Sponsor Expectations & Mission Performance Standards

Catholic Health System
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The mission of the Catholic Health System is clear and simple: to reveal the healing love of Jesus to those in need. The responsibility for ensuring that this guiding principle is reflected throughout the various ministries and integrated into all levels of service falls to the sponsors. They must ensure that all who are involved in the Catholic Health System live the mission in the way they care for and relate to their patients, clients, and residents and in the way they work with and treat one another.

The purpose of this document is to present and explain 10 mission performance standards that are intended to ensure that service to Catholic Health System is viewed as commitment to a specific ministry and to a work community of choice. It is hoped that this document will be viewed as an opportunity for personal development and for advancement and enrichment of the ministry. Used in this way, it will affirm areas of strength and identify areas for growth and improvement in meeting mission integration standards. It also provides materials for serious reflection and respectful deliberation, while encouraging choices and actions that promote the mission.

Ideally, this resource, and the dialogue it generates, will enhance the skills and commitment of the ministry’s leaders and caregivers, thereby allowing Catholic Health System to flourish as it fulfills its mission of caring for those in need.

As sponsors, we are committed to working with board members, associates, physicians and others in providing leadership and in promoting shared responsibility for the continued viability of our health care ministry. We pledge to use our considerable spiritual, moral, human and financial resources in a careful and deliberate manner in articulating our mission, in planning for the future, and in making choices that will ensure fidelity to Catholic teaching and the values of our religious founders.

Rev. Msgr. Robert E. Zapfel, STD, MBA
Chair, Corporate Members Board/Bishop’s Representative for Health Care
Sr. Margaret Tuley, DC, MS, MHA
Vice-chair, Corporate Members Board/Daughters of Charity, Ascension Health
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Vice-chair, Corporate Members Board/Holy Names of Mary, Ascension Health
Rev. John G. Bringolf, CST, MIA
Chair, Corporate Members Board/Presence Health
Drs. Thomas J. Burke, PhD, MIA
Chair, Corporate Members Board/Ascension Health
In standard nine, Catholic Health System recognizes the value of participating in public advocacy by collaborating with other agencies that share similar values.

Standard 10 stresses periodic assessment of these standards in the strategic planning process.

These standards present a challenge that, when embraced, will transform both ministry and ministry. While their responsibilities differ from standard to standard, the goal for sponsors, governance and managers is clear: to integrate and live the mission of Catholic Health System at every institutional level and in every ministry setting. Fidelity to the attitudes and behaviors these standards outline will demonstrate the integration of mission throughout the system.
PART I: OUR MISSION, VISION & VALUES

Our Mission
Why we exist
We are called to reveal the healing love of Jesus to those in need.

Our 2020 Vision
What we are striving to do
Inspired by faith and committed to excellence, we will lead the transformation of healthcare in our communities.

Our Values
What we believe in

Reverence
- Respect for the whole person
- Fair and just treatment of individuals
- Non-judgmental behavior

Justice
- Unconditional acceptance of each person
- Serving as advocates for the most vulnerable
- Collaborating with others to empower individuals

Compassion
- Empathy
- Responsiveness to need
- Sensitivity

Excellence
- Personal and professional integrity
- Promoting and facilitating quality healthcare services
- Commitment to embrace new technology
In 1998, at the urging of Bishop Henry J. Mansell, several hospitals, nursing homes and clinics operated by religious orders, Catholic Charities and the Diocese came together under the umbrella of the Catholic Health System. The move was prompted by a desire to continue the mission of the church in health care throughout Western New York and the financial conditions facing the institutions and the competitive health care marketplace.

To that end, the Daughters of Charity, the Diocese of Buffalo, the Sisters of Mercy and the Franciscan Sisters of St. Joseph became the religious sponsors of Catholic Health System, which assumed the role of corporate parent of the constituent institutions, and also continued their individual religious sponsorship of the institutions which they had founded.

Five years after its formation, Catholic Health System produced its first surplus of income over expenses, a trend that has continued to this day.

**PART II: A BRIEF HISTORY**

The first significant change in the structure of the organization occurred with the merger of St. Joseph Hospital located in Cheektowaga and Sisters of Charity Hospital located in Buffalo. Facing a recommendation of the state Commission on Health Care Facilities in the 21st Century that St. Joseph Hospital be closed, Catholic Health System and the hospital initiated litigation, challenging the commission’s procedures and recommendations. The matter was ultimately settled by a memorandum of understanding, by which St. Joseph would continue to operate as a campus of Sisters of Charity Hospital.

At this time, the Franciscan Sisters of St. Joseph withdrew as sponsors of Catholic Health System, which assumed the role of corporate parent of the constituent institutions and also continued their individual religious sponsorship of the institutions which they had founded. Likewise, the religious sponsors, the Daughters of Charity, the Diocese of Buffalo and the Sisters of Mercy reviewed their relationship and decision making process, ultimately deciding to co-sponsor Catholic Health System and all of its constituent institutions, with each religious sponsor having the same oversight role for each constituent institution regardless of historical roles or identity. A petition to this effect was filed in Rome on Nov. 21, 2008, and approved Dec. 20, 2008.

**Corporate Structure**

Catholic Health System, Inc. (“Catholic Health System”) was incorporated in New York state under the not-for-profit corporation law. It is a tax exempt entity as described in Internal Revenue Code § 501(c)(3).

