharing” programs.

Paying comparatively high compensation that is contingent on organizational performance appears to positively impact employee satisfaction. This strategy demonstrates equity and fair treatment of all employees and helps motivate workers’ efforts to attain organizational objectives. It does require additional training for managers and increased communications with the workforce to make it successful.





Austin, TX-based Whole Foods Markets, Inc., is committed to equitable compensation. Written into the company's core values is this statement regarding "Shared Fate": "We recognize there is a community of interest among all of our stakeholders. There are no entitlements; we share together in our collective fate. To that end we have a salary cap that limits the compensation (wages plus profit incentive bonuses) of any team member to 10 times the average total compensation of all full-time team members in the company."

Many companies such as Walmart, Southwest Airlines, and Starbucks share stock ownership with employees. Coffee giant Starbucks gives stock options to all its employees, full- and part-time. The supermarket chain Publix, with 478 stores throughout the southeastern United States, has always been privately owned by its employees and management along with the founder's family. Employees become eligible for stock after working one year and 1,000 hours. In 1995, Publix earned 2.75 percent on net sales in an industry where the norm is 1 percent.

Compensation tied to organizational performance appears to drive employee satisfaction, and employee satisfaction can have dramatic effects on an organization's performance.

## Extensive Training

High performing organizations invest in employee training well beyond their industries' norms. Men's Wearhouse, a discount clothing chain, spends significantly more on training than its competitors but sees a pay-off in lower-than-industry turnover and higher sales. Car maker Saturn provides new employees with 300 to 600 hours of training followed by ongoing education taking an average of five percent of each employee's annual hours.

The health care industry, it seems, is not the benchmark for management or staff training. According to *Modern Healthcare*, "The standard benchmark in winning companies is 40 hours of management training annually. There is a huge development deficit in health care where many managers are virtually management illiterate. The situation is equally bleak among staff. While the average hospital worker received six hours of education last year, the kid making coffee at Starbucks received 36 hours."<sup>7</sup>

At St. Elizabeth Community Hospital, Red Bluff, CA, Sr. Patricia Manoli, RSM, the director of mission services, attributed her hospital's high score in employee satisfaction, in part, to management training. "Our managers are responsible for being enthusiastic about the mission and values," she said. To support them, St. Elizabeth Community Hospital provides every manager with five eight-hour training

sessions to build communication skills. Sr. Manoli said that the hospital's executive vice president, Tom Grimes, is "passionate about employee communication," and at every management meeting, he reinforces the need for managers to develop communications skills.

The hospital's commitment to mission and values education is evidenced in another of its training strategies. After six months on the job, all employees participate in a two-hour re-orientation on the facility's mission and values. "We ask them, Where have you seen the mission and values in action, and where have you seen them missing? What could we do to improve?," Sr. Manoli said. Mercy Medical Center, Redding, CA, sister facility to St. Elizabeth Community in Catholic Healthcare West's North State Region, conducts similar re-orientation sessions for employees after three to six months of employment to discuss the core values, spirituality in the workplace, heritage and history, and more.

St. Rita's Medical Center, Lima, OH, spends 1.5-to-2 percent of its annual payroll expense on staff training. Managers at St. Rita's participate in 24-to-36 hours of training annually. Additionally, all senior managers participated in CHA's "Foundations of Catholic Health Care Leadership" program which created a common vocabulary of "ministry language" among them.



## Reduced Status Distinctions

Breaking down barriers in the workplace hierarchy by changing dress codes, status, and wage distinctions, even the architecture of the work space can significantly improve employees' satisfaction. Manufacturers like Lincoln Electric and NUMMI have no executive dining rooms or reserved parking spaces. At Kingston Technology, a computer memory manufacturer in Fountain Valley, CA, the company's co-founders sit in cubicles and do not have private secretaries. Industry leaders such as Walmart and Southwest Airlines limit top executive wages.

At East Alabama Medical Center, CEO Terry Andrus spends two hours of every day making rounds. "T.A.," as he is known by employees throughout the hospital, dresses casually in khakis and golf shirts on days when he has no meetings outside the hospital. Andrus' staff say he can greet 85 percent of the 1,500 employees and 250 volunteers by their first names.

