

## A LETTER FROM THE PRESIDENT



In 1965, the bishops of the world wrote the *Pastoral Constitution on the Church in the Modern World* at the Second Vatican Council. They reminded us, “The Church carries the responsibility of reading the signs of the times and of interpreting

them in the light of the Gospel, if it is to carry out its task.” For the healing ministry to endure and flourish, we must continue to ask: What are the signs of the times in health care today? How do we interpret them in the light of the Gospel, and how do we act in a way consistent with our identity?

Since 1977, the Catholic Health Association has been engaged in articulating what are the objective criteria for assessing the effectiveness of Catholic health care facilities as ecclesial organizations. Gospel principles and Catholic social teaching have always been the foundational values by which we assess ourselves. While the underlying values of Catholic health care have not changed, the health care environment in which we operate, the types of partnerships we are entering in and our models of sponsorship have.

This reality was the subject of a 2016 “Critical Conversation” gathering of CEOs, sponsors and system mission leaders. The conversation focused on ministry identity and institutional integrity at a time of rapid change and challenges in health care delivery. CHA was asked to identify the essential elements that should be part of any ministry identity assessment process and offer some key performance indicators (KPIs) that would demonstrate the organization is operating, caring and making decisions based on its identity as a ministry of the Church.

A task force of sponsors, mission leaders and ethicists from across the ministry met over 18 months to create the *CHA Ministry Identity Assessment*. It is based on CHA’s *A Shared Statement of Identity* and its seven core commitments and uses the *Baldrige Performance Excellence Program* criteria. The *CHA Ministry Identity Assessment* was piloted in four member facilities, leading to an enrichment of the assessment process and the creation of this *Manual*. We hope this *Manual* provides an intuitive process and the necessary materials Catholic health organizations need to create continuous quality improvement in ministry identity.

Please note that the assessment process is not prescriptive, nor is it intended to supplant assessment processes and tools already in use. It is applicable in acute and non-acute care settings at the facility, regional or system levels. The assessment process ends with the creation of an ongoing improvement plan with regular measurement and reporting to ensure accountability.

Like the processes and tools that precede it, the *CHA Ministry Identity Assessment* is not intended to be the final word on what ministry identity is and how it should be evaluated and measured. CHA members asked that as an association, we reflect and re-articulate our core commitments in light of the signs of the times. This latest iteration is one more piece of the health care ministry’s ongoing reflective process of identity and integrity.

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