Catholic Health System is the sole corporate member of each of the Catholic hospitals, nursing homes, home health agencies, etc., which it operates in the Diocese of Buffalo. There are three corporate members of Catholic Health System: Ascension Health, Catholic Health East and the Diocese of Buffalo. These three Corporate Members have reserved powers with respect to Catholic Health System. They operate as a Members/Sponsors board with reserved powers which include:

1. The power to appoint and remove members of the board of directors and the chief executive officer of the corporation,
2. The power to approve strategic plans, budgets and changes in corporate structure.

The relationship among Catholic Health System, its constituent institutions, its three corporate Members and its three religious Sponsors is set forth in detail in the certificates of incorporation and bylaws of each entity. No changes in this structure may be effected without the approval or ratification of the parties.

**Leadership Structure**

The updated leadership structure chart is shown on the next page.
PART IV: SPONSORSHIP

Canonical Sponsorship

Religious sponsorship of a health care ministry is a formal relationship between an authorized Roman Catholic juridic person (organization) and a legally formed system, hospital, clinic, nursing home or other institution created for the sole or principal purpose of promoting and sustaining Christ’s healing ministry to people in need. Religious sponsorship establishes a formal link between a ministry and the Roman Catholic Church.

This definition includes:

- **HEALTH CARE MINISTRY** - A corporate work as distinguished from the work of individuals.
- **FORMAL RELATIONSHIP** - One guaranteed by civil and canonical law.
- **AUTHORIZED** - Approved by the diocesan bishop or an office of the Holy See.
- **ORGANIZATION** - A religious institute, a group of institutes (co-sponsors), a diocese, or some new canonical entity. It is characterized by perpetuity and formal rights and responsibilities. While an entire institute or diocese is regarded as a sponsor, specific individuals — a board or corporate member — are always designated as representatives to carry out the duties of sponsorship.

“While sponsorship is a formal, legal relationship, these two adjectives cannot fully capture the purpose of sponsorship, the experience of sponsorship, or the accomplishments of sponsorship. Sponsorship is a dynamic approach to providing ministry, particularly complex ministry, in an institutional scale.”

**The Ministry Of Sponsorship**

**MISSION ORIENTED** - Sponsors are faithful to the call to build upon the legacy given in the Church’s theological and pastoral tradition of commitment to the common good, as expressed through works of justice, mercy, and compassion.

**ANIMATED** - Sponsors encourage, inspire, and challenge the ministry of health care to be true to the healing mission of Jesus.

**THEOLOGICALLY GROUNDED** - Sponsors engage in theological reflection about the ministry of Catholic health care and articulate the principles of Catholic health care to, and for, the ministry, especially in the context of a pluralistic society.

**COLLABORATIVE** - Sponsors initiate, relationship-centered, non-adversarial conversations about the quality of service, the future of the ministry and its accountability to the community.

**ACCOUNTABLE** - Sponsors give an account to the Church, the communities served, and the congregation(s)/diocese(s) regarding the quality of service and the future of the ministry and its accountability to the communities. Areas of accountability include canonical and legal structure, administrative function, oversight of management and finances.

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*This page is adapted from CHA toward a Theology of Catholic Health Care Sponsorship - A work in Progress, 2005.*
Role and Responsibilities

Sponsorship is a complex set of relations of responsibility and care. In the eyes of the church, sponsors are ultimately responsible for an organization’s fidelity to its Catholic identity and its mission. Sponsors entrust many aspects of this responsibility (e.g. policy setting, planning) to those who serve in governance of an organization. Sponsors entrust the implementation of other aspects of this responsibility (mission, strategic direction and policy) to the management of the organization. An ongoing relationship of trust, accountability and mutual commitment must exist to accomplish the mission and maintain Catholic identity.

The Corporate Members and Religious Sponsors Board of Catholic Health System, composed of the designated members that co-sponsor Catholic Health System, is the major vehicle through which the system maintains its Catholic sponsorship and identity. The Corporate Members and Religious Sponsors Board meets regularly and holds a tri-annual educational conference for members of Catholic Health System’s leadership group and its Board Members.

The Corporate Members and Religious Sponsors Board holds certain reserved powers, including articulation of the mission and values of the system, approval of any decisions to alter a change in the canonical status of Catholic Health System, approval of the addition, change in status or termination of relationship of any sponsoring organization, and other reserved powers as indicated in the Catholic Health System bylaws.

Sponsorship in Catholic Health System

While the Corporate Members and Religious Sponsors Board is the primary vehicle for co-sponsorship of Catholic Health System, each sponsoring organization also continues meaningful relationships with the ministries that it has founded or that were entrusted to it in the past. These ongoing relationships help to ensure that the mission and Catholic identity of the specific ministry are consistent with its original purpose and relevant to the needs of the communities that are served. Relationships are maintained through various structures and processes:

- Membership on ministry specific boards (e.g. acute, home care, continuing care).
- Accountability structures and processes whereby co-sponsors are updated and consulted regarding fidelity to mission, urgent matters, and major issues that have potential to impact Catholic identity.
- Visits to and conversations with leadership and governance of the sponsored ministries.

The individual sponsoring organizations are accountable to the Catholic Church for its ministries and hold the reserved power of alteration or transfer of each, as core values dictate.