Sr. Bernadette Helfert, SCL, vice president for mission integration, St. Vincent Healthcare, Billings, MT, attributes her facility's high employee satisfaction with involvement in decision making to an administrative team that is well known by employees and has a long history in the facility. Among the members of the administrative team, tenure ranges from 4 to 15 years. "This is a large institution, but the administrators are around, and people know them,"

Sr. Helfert said. "There is a 'small town' culture here, too. Employees see the administrators at ball games and at church; they are friends outside the workplace."

In most of the "high performer" Catholic facilities, administrators make rounds regularly, make a point of eating lunches in the cafeteria, and "manage by walking around." At St. Mary's Medical Center, Hobart, IN, the administrator on call is required to visit between 5 and 10 patients during the week on call. This simple customer service strategy takes them out into patient care areas where they are accessible to employees, as well; administrators report that the visits can be accomplished in about an hour.

## Extensive Sharing of Financial and Performance Information

"If you're trying to create a high-trust organization...an organization where people are all-for-one and one-for-all, you can't have secrets." This declaration from John Mackey, CEO, Whole Foods Markets, describes his company's philosophy and reason for sharing salary information with employees. Many of the companies studied have implemented "open books" policies allowing employees access to the firms' financials. At East Alabama Medical Center, financial information is routinely shared with employees, and the facility provides workers with training on how to read and interpret financial statements.

Performance data is a critical element in the effectiveness of employee planning days at Providence Hospital, Washington, DC (profiled later in this report). Beyond just financial and performance statistics, however, open, frequent communication with employees was named by almost all the "high performer" Catholic facilities as contributing to employees' satisfaction with involvement in decision making.

## Communication Is Key

St. Rita's Medical Center, Lima, OH, consistently releases news to employees before the press and general public. Press releases—even television commercials—are shared with the employee population before disseminated to the wider community.

Senior Vice President Brian Smith says candor builds trust. His organization is transforming attitudes "to information *sharing* as power, rather than information as power." St. Rita's also is diligent in ensuring that all communications are readable by the entire employee group. All materials—memos, brochures, manuals, newsletters, etc—are written to and tested for a fourth-grade reading level.

St. Rita's administrators maintain an open dialogue with employees through the use of "sensing sessions," informal focus group meetings with employees that are organized as needed to surface critical needs and issues. Smith said sessions turn up "grumbles, like complaints about parking or the food



in the cafeteria” and “cries for help,” serious questions about resources needed to do the work. “We try to follow up individually with each employee’s concern. Grumbles we live with,” Smith said; “the serious requests we take action on.” Nurses told management in one sensing session that they were spending too much time tracking down IV pumps needed by their patients. “They asked why they couldn’t have a \$2,400 pump in every room because they use them for 60 percent of their patients. So we did it; we got them the pumps.”

At St. Joseph Regional Medical Center, Ponca City, OK, every employee has an e-mail address and access to a computer to check e-mail. Technology employed this way is having a positive impact on the reception of employee communication as well as self-esteem among employees.

When employees at Mercy Medical Center, Redding, CA, said they didn’t know enough about the organization’s strategy, the hospital responded by creating a new bulletin, *Mercy Update*, to pass information on reimbursement, broad organizational change initiatives, and more. The hospital surveys employee attitudes every six months and feeds back the results through staff meetings at the local work group level. Sr. Brenda O’Keeffe, RSM, vice president of mission, said the hospital’s senior managers make a concerted effort to attend all the staff meetings and hear what the employees’ needs

are. “Communication is key. We go to more meetings, but we meet with smaller groups at a more intimate level.”

Sr. Helfert at St. Vincent Healthcare, Billings, MT, said a “culture of listening” exists in her facility. “We trust the employees,” she said, “and we value their diverse opinions. One of our administrators who is responsible for the dietary and environmental services asks the question all the time, ‘What can you tell me that I really don’t want to know? I need to hear these controversial issues.’ We have to reinforce with employees that they are safe.” When problems arise at St. Vincent, employees are asked for solutions, Sr. Helfert said. “Our billing processes were in disarray, so instead of hiring a consultant, the vice president of patient services called a group of managers together to form a revenue cycle team. They worked very hard, and turned that billing process around.”