Religious Sponsors

While the Corporate Members and Religious Sponsors Board is the primary vehicle for co-sponsorship of Catholic Health System, each sponsoring organization also continues meaningful relationships with the ministries that it has founded or that were entrusted to it in the past. These ongoing relationships help to ensure that the mission and Catholic identity of the specific ministry are consistent with its original purpose and relevant to the needs of the communities that are served. Relationships are maintained through various structures and processes:

- Membership on ministry specific boards (e.g. acute, home care).
- Accountability structures and processes whereby co-sponsors are updated and consulted regarding fidelity to mission, urgent matters, and major issues that have potential to impact Catholic identity.
- Visits to and conversations with leadership and governance of the sponsored ministries.

The individual sponsoring organizations are accountable to the Catholic Church for its ministries and hold the reserved power of alteration or transfer of each, as core values dictate.

3. Religious Sponsors

Role and Responsibilities

Sponsorship is a complex set of relations of responsibility and care. In the eyes of the church, sponsors are ultimately responsible for an organization’s fidelity to its Catholic identity and its mission. Sponsors entrust many aspects of this responsibility (e.g. policy setting, planning) to those who serve in governance of an organization. Sponsors entrust the implementation of other aspects of this responsibility (mission, strategic direction and policy) to the management of the organization. An ongoing relationship of trust, accountability and mutual commitment must exist to accomplish the mission and maintain Catholic identity.

The Corporate Members and Religious Sponsors Board of Catholic Health System, composed of the designated members that co-sponsor Catholic Health System, is the major vehicle through which the system maintains its Catholic sponsorship and identity. The Corporate Members and Religious Sponsors Board meets regularly and holds a tri-annual educational conference for members of Catholic Health System’s leadership group and its Board Members.

The Corporate Members and Religious Sponsors Board holds certain reserved powers, including articulation of the mission and values of the system, approval of any decisions to alter a change in the canonical status of Catholic Health System, approval of the addition, change in status or termination of relationship of any sponsoring organization, and other reserved powers as indicated in the Catholic Health System bylaws.

The Corporate Members and Religious Sponsors Board works in close relationship to the Catholic Health System Board through joint meetings and representation of the Catholic Health System Board at the bylaws. Further, the chairperson of the Board of trustees may attend Religious Sponsors/Corporate Members Board meetings at their discretion to maintain effective communication and collaboration.

Sponsorship is exercised as a group and through Catholic Health System in a church, co-sponsorship model. The three sponsors are: the Daughters of Charity of St. Vincent De Paul, the Diocese of Buffalo, and the Sisters of the Mercy of the Americas. The Religious Sponsors of Catholic Health System ensure the continuation and development of the mission, Catholic identity, gifts and values of the system as a whole and in its individual ministries through their ongoing relationships with the total organization and its specific organizations. They oversee the system’s fidelity to the mission that they, as sponsors, have entrusted to it. Further, they act in the name of and are accountable to the Catholic Church for this mission/sponsorship.

The co-sponsors relate to and exert influence throughout Catholic Health System in two main areas:

- The system as a whole
- The individual ministries
A. In addition to all other rights and powers of membership provided by New York law, the certificate and/or the bylaws of the corporation, the corporation hereby reserves to Ascension Health, Catholic Health East and the Diocese of Buffalo, N.Y., as the members of the corporation (collectively, the “Members”) the following powers:

1. To approve and interpret the corporation’s purposes, the statement of philosophy and mission established by the corporation and to require that the corporation operates in conformance with the corporation’s philosophy, mission and purposes;

2. To approve and amend the certificate of incorporation and bylaws of the corporation;

3. To approve any plan of merger, consolidation or reorganization of the corporation;

4. To approve any plan of dissolution of the corporation and the dissolution of the assets of the corporation upon dissolution;

5. To approve the establishment, merger, consolidation, reorganization, or dissolution of any organizational relationship of the corporation, including subsidiary corporations, partnerships, joint ventures and like relationships;

6. To appoint and remove, with or without cause, the directors of the corporation;

7. To appoint and remove, with or without cause, the chief executive officer of the corporation;

8. To approve the chairperson of the board of directors of the corporation and any subsequent appointees to that office;

9. To approve the vice chairperson of the board of directors of the corporation and any subsequent appointees to that office;

10. To approve any debt of the corporation in excess of an amount to be fixed from time to time by the members, except for any debt necessary to finance the cost of compliance with operational or physical plant standards required by applicable law;

11. To ratify the strategic plan of the corporation, provided that such right of ratification shall not permit the members to exercise any of the governance authority, which under applicable law would require approval from the New York State Department of Health or Public Health Council;

12. To ratify the sale, acquisition, lease, transfer, mortgage, pledge or other alienation of real or personal property of the corporation in excess of an amount to be fixed from time to time by the members, provided that such right shall not permit the members to exercise any governance authority held by the corporation under the applicable regulations unless the members have received establishment approval from the Public Health Council of the state of New York; and

13. To ratify settlements of litigation when such settlements exceed applicable insurance coverage or the amount of any applicable self-insurance fund.

The foregoing reserved powers shall be exercised by unanimous action of the members, except that the concurrence of any two members shall suffice to exercise any governance authority held by the corporation under the applicable regulations unless the members have received establishment approval from the Public Health Council of the state of New York; and

Reserved Powers of the Religion Sponsors

B. The corporation hereby reserves to the sponsors (collectively, the “Sponsoring Authorities”) the following powers:

1. To approve and interpret the corporation’s purposes and the statement of philosophy and mission established by the corporation and to require that the corporation operates in conformance with the corporation’s philosophy, mission and purposes;

2. To approve any provision of the corporation’s certificate of incorporation and bylaws which designate the purposes of the corporation, the religious sponsor(s) of the corporation, and/or provide for reserved powers, and any amendments thereto;

3. To approve any plan of merger, consolidation or reorganization of the corporation, if the transaction involves an alienation in excess of an amount to be fixed from time to time by the Sponsoring Authorities;

4. To approve any plan of dissolution of the corporation and the dissolution of the assets of the corporation upon dissolution;

5. To ratify the chairperson of the board of directors of the corporation and any subsequent appointees to that office;

6. To ratify the vice chairperson of the board of directors of the corporation and any subsequent appointees to that office;

7. To ratify any plan of merger, consolidation, reorganization, or dissolution of any organizational relationship of the corporation, including subsidiary corporations, partnerships, joint ventures and like relationships;

8. To ratify the strategic plan of the corporation, provided that such right of ratification shall not permit the members to exercise any of the governance authority, which under applicable law would require approval from the New York State Department of Health or Public Health Council;

9. To ratify the sale, acquisition, lease, transfer, mortgage, pledge or other alienation of real or personal property of the corporation in excess of an amount to be fixed from time to time by the Sponsoring Authorities, provided that such right shall not permit the members to exercise any governance authority held by the corporation under the applicable regulations unless the members have received establishment approval from the Public Health Council of the state of New York; and

Reserved Powers of the Corporate Members

A. In addition to all other rights and powers of membership provided by New York law, the certificate and/or the bylaws of the corporation, the corporation hereby reserves to Ascension Health, Catholic Health East and the Diocese of Buffalo, N.Y., as the members of the corporation (collectively, the “Members”) the following powers:

1. To approve and interpret the corporation’s purposes, the statement of philosophy and mission established by the corporation and to require that the corporation operates in conformance with the corporation’s philosophy, mission and purposes;

2. To approve and amend the certificate of incorporation and bylaws of the corporation;

3. To approve any plan of merger, consolidation or reorganization of the corporation;

4. To approve any plan of dissolution of the corporation and the distribution of the assets of the corporation upon dissolution;

5. To ratify settlements of litigation when such settlements exceed applicable insurance coverage or the amount of any applicable self-insurance fund.

The foregoing reserved powers shall be exercised by unanimous action of the members, except that the concurrence of any two members shall suffice to exercise any governance authority held by the corporation under the applicable regulations unless the members have received establishment approval from the Public Health Council of the state of New York; and

Reserved Powers of the Religion Sponsors

B. The corporation hereby reserves to the sponsors (collectively, the “Sponsoring Authorities”) the following powers:

1. To approve and interpret the corporation’s purposes and the statement of philosophy and mission established by the corporation and to require that the corporation operates in conformance with the corporation’s philosophy, mission and purposes;

2. To approve any provision of the corporation’s certificate of incorporation and bylaws which designate the purposes of the corporation, the religious sponsor(s) of the corporation, and/or provide for reserved powers, and any amendments thereto;

3. To approve any plan of dissolution of the corporation, if the transaction involves an alienation in excess of an amount to be fixed from time to time by the Sponsoring Authorities;

4. To ratify any plan of merger, consolidation, or reorganization of the corporation, if the transaction involves an alienation in excess of an amount to be fixed from time to time by the Sponsoring Authorities;
(4) To ratify any plan of dissolution of the corporation and the distribution of the assets of the corporation upon dissolution, if the transaction involves an alienation in excess of an amount to be fixed from time to time by the sponsoring authorities;

(5) To ratify the establishment, merger, consolidation, reorganiza-
tion or dissolution of any organizational relationship of the corporation, including subsidiary corporations, partnerships, joint ventures, and like relationships, if the transaction involves an alienation in excess of an amount fixed from time to time by the sponsoring authorities;

(6) To ratify any debt of the corporation, if the transaction involves an alienation in excess of an amount to be fixed from time to time by the sponsoring authorities, except for any debt necessary to finance the cost of compliance with operational or physical plant standards required by applicable law, and

(7) To ratify the sale, acquisition, lease, transfer, mortgage, pledge or other alienation of real or personal property of the corporation, if the transaction involves an alienation in excess of an amount to be fixed from time to time by the sponsoring authorities, provided that such right shall not permit the sponsoring authorities to exercise any governance authority held by the corporation under the applicable regulations unless the sponsoring authorities have received establishment approval from the Public Health Council of the state of New York.

The foregoing reserved powers shall be exercised by unanimous action of the sponsoring authorities with the Diocese of Buffalo, N.Y., having one vote, Catholic Health East having one vote, and the sponsors of Ascension Health collectively having one vote. For these purposes, the power to approve includes the power to initiate action without a prior recommendation from another body or entity and the power to reject a recommended action and return the matter to the recommending body or entity with reasons for the rejection and/or suggested changes. The power to ratify means that action approved by another body or entity shall be accepted or rejected without implementing an alienation.