### “Putting It All Together”

Employees’ satisfaction with their involvement in decision making results from multiple strategies and diligent attention, particularly from skilled managers and administrators. Stepping back for a “big picture” view, CHA’s collaborative benchmarking project shows that systemic alignment within the organization, more than individuals strategies, policies, or practices, is key to influencing employee attitude. This systemic alignment connects:

- Expectations for employee performance
- Training to meet performance expectations
- Tools and vehicles needed to accomplish the job
- Measurement processes that are used consistently
- Accountability of individuals and teams, management and staff
- Follow-up on issues raised by management and staff—“closing the loop”

In their book, *First, Break All the Rules*, Marcus Buckingham and Curt Coffman reported on research conducted by the Gallup Organization over 25 years to determine the core elements of a strong workplace. The research concluded that the strength of any workplace could be measured simply by a set of 12 questions to employees. They are:

1. Do I know what is expected of me at work?
2. Do I have the materials and equipment I need to do my work right?
3. At work, do I have the opportunity to do what I do best every day?
4. In the last seven days, have I received recognition or praise for doing good work?
5. Does my supervisor, or someone at work, seem to care about me as a person?
6. Is there someone at work who encourages my development?
7. At work, do my opinions seem to count?
8. Does the mission/purpose of my company make me feel my job is important?
9. Are my co-workers committed to doing quality work?



10. Do I have a best friend at work?
11. In the last six months, has some one at work talked to me about my progress?
12. This last year, have I had opportunities at work to learn and grow?

The authors of *First, Break All the Rules* wrote that an employer who is able to create an environment in which employees can answer positively to all 12 questions has built a great place to work. Clearly, embedded in these 12 questions are the markers of the systemic alignment described above.

For the Catholic health care organization, systemic alignment is rooted in the mission and values. “The thing that we communicate constantly is we need to act out of our core value system,” said Sr. O’Keeffe at Mercy Medical Center, Redding, CA. “Employees are here not just for a job, but for the healing ministry of Jesus.”

“If the values don’t somehow get married into the organizational life,” said St. Elizabeth Community Hospital’s Sr. Manoli, “the organization is not living up to its purpose.” At her hospital, compassionate service extends to all employees, “We are here to work for each other, not just the patients who come to us.”

The mission of Jesus that created the Catholic health ministry and the central commitment to respect every human person’s inherent dignity call ministry organizations to be places of holistic health and development for employees as well as for those who come for service. In the *Ethical and Religious Directives for Catholic Health Care Services*, the bishops of the United States write that Catholic health care institutions are responsible to provide environments that ensure employee participation, safety and well-being, and just compensation and benefits. The facilities that demonstrate the highest levels of employee satisfaction with involvement in decision making are, not surprisingly, integrating these defining elements of Catholic identity into their organizational systems and cultures. They are innovative in their tactics, persistent in implementing strategies for employee involvement, and dedicated to building lasting relationships with their workers. The satisfaction of their employees is but one indicator of their effectiveness in extending Jesus’ healing mission.

## Notes

1. Robert G. Gift and Doug Mosel, *Benchmarking in Health Care: A Collaborative Approach*, American Hospital Publishing, Inc., Chicago, 1994.
2. Jeffrey Pfeffer, *The Human Equation: Building Profits by Putting People First*, Harvard Business School Press, Boston, MA, 1997.
3. Pfeffer, p.65.
4. John E. Delery and D. Harold Doty, “Modes of Theorizing Strategic Human Resources Management: Tests of Universalistic, Contingency, and Configurational Performance Predictions,” *Academy of Management Journal*, vol 39, 1996, p. 820.
5. Pfeffer, p. 69.
6. Whole Foods Markets, “Our Core Values,” [www.wholefoodsmarket.com](http://www.wholefoodsmarket.com)
7. V. Clayton Sherman, *Modern Healthcare*, November 20, 2000, p. 28.



# Profile

## Providence Hospital Washington, DC

**A**t Providence Hospital, employees talk about a culture of trust that exists, a sense of unity, “not hierarchy or lowerarchy,” and a consciousness that the mission is woven throughout the institution. Providence employees indicate high levels of satisfaction with their involvement in organizational decision making, too. Their satisfaction is deserved: for the past decade, Providence has annually involved nearly a quarter of all employees in creating the hospital’s strategic plan.