The foregoing reserved powers shall be exercised by unanimous action of the sponsoring authorities with the Diocese of Buffalo, N.Y., having one vote, Catholic Health East having one vote, and the sponsors of Ascension Health collectively having one vote. For these purposes, the power to approve includes the power to initiate action without a prior recommendation from another body or entity and the power to reject a recommended action and return the matter to the recommending body or entity with reasons for the rejection and/or suggested changes. The power to ratify means that action approved by another body or entity shall be accepted or rejected without implementing an alienation.
Role of Representatives of the Corporate Members (Ascension Health, Catholic Health East, Diocese of Buffalo)

- Communicate with the Corporate Member about Catholic Health System.
- Represent the Corporate Member at meetings.
- Conduct educational sessions regarding corporate membership.
- Communicate with the Religious Sponsors about matters of mutual interest.
Standard #1: We believe that the mission of Catholic Health System, revealing the healing ministry of Jesus to those in need, is the driving force of the ministry, inspiring all who serve in governance, leadership/management, and as associates.

SPONSORS
1. Approve the mission, vision and values of the organization and ensure that it communicates the healing ministry of Jesus.
2. Participate with board and management in the development and approval of a strategic plan reflecting the mission.
3. Ensure leadership for sponsorship education including assessing board member participation in participating, collaborating, and contributing to programs on the foundations of Catholic Health System.
4. Ensure the present and future viability of the mission for attention to strategic planning, church and civic relationships, and recruitment and selection of sponsors.
5. Ensure participation among sponsors of Catholic Health Systems and the Board in the Catholic Health System Dialogue/Ethical Decision Making process in all major decisions.
6. Develop policies and guidelines with governance in policy development and decision making.
7. Approve an annual budget and financial goals.
8. Participate in Catholic Health Systems policy committee.

GOVERNANCE
1. Formulate the mission, vision, and values of Catholic Health System in providing a basis for the culture and continuation of the healing ministry of Jesus.
2. Engage, develop, and approve the strategic plan/strategic direction that reflect Catholic Health System commitment to mission.
3. Form an appropriate funding for programs/services for Catholic Health System associated on the foundation of Catholic Health care to achieve understanding of the mission, call, commitment, core values, heritage of Catholic Health System, and Catholic Health System Dialogue/Ethical Decision Making process.
4. Offer education and other programs in strengthening the practice of mission, core values, and the spiritual foundation of Catholic Health System.
5. Annual performance evaluation for Catholic Health System personnel are continuous in terms of criteria based, and emphasize behaviors that reflect our mission and values.
6. Promote the heritage of the organization as aligned in the Gospel and the faith tradition that supports the healing ministry.
7. Celebrate good works of Catholic Health System in all levels of health care.
8. Ensure adherence to the foundations of Catholic Health System for Catholic Health System sponsors.
9. In order to preserve the rich heritage of Catholic values and ethical standards, to be recognized and supported throughout Catholic Health System.
10. Management in an efficient structure and processes to ensure that sponsors, physicians and others who serve in the ministry are appreciated and are informed in terms of the standards of health care and the system.
11. Opportunities are planned on a regular basis to recognize excellent services, years of service and special events in the life of the system, ministry, and for each individual.
12. Policies, procedures, and practices in employment, salary, benefits and position candidate reflect Catholic social teachings and the values and core values.
13. Women, salaries and benefits with all sponsors are regularly reviewed and evaluated for equity and justice.
14. A mechanism in place for participation in decision making within the work environment.
15. Leadership advocates an understanding of Catholic ethical and social teachings and their implications for the workplace.

LEADERSHIP/MANAGEMENT
1. In order to preserve the spiritual heritage of Catholic Health System sponsors:
   a. Corporate and institutional archives are maintained.
   b. Initial and ongoing education and formation of leadership, management, physicians and associates regarding the heritage of sponsors/mission and vision is supported.
   c. Leadership for sponsorship education includes the mentorship and leadership of those in management, physicians and associates.
   d. Leadership demonstrates an understanding of Catholic ethical and social teachings, as well as spiritual heritage.
   e. Mission, vision, and core values are visible throughout each entity to foster mission integration.
   f. Leadership and management of Catholic Health System Dialogue/Ethical Decision Making Process in all major decisions.

GOVERNANCE
1. Adequate time is allowed for mission, vision and values, decision-making and decisions made based on Catholic values and ethical standards.
2. Building on the long and rich heritage of the religious congregations and the Diocese of Buffalo regarding health care, the presence of competent religious and pastoral ministers is encouraged and supported throughout the system.
3. The presence of women religious and priests is encouraged regarding empowerment and operation throughout the system.
4. Emphasize ethical recognition and the commitment to those in management and service delivery.
5. Develop policies and practice in accordance with civil and canonical requirements.
6. Approve policies, procedures and initiatives that demonstrate a culture of hope, dignity and respect for all associates, patients, and residents.

SPONSORS
1. For the Catholic Health System, associates and all others are partners in community and therefore share responsibility for stewardship of the healing ministry of Jesus.
2. Women, religion, discussion and religious priests, and commitment by leaders offer spiritual and communal understanding and support of the system, according to their competency.
3. Qualified women religious shall give priority to open positions within ministries to which their history and charism are associated.
4. Catholic and Religious Doctrine for Catholic Health Care Services are known and respected throughout Catholic Health System.
5. Management will establish effective structures and processes to ensure that associates, physicians and others who serve in the ministry are appreciated and are informed in terms of the foundations of health care and the system.
6. Opportunities are planned on a regular basis to recognize excellent services, years of service and special events in the life of the system, ministry, and for each individual.
7. Policies, procedures, and practices in employment, salary, benefits and position candidate reflect Catholic social teachings and the values and core values.
8. Women, salaries and benefits with all associates are regularly reviewed and evaluated for equity and justice.
9. A mechanism in place for participation in decision making within the work environment.
10. Leadership advocates an understanding of Catholic ethical and social teachings and their implications for the workplace.
SPONSORS
1. Receive annual reports on strategy and outcomes in Catholic Health System community health programs.
2. Communicate to the board of directors issues related to economics and care of the poor.
3. Approve care of the poor/community benefit annual budget and monitor outcomes.
4. Catholic Health System ministries promote quality services, and monitor access to a comprehensive continuum of care aimed at improving the health status of individuals and communities.
5. Ensure that community needs assessments are aligned in order to address the current and future needs of all who are poor.