“Employee Planning Days” were initiated by Providence President/CEO Sr. Carol Keehan, DC, in 1991.

“I started this process because I believe that employees have an enormous amount to contribute,” she said. “I once heard a story from a guy who ran a factory and was notorious for involving front-line workers. Some executive cynically asked him, ‘What do they know about running the business? They just make widgets.’ He said, ‘These are guys who can raise two kids on \$19,000 a year; you are having trouble raising one on \$100,000!’ That makes sense to me. Our employees do a wonderful job at these planning days. They give us great insights.”

Each year, at the beginning of the hospital’s planning cycle, four sessions are conducted to generate employee input that will shape the strategic plan. At each session, a group of 100 employees—chosen by their managers

from all levels and departments within the facility—gather in four-hour planning meetings. The agenda includes a mission reflection and presentations on the current environment for health care, nationally and in the local service area, and most recent patient and employee satisfaction data. Sr. Keehan and the hospital’s finance officer present the same financial reports that are given to Providence’s board of trustees.

Then employees divide into small groups and are given scenarios or questions to stimulate their brainstorming. An appointed facilitator from each group gathers the ideas and leads the group to form consensus around ideas that will be presented to the large body. All the strategy ideas are collected. The results from the employee planning days shape management and board planning activities and, ultimately, the hospital’s annual plan.

The planning days are organized around three themes: Mission, Organizational Performance, and Quality, defined at Providence Hospital as “meeting or exceeding expectations that represent value to patients/customers.” In discussions of quality at the 2000 sessions, employees were asked, “What should your department do better that is in your control?”

*Annually, almost a quarter of all Providence Hospital’s employees participate in four-hour sessions that are part of the institution’s strategic planning cycle.*





Among the responses from employees:

*“I wish my unit would decrease/omit the use of room numbers for our patients, for example, ‘823 needs some help going to the bathroom.’ Correction: ‘Mr. Jones in 823 needs help going to the bathroom.’”*

*“To shorten waiting time especially in giving pain medications and chemotherapy, more coordination with pharmacy so that they will deliver medications and chemo on time.”*

*“Provide a dynamap machine [in the unit] to monitor closely vital signs of patients getting blood and blood products (which 50 percent or more of our patients receive).”*

During last year’s planning days, after a review of patient satisfaction data, the employees were asked, “Do you have a general recommendation for the hospital after seeing these patient satisfaction results?” This question generated ideas such as these:

*“Promote computerized patient scheduling system. Give patients a copy of their schedule each day so they will know what to expect.”*

*“Include the basic things on how to provide privacy to patients in the mandatory in-service or education day. Make ‘keeping patients’ privacy’ one of the topics. Even if it is so basic, we sometimes do overlook it when we are busy.”*

Once the hospital’s annual plan is developed, planners at Providence are careful to report to employees how their suggestions have driven the goals and objectives of the plan.

Sr. Keehan credits employee participation at the planning days with significant positive impact on the facility. “We’ve made a major turnaround in a bad health care market to become an organization with a positive bottomline and major new initiatives and new buildings going up on our campus. Eighty percent of our innovations—from the need for a new nursing home to ways to reward employees who don’t use up their sick time—come from the planning days.”

There are fringe benefits, too, she said. When technicians from the radiology department and nurses from the floors meet together, for example, they come to understand clearly how their actions can create problems for one another. Also, after their participation in the planning exercise, employees are less likely to question management’s strategies—“They don’t ask, ‘Why are we doing this?’,” Sr. Keehan said.

Taking a fourth of the employee population off the job to plan is costly, she cautioned. “It is expensive, and it takes a lot of my time, too, planning the process for the sessions and



*At last year’s planning days, employees were asked, “What should your department do better that is in your control?”*

attending all of them. But it’s enormously helpful to me as CEO. It’s not a cheap way, but the rewards far exceed the expense. What would you have to pay to have the insights and the developed camaraderie and cohesiveness?”

At the end of each employee planning session, Sr. Keehan asks the employees gathered if the process should be continued next year. Their answer continues to be a resounding “Yes!”

*For more information on employee planning days at Providence Hospital, contact Janet Lewis, RN, MPA ([jlewis@provhosp.org](mailto:jlewis@provhosp.org)), director, quality management, or Michael Thompson ([mthomps@provhosp.org](mailto:mthomps@provhosp.org)), director, planning, at Providence Hospital, 1150 Varnum Street, NE, Washington, DC, 20017-2180, 202-269-7000.*



# Profile

## *St. Joseph Regional Medical Center Ponca City, OK*

**A**t St. Joseph Regional Medical Center a number of practices come together in systemic alignment that is paying off in high levels of satisfaction among its 550 employees.

During the 2000 data collection for *Living Our Promises, Acting On Faith*, St. Joseph, a small hospital sponsored by the Via Christi Health System and serving a mostly rural population, was a “high performer” on the measure “percent of employees indicating satisfaction with their involvement in decision making.” Investigation into St. Joseph’s practices, which may be contributing to its high satisfaction scores, showed a number of integrated strategies.

For example, there is a strong emphasis on performance improvement at St. Joseph. Since 1990, performance improvement teams have been at work in all the hospital’s departments, as well as other interdepartmental, interdisciplinary teams. The expectation of involvement in performance improvement extends to all employees, from the beginning of their employment at St. Joseph. The human resources staff is careful to introduce new employees to this cultural expectation in the initial orientation program. Then, performance appraisal includes involvement in organizational improvement activities as a measure of employee performance.

Training for managers and supervisors is another emphasis at St. Joseph. In her or his first year on the job, a new supervisor/manager will receive approximately 50 hours of management training, much of it occurring in the first two weeks when each new

supervisor/manager is linked with a seasoned colleague for one-on-one mentoring. St. Joseph follows up the initial training with various ongoing development opportunities: occasional one-day seminars and access to supervisor training at a local technical college.

Another important strategy contributing to St. Joseph’s high score is the Quality of Work Life initiative. Directed by an employee task force—12 employee members including St. Joseph CEO Bob Edwards and no more than four managers or supervisors—the process started in 2000 with a work life survey of all employees. The task force analyzed the opinions collected in the survey and reported the results to the entire employee population.

(Communication with St. Joseph’s work force is accelerated because every employee in the organization has an individual e-mail address and access to a computer. All St. Joseph’s employees are given two hours of training on using e-mail. Also, the hospital has implemented an intranet and trained employees on its use. In response to employee requests, the minutes of monthly department head meetings are posted on the intranet for all workers to view.)



*Quality of Work Life teams develop and implement “100-day” goals for rapid improvement.*



From the survey results, the task force identified six areas for development:

- Education
- Staffing
- Benefits/Compensation/Performance Evaluation
- Management/Supervision
- Employee/Physician Relations
- Communication

Applying the same performance improvement methodologies familiar within the hospital's work force, the Quality of Work Life task force then recruited teams of employees to address these six developmental areas. The teams are purposefully composed of 12 employees each, with no more than four managers or supervisors among them. The team leaders are all non-management employees. Participation on the teams is strictly voluntary, but does represent a hefty time commitment since the teams meet every one-to-two weeks.

Following the style set by Edwards, the teams develop and implement "100-day" goals for rapid improvement. They report their progress to the task force and their results to the entire hospital community by way of "storyboards" displayed in prominent locations.

The committees are rigorous about researching the issues. For example, the team addressing education collected data about the skill requirements of various positions and inventoried the training offered to meet these requirements. They found that nurses were in greatest need of additional education, and armed with the data they had collected, they made a case for adding a half-time position to the nursing education staff. They also identified and promoted internet-based education programs for nurses (which could also be used by other clinical staff) and recommended changes in the distribution of departmental education budgets.

To date, the efforts of the Quality of Work Life teams have yielded these results:

- Increased nurse education resources
- Improved hospital security staffing
- Improved employee communication methods
- Nursing wage adjustment
- Enhanced benefit plan with paid time off
- More consistent supervisory practices

Keith Hufnagel, director of human resources at St. Joseph, says there are a number of factors enabling the success of the Quality of Work Life initiative. "First, it's new leadership. Our CEO and vice presidents of patient care and

*Progress on Quality of Work Life goals is communicated to St. Joseph's employees by way of "storyboards" displayed prominently in the hospital.*



mission are all new to St. Joseph. New leadership has brought a new enthusiasm and energy."