GOVERNANCE
1. Actively participates in and approves strategic plans for community health programs.
2. Establish a regular cycle of reports to assure progress, outcomes and effectiveness against stated goals.
3. Oversee development of care of the poor/community benefit annual budget and monitor outcomes.
4. Catholic Health System ministries promote quality services, and monitor access to a comprehensive continuum of care aimed at improving the health status of individuals and communities.
5. Assure that community needs assessments are aligned in order to address the current and future needs of all who are poor.

LEADERSHIP/MANAGEMENT
1. The care of those who are poor is a central part of budget planning at all levels of Catholic Health System.
2. Access to Catholic Health System services is “right” for all persons, especially those who are poor and vulnerable. Policy protects this right.
3. The sustainability plan for the care of the poor is an essential element of strategy planning throughout the system.
4. Catholic Health System ministries promote creative opportunities for physicians and associates to volunteer time, talents and resources to those who are poor and vulnerable in local and global communities.
5. Catholic Health System uses an ongoing community needs assessment to address the real and future needs of those who are poor.
6. Planning for community health focuses on improving the health status of individuals and communities.
7. Each ministry is committed to the financial support of community health and the building of health alliances with special concern for the poor, uninsured and underserved.
8. The multiyear plan for care of the poor is an essential element of strategy planning throughout the system.

GOVERNANCE
1. Communicate the foundations of the ministry to internal and external constituents.
2. Make available public service announcements, public information sessions, DVDs, brochures to enhance public awareness/understanding of Catholic Health System.
3. Assure that opportunities for daily prayer/reflection are provided on the computer and in strategic places within the facilities. The latter are developed by appointed mission and prayer leaders.

LEADERSHIP/MANAGEMENT
1. Each ministry creates an environment to reflect God’s presence and is conducive to living in its mission of spiritual dimension.
2. Each ministry seeks to integrate spirituality into the workplace and into one’s personal life for those who are poor, underserved and uninsured.
3. Inspirational messages are available on the computer and in strategic places within the organization.
4. Each ministry has a chapel or sacred space that is easily accessible for reflection.
5. Opportunities are offered for daily prayer/reflection. Examples include: a) regular church services, b) prayer break 8 a.m., c) daily rosary/Prayer before meals and d) a eucharistic adoration.
6. Each ministry seeks to integrate spirituality into the workplace and into one’s personal life for associated physicians, board members and volunteers of diverse faith traditions.
7. Resources on prayer/reflection, spirituality and related topics are provided on the Intranet, in bulletin boards and through the mission leadership.
8. A brief segment on the mission, core values and spirituality in the introduction is included in physician, and in nurses orientation to the facility television channel (where available).

LEADERSHIP/MANAGEMENT
1. Each ministry will establish effective structures and processes to assure that:
2. Each ministry works to integrate spirituality into the workplace and into one’s personal life for associated physicians, board members and volunteers of diverse faith traditions.
3. Resources on prayer/reflection, spirituality and related topics are provided on the Intranet, in bulletin boards and through the mission leadership.
4. A brief segment on the mission, core values and spirituality in the introduction is included in physician, and in nurses orientation to the facility television channel (where available).
5. Associates, physicians, volunteers and board members are regularly invited to actively participate in enhancing workplace spirituality (e.g. in rituals, nursing, 12-step, personal, prayer trips, in sharing personal experiences of death in comfortable with their).
Standard #5: We recognize that spiritual care of patients, residents, clients, families, associates, physicians and volunteers is central to the Catholic identity and the mission and core values of the organization.

SPONSORS
1. Encourage a commitment to integrative care by encouraging use of wellness, preventive care, and treatment that attends to body, mind and spirit.
2. Affirm Catholic Health System’s commitment to the sanctity of life from conception until death.
3. Offer assistance and support Catholic Health System efforts to provide comprehensive end-of-life care to Catholic Health System patients and to assist their families/caregivers.
4. Meet periodically with mission and spiritual care leaders to ascertain their concerns.

GOVERNANCE
1. Require that potential associates of Catholic health system be spiritually grounded and professionally qualified to provide services in keeping with our mission and core values for patients, clients, residents, families/caregivers.
2. Require that associates are committed to offering holistic care to those who seek the services of Catholic Health System.
3. Meet periodically with mission and spiritual care leaders to ascertain their concerns.