Hufnagel also said that the program has been successful because it is integrated with and builds on the hospital's performance improvement culture. "And the Quality of Work Life process is an emphasis of our corporate system (Wichita, KS-based) Via Christi Health System."

The employee survey that informed St. Joseph's Quality of Work Life initiative was scheduled to be conducted every two years. Because of employee interest generated by the Quality of Work Life activities, however, the survey may be repeated after only one year, Hufnagel said.

*For more information on St. Joseph's Quality of Work Life initiative and other strategies, contact Keith Hufnagel (khufnagel@via-christi.org), director of human resources, at St. Joseph Regional Medical Center, 1900 North 14th St., Ponca City, OK 74602, 580-765-0545.*



# Bibliography

## Books Reviewed for External Research

- Buckingham, Marcus and Coffman, Curt, *First, Break All the Rules: What the World's Greatest Managers Do Differently*. Simon & Schuster, New York, NY, 1999, the Gallup Organization.
- Denning, S. Lance, *The Practice of Workplace Participation Management- Employee Relations at Three Participatory Firms*. Quorum Books, Westport, CT, 1998.
- Gift, Robert G., and Mosel, Doug, *Benchmarking in Health Care: A Collaborative Approach*, American Hospital Publishing, Inc., 1994.
- Klein, Eric, and Izzo, John B., *Awakening Corporate Soul – Four Paths to Unleash the Power of People at Work*, Fairwinds Press, 1999.
- Lewin, Roger, and Regine, Birute, *The Soul at Work: Unleashing the Power of Complexity Science for Business Success*, Texere Publishing, 1999.
- Petzinger, Jr., Thomas, *The New Pioneers – The Men and Women Who Are Transforming The Workplace and Marketplace*, Simon & Schuster Trade, 1999.
- Pfeffer, Jeffrey, *The Human Equation: Building Profits by Putting People First*, Harvard Business School Press, Boston, MA, 1997.
- Reichheld, Frederick F. (written with Thomas Teal), *The Loyalty Effect: The Hidden Force Behind Growth, Profits, and Lasting Value*, Harvard Business School Press, 1996.
- ## Articles
- Beckley, Elizabeth Thompson, "100 Top Hospitals: National Benchmarks," *Modern Healthcare* Supplement, February 26, 2001.
- Caudron, Shari, "Empower the People: Ten Steps to Employee Involvement," June 19, 1998 ([www.industryweek.com](http://www.industryweek.com)).
- Cauhorn, Jim, "Empowered Employees Are Key to Success," April 12, 1999 ([www.industryweek.com](http://www.industryweek.com)).
- Charles, Colleen K., and Negron, Angela, "Open-Book Management Goes Beyond the Bottom Line," submitted to the Alfred P. Sloan School of Management in partial fulfillment of the requirements for the degree of master of business administration (Charles) and master of science in management (Negron) at the Massachusetts Institute of Technology, June 1987, © Colleen K. Charles and Angela Negron.
- "Fourth Annual Industry Week Census of Manufactures Research Report," Research conducted in association with PricewaterhouseCoopers, © 2000 ([www.industryweek.com](http://www.industryweek.com)).
- Ingle, Grant, "Employee Rights," *In Context: A Quarterly of Humane Sustainable Culture*, no. 11, Autumn 1985, © Context Institute, 1985, 1997 ([www.context.org](http://www.context.org)).
- Levering, Robert, and Moskowitz, Milton, "The 100 Best Companies To Work For," *Fortune*, January 8, 2001.
- Spreitzer, Gretchen M., and Mishra, Anil K, "Giving Up Control Without Losing Control: Trust and Its Substitutes' Effects on Managers' Involving Employees in Decision Making," *Group and Organization Management*, vol. 24. no. 2. pp. 155-187.
- Suzik, Holly Ann. "Transmission Plant a Winner with Empowerment," *Quality Online*, April 1998 ([www.qualitymag.com](http://www.qualitymag.com)).
- White, Kenneth R., "Hospitals Sponsored by the Roman Catholic Church: Separate, Equal, and Distinct?" *The Milbank Quarterly*, vol. 78, no. 2, 2000.



### *Organizations Contacted for Resources*

American Management Association  
1601 Broadway  
New York, NY 10019  
P: 212-586-8100; 1-800-262-9699  
F: 212-903-8168  
<http://www.amanet.org>

American Society for Healthcare  
Human Resources Administration  
(ASHHRA)  
One North Franklin  
Chicago, IL, 60606  
P: 312-422-3725  
F: 312-422-4579  
Email - [ashhra@aha.org](mailto:ashhra@aha.org)

Association for Quality  
and Participation  
Executive Building #200  
2368 Victory Pkwy.  
Cincinnati, OH 45206  
P: 1-800-733-3310  
F: 513-381-0070  
<http://www.aqp.org>

Disney Institute  
Orlando, FL  
<http://disney.go.com/disneyinstitute/professionalprograms/>

Health Forum  
34th Floor  
425 Market Street  
San Francisco, CA 94105  
P: 415-356-4300  
<http://www.healthforum.com>

### *Company Websites for Employee Empowerment/ Decision Making*

Inalfa Industries, [www.inalfa.com](http://www.inalfa.com)  
“Inalfa Mission Statement”

APW Mayville, [www.mayville.com](http://www.mayville.com)  
“Team Orientated Through Employee  
Empowerment”

OAO Technology Solutions, Inc.,  
2000. [www.oaot.com](http://www.oaot.com)  
“Culture and Values: Employee  
Empowerment”

Schindler Elevator  
Corporation/Clinton, NC  
[www.us.schindler.com](http://www.us.schindler.com) “Schindler’s  
Clinton, N.C., Escalator Plant Named  
Among Industry Week’s America’s  
Best Plants.”

Whole Foods Market  
[www.wholefoodmarket.com/company/  
corevalues.html](http://www.wholefoodmarket.com/company/corevalues.html)  
“Our Core Values”





# Task Force



*Living Our Promises, Acting On Faith* was developed in 1999 for the Catholic Health Association by a task force of leaders from the ministry:

Sr. Juliana Casey, IHM,  
PhD, STD  
Executive Vice President,  
Mission Integration  
Catholic Health East  
Newtown Square, PA

Maureen C. Finn  
Corporate Director,  
Mission Integration  
Catholic Healthcare  
Partners  
Cincinnati, OH

Robert G. Gift  
President  
Systems Management  
Associates, Inc.  
Omaha, NE

Mary Kathryn Grant, PhD  
Executive Vice President,  
Sponsorship/Mission  
Services  
Holy Cross Health System  
South Bend, IN

Martin C. Helldorfer,  
D Min  
Senior Vice President,  
Mission & Ministry  
Catholic Health Services  
of Long Island  
Melville, NY

Sr. Nancy Kinate, OSF  
Assistant Vice President,  
Mission  
Franciscan Sisters of  
Christian Charity  
HealthCare Ministry, Inc.  
Manitowoc, WI

Sr. Kieran Kneaves, DC  
Vice President,  
Mission/Leadership  
Development  
Ascension Health  
St. Louis, MO

Rev. Thomas Kopfensteiner,  
STD  
Faculty, Department of  
Theology  
Fordham University  
New York, NY

Rev. Joseph Kukura  
President  
Catholic Healthcare  
Partnership/NJ  
Clifton, NJ

Brian O'Toole, PhD  
Vice President, Mission  
& Ethics  
Sisters of Mercy Health  
System – St. Louis  
St. Louis, MO

William Schoenhard  
Executive Vice  
President/Chief  
Operating Officer  
SSM Health Care  
St. Louis, MO

LaTisha Wells  
Vice President, Mission  
Integration  
St. Mary's Hospital &  
Medical Center  
Grand Junction, CO

*CHA Staff*  
Regina M. Clifton  
Sr. Jean deBlois, CSJ, PhD  
Tim Eckels  
Ed Giganti  
Ron Hamel, PhD  
Julie M. Jones  
Carol Tilley



---

*We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.*

*We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.*

---

**THE  
CATHOLIC HEALTH  
ASSOCIATION**  
OF THE UNITED STATES



NATIONAL HEADQUARTERS  
4455 Woodson Road  
St. Louis, MO 63134-3797  
Phone 314-427-2500  
Fax 314-427-0029  
[www.chausa.org](http://www.chausa.org)

WASHINGTON OFFICE  
1875 Eye Street, NW, Suite 1000  
Washington, DC 20006-5409  
Phone 202-296-3993  
Fax 202-296-3997