LEADERSHIP/MANAGEMENT
1. Management will ensure that:
   a. An integrated approach to patients, residents, clients, families and associates attends to the whole person: body, mind and spirit.
   b. Spiritual care professionals/chaplains are an integral part of health care services in all entities; leadership provides appropriate resources and support.
   c. The spiritual care staff includes persons of diverse faith traditions and cultural and linguistic backgrounds, reflecting the pluralism of the populations served.
   d. A delegated certified chaplain is responsible for coordinating spiritual care services.
   e. Spiritual care personnel regularly address management and provide education about spiritual care.
   f. Each ministry abides by Catholic Health System Guidelines for Spiritual Care.
2. Each ministry provides a sacred place of prayer, reflection or worship for patients, families and staff and provides for sacramental needs of those they serve.
3. Every four years Spiritual Care Guidelines are reviewed by spiritual care leaders and staff. A SWOT analysis (strengths, weaknesses, opportunities, threats) is used to reflect in the spiritual care needs of Catholic Health Systems patients, clients, residents, families/caregivers and associates.

Standard #6: We embrace the theological and ethical foundations of the Catholic Church, including its social teaching and the Ethical and Religious Directives for Catholic Health Care Services.

SPONSORS
1. Ensure that organizational policies adhere to Catholic teaching in all respects, including Catholic social teaching.
2. Ensure education and formation on theological foundations of Catholic Health System ministry.
3. Ensure presentation of the annual board retreat to update the board on the programs and procedures in place for implementing this standard.

GOVERNANCE
1. Set policies that are in accord with Catholic teaching, and assure that management is accountable for adherence to these standards.
2. Participate in regular board education on ethical foundations, sponsorship education and social justice teaching.
3. Review reports on activities and programs that exemplify commitment to the social teaching of the church, e.g. community benefit.

LEADERSHIP/MANAGEMENT
1. Management will establish effective structures and processes to assure that:
   b) Education concerning these principles is provided on a regular schedule for Catholic Health System board of trustees, and its committees of Catholic Health System leadership team. The principles are also presented in orientations for new executives and for all members of Catholic Health System boards and committees.
   c) These principles are also incorporated into orientations and other relevant educational sessions for all associates and physicians.
   d) The management ensures ownership of the environment through its programs of supply-chain purchasing and review of innovation projects or construction of new facilities.
Standard #7: We promote ethical decision-making throughout the ministry within the context of the Catholic tradition.

1. Make decisions and policies that follow Catholic social and ethical teachings.
2. Promote and practice open communication with church leaders.
3. Participate in continuous education for the board and church leaders in ethical issues facing Catholic health care; and require that management keep church leaders apprised of emerging issues.

Standard #8: We maintain a culture of inclusion in the workplace, demonstrating a reverence for the dignity of the individual.

1. Develop trust in relationships with all associates and among external communities based on respect for the diverse gifts of each person.
2. Hold management accountable for the development of culturally appropriate programs and services for associates and the people served.
3. Set expectations for selection of local board members and the hiring of associates to reflect diversity of the communities served.

LEADERSHIP/MANAGEMENT
1. Management will ensure that:
   a) Catholic Health System has ethics resources available and a system ethics committee to deal with organizational and clinical ethical issues which are best addressed at the system level. We provide access to moral and ethical experts, when needed, to resolve organizational and clinical issues.
   b) Management has designated resources to address ethical issues. An ethics committee will ensure that:
      1. Case consultation teams are in place and comply with standardized requirements.
      2. Ethics education is offered regularly to associates in their ministries.
      3. A rolling three year strategy is developed that includes goals and provide annual reports to the senior vice president mission.
   c) Each ministry abides by the Ethical and Religious Directives for Catholic Health Care Services and Catholic Health System Code of Ethics.
   d) Senior leadership maintains regular dialogue with the local bishop, sponsors, and community church leaders. This dialogue supports and strengthens Catholic Health System as a ministry of the Catholic Church and of the sponsors.
   e) Utilize best ethical practices each ministry site identifies.
   f) Ethics committees ensure that compassionate care is available.
   g) The respective ethics committees will establish and track key performance indicators.

GOVERNANCE
1. Develop trust in relationships with all associates and among external communities based on respect for the diverse gifts of each person.

SPONSORS
1. Encourage the provision of culturally appropriate programs and services within the organization and the communities served.
2. Encourage the appointment of Catholic Health System board members who represent the cultural and gender diversity within the communities served.

SPONSORS
1. Encourage open communication with the bishop and local church leaders in order to preserve and promote the understanding of issues facing Catholic Health System.
2. Require continuous opportunities for education for the board and church leaders in ethical issues facing Catholic health care; and invite bishops and church leaders to participate.
3. Participate in continuous education for the board and church leaders in ethical issues facing Catholic health care; and require that management keep church leaders apprised of emerging issues.

GOVERNANCE
1. Foster adherence to the Ethical and Religious Directives for Catholic Health Care Services.
2. Establish open communication with the bishop and church leaders in order to preserve and promote the understanding of issues facing Catholic Health System.
3. Require continuous opportunities for education for the board on ethical issues facing Catholic health care; and invite bishops and church leaders to participate.

GOVERNANCE
1. Foster adherence to the Ethical and Religious Directives for Catholic Health Care Services.
2. Establish open communication with the bishop and church leaders in order to preserve and promote the understanding of issues facing Catholic Health System.
3. Require continuous opportunities for education for the board on ethical issues facing Catholic health care; and invite bishops and church leaders to participate.

SPONSORS

1. Challenge the organization to be a prophetic voice on behalf of the common good, and to actively promote through political action systemic social justice, with special attention for those who are most in need.

2. Ensure that significant financial and human resources are committed for the promotion of advocacy, particularly on behalf of persons who are poor and vulnerable.

3. Ministry is an active participant on federal, state and local levels, serving as a clear corporate voice on issues concerning public policy, social and ethical issues, especially those involving persons who are poor.

4. Share human resources and promote collaboration among sponsors to increase amount of resources available to Catholic Health System.

GOVERNANCE

1. Require initiatives that promote social justice and systematic change within Catholic Health System and in the communities served.

2. Assume responsibility to advocate for an accessible, affordable, quality health care for all.

3. Establish a regular cycle of reports to assess progress, influence outcomes and ensure effectiveness consistent with established goals.

LEADERSHIP/MANAGEMENT

1. Management will ensure that:
   a. Catholic Health System is committed to delivering high quality, accessible care to all. Advocacy initiatives focus particularly on underserved and vulnerable populations.
   b. Update education on advocacy issues vital to Catholic Health System frequently on the system website at the advocacy link.
   c. Encourage all associates and community leaders to become active advocates as part of their commitment to Catholic Health System.
   d. Catholic Health System includes mission leadership in developing public policy and advocacy.

2. Catholic Health System views collaborating and partnering with others who share compatible values in the health care ministry as integral to ministry.

3. Catholic Health System entities show preference for Catholic collaborations and partnerships when possible.

4. Catholic Health System encourages and supports partnerships with local communities in addressing societal needs.

5. Catholic Health System maintains constant resources to informing and educating city, state and federal officials about the needs of those who are poor and vulnerable.

Standard #9: We collaborate with like-minded organizations in public advocacy initiatives.

Standard #10: We conduct periodic assessment of standards in the strategic-planning process.
Alienation

The term alienation refers to the transfer of ownership of property, which includes a sale or a gift. If the amount involved is over certain financial thresholds, special authorizations are required. Other acts to which the laws on alienation apply, even though ownership is not being transferred, would be issuing bonds, mortgaging property, taking out substantial loans, renouncing essential reserved powers, and certain joint operating agreements. Depending on the threshold amount, alienation of property which exceeds the thresholds established requires approval of the diocesan Bishop and/or by the Holy See.

Corporate Member

To be a corporate member of a Not-For-Profit Corporation in New York State is comparable to being a stockholder of a business corporation with one crucial distinction: a corporate member has no ownership interest, i.e., no stock to sell. As corporate members, like a stockholder, they have the authority to select the Board of Directors, plus, whatever other responsibilities are delegated as reserved powers in the certificate of incorporation or bylaws. Corporate Membership is a civil law concept.

The Corporate Members of the Catholic Health System are Ascension Health, Catholic Health East, and the Diocese of Buffalo.

Corporate Members and Religious Sponsors Board

The designated representatives of the Corporate Members and Religious Sponsors Board, although distinct groups with different roles based on different reserved powers, have elected to meet jointly and to function as one body. This reflects the collegial relationship that has developed over the years and which is also embodied in the decision to have co-sponsorship, described above. The group is referred to as the Corporate Members and Religious Sponsors Board.

Religious Sponsor

Sponsorship is a term that refers to a canonical relationship a church entity (usually a religious congregation or a diocese) has toward a ministry. Sponsorship is a reservation of canonical control by the religious community that founded and/or sustains a ministry which remains canonically a part of the church entity. This retention of control must not be such as to create civil law liability, nor the part of the congregation for corporate acts or actions, but should be sufficient for the canonical control of the sponsoring religious congregation to meet their canonical obligations of faith and administration regarding the activities of its ministry. This relationship provides the official link to the Catholic Church and designates the ministry as an official part of the mission of the Church.

Prudent stewardship over church property is most commonly reflected in the sponsor's reservation of the following corporate powers:

- To establish the philosophy and mission according to which the corporation operates
- To amend the corporate charter and bylaws
- To appoint or to approve the appointment of the board of trustees
- To lease, sell or encumber corporate real estate in excess of the approved sum
- To merge or dissolve the corporation

Religious Sponsor Continued

The first three powers involve corporate philosophy, corporate structure, and corporate trustees. These are necessary to ensure Church control over ministries identified as Catholic and to protect the ministry's catholicity as required by the faith obligation imposed by canon law on the religious sponsor. This faith obligation requires the sponsor to be vigilant so that the corporation faithfully carries out its Catholic mission and does not act in any way contrary to the Church's teachings or they affect the corporation's sphere of activity.

The last two powers pertain to the administrative aspects of the corporate affairs and give religious sponsors the ability to guarantee that any alienation will be done only with their approval. These last two powers protect the ministry's fiscal solvency and meet the obligations of proper administration of church property imposed by canon law. (It must be noted, of course, that certain property transactions must also receive the approval of proper ecclesiastical authority in addition to reserved power approval.)

The current Religious Sponsors of the Catholic Health System are the Daughters of Charity, the Diocese of Buffalo and the Sisters of Mercy of the Americas, New York, Pennsylvania, Pacific West Community.

Co-Sponsorship

The current Religious Sponsors of the Catholic Health System have adopted a co-sponsorship model whereby each is the sponsor of not only the System but each of its constituent institutions regardless of historical ties. This method of decision making was approved by the Vatican in December, 2008, and is reflected in the corporate documents of the various institutions.
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- Core Elements for Sponsorship: A Reflection Guide (Catholic Health Association)
- An earlier version, Sponsor Expectations (Catholic Health System)

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