



Catholic Health Association of Ontario

Association Catholique de la Santé de l'Ontario

PRINCIPLES FOR INTEGRATION

October 20, 2016

*Rooted in the healing ministry of Jesus, Catholic health care in Canada
builds on a 400-year legacy that enriches Canadian society.*

Introduction

Catholic health care begins with a deep respect for the intrinsic value and dignity of every human being and an unwavering commitment to serving all people from all backgrounds and faiths—especially society's most vulnerable.

Catholic health organizations take a holistic and compassionate approach, recognizing the whole person in community and the diverse cultural and spiritual needs of the people we serve. Our Mission-driven organizations foster a culture where those involved in the healing journey are people first—where care providers participate with those they serve with compassion and humanity.

As resourceful and effective partners, Catholic health care organizations in Ontario work continually to make the health care system stronger, more responsive and sustainable. Guided by our values and inspired by our Founding Congregations of Sisters, we contribute as leaders and innovators striving for the highest quality of care for those we serve.

Collaboration is key in carrying on our legacy and living our Mission. We are committed to working with others to create the conditions for a just and caring society where people's voices are heard, and where there are healthy communities and every person has the ability to thrive and contribute.

Catholic health care organizations are supportive of the integration of services that enhance the health of society and, in particular, serve those who are vulnerable and at the margins of society.

Background

This document draws on the previous work of Sponsors (Catholic Health International; Catholic Health Sponsors of Ontario; St. Joseph's Health System, Hamilton; St. Joseph's Health Care Society, London) which developed "Principles of Integration" to guide their decision making from May 2010.

Local Health Integration Networks

The Ontario government has established Local Health Integration Networks (LHINs) and other forms of authorities to promote and oversee the integration of health services. It should be noted that the *Local Health System Integration Act* (LHSIA), 2006 requires organizations to seek out and act on integration opportunities that will benefit patient care and system performance. Catholic health care is fully supportive of partnerships and alliances that enhance the quality and cost effectiveness of healthcare services that benefit the health of society.

Within LHSIA “integrate” includes:

- (a) to co-ordinate services and interactions between different persons and entities;
- (b) to partner with another person or entity in providing services or in operating;
- (c) to transfer, merge or amalgamate services, operations, persons or entities;
- (d) to start or cease providing services; and
- (e) to cease to operate or to dissolve or wind up the operations of a person or entity.

Catholic Health Organizations

For any health care organization to be considered “Catholic” it must:

- be Sponsored in order to provide a formal link to the Catholic church to reflect its spiritual purpose;
- be designated by the local Bishop as Catholic;
- provide care to people without regard or judgement about who they are or a person’s race, faith, circumstances, or life choices;
- have a strategic priority of responding to the unmet need in the community it serves;
- show evidence that it is providing services of the highest quality; and
- be financially sustainable with sufficient means to provide service.

As the only shareholders/owners of Catholic health care providers, Sponsors encourage opportunities for integration, partnerships and working relationships where they are in the best interests of patient and resident care as well as the local community. Catholic health care providers not only bring a unique history and Mission of their founders to any discussion of integration of programs and services and are recognized for this legacy, but are an important component and partner in a high quality integrated health system.

The Sponsor has the responsibility for ensuring that its organizations remain Catholic in nature and adhere to the organizations’ Mission, Values and Ethics, while encouraging and promoting the concept of voluntary integration between and among organizations for improved patient care and efficiency. The local Bishop will be consulted by the Sponsor and member organization whenever a major program or service is proposed to be integrated and where the Mission of the organization may be changed. The Sponsor, in its ownership capacity as articulated in each organization’s bylaws, must approve any integration or change in Mission.

Framework for Integration Decisions

This document provides a framework for sponsored organizations to investigate and make decisions with respect to opportunities for integration. **One of the key documents of Catholic health care is the ‘Health Ethics Guide’ (2012 Third edition, from Catholic Health Alliance of Canada)**, a principle-based guideline used to help faith-based health organizations make important governance and leadership decisions, while maintaining their values as they provide care. In one section, criteria or ground rules for working together on proposals for integration are identified:

“Circumstances sometimes dictate that Catholic organizations enter into a variety of collaborative arrangements to minimize duplication of services, ensure quality and adequately respond to the range of community needs. This may include partnerships, alliances, joint ventures, as well as consolidated merger arrangements. The resulting collaborative relationships, which may be voluntary or mandated by civil authorities as part of a regional context, and organized to provide a continuum of integrated programs and services, bring both opportunities and risk.

In developing and entering into such collaborative arrangements, the following guidelines should be attended to:

- the Mission and Values of Catholic organizations are to be affirmed and protected;
- the Board, governance and administrative structures should ensure effective promotion of the organization's Mission and Values;
- the principle of cooperation, applied analogously to matters of moral decision making at the organizational level, should form the ethical context for such partnerships (Refer to Appendix 1 of Health Ethics Guide);
- local bishops and other Church authorities should be kept informed of the development of collaborative arrangements relating to matters of faith and morals, which should not be completed without the authorization of the diocesan bishop."¹

Principles of Integration

1. Catholic health care organizations will enable partnerships, alliances and integration that benefit the health of society.

The Catholic care provider has an important role to play in health care, and in creating a high quality, integrated health system. The end result of an integration process will ensure that the Catholic partner has a strong and significant grouping of services, and that it provides these services at a high level of quality and at a reasonable cost. With a history of responding to the greatest needs in local communities, a Catholic health care organization will consider shifting its mandate if similar services are available elsewhere so that resources can be allocated to better serve a marginalized and vulnerable population.

2. The 'Chain of Mission' remains intact.

As a mechanism to safeguard the integrity of the Mission as a continuation of Jesus' healing ministry, the 'Chain of Mission' is considered by the Sponsor to be one of the most important principles of Catholic health care. It is the direct link for accountability and responsibility through legitimate authority. A direct reporting relationship within this 'Chain' is essential.

The Sponsor appoints the local Board and CEO, then delegates to the local Board the responsibility for this religious Mission. The Board, in turn, delegates to the CEO and then to the staff. Integral to this delegation is a clear understanding of the Mission and Values by all involved and a regular assessment by the Board of the CEO and staff, that these values are integrated into the operations.

It is essential that any integration supports the Chain of Mission principle, and that the Sponsor retains its reserve powers including:

- Appointment of the Board of Directors and CEO of each member organization;
- Approval of the by-laws of each member organization;
- Approval of any change to the member organization's Mission, Values or Philosophy;
- Approval of any integration or merger; and
- Approval of any major financial decision.

¹ Health Ethics Guide Third edition, page 97-98 as published by the Catholic Health Alliance of Canada and as approved by the Canadian Conference of Catholic Bishops

3. Services provided by the Catholic organization include a component of care that is aimed at serving the vulnerable and marginalized.

We are inspired by the example of our Founding Sisters—visionary women who for generations advocated and cared for the most destitute people in their communities. The Founding Congregations were concerned with those who could not easily obtain or pay for their health care and for whom other providers were not easily found. This is the nature of the preferential treatment of the poor – those residents and patients for whom services are more difficult to provide and not necessarily within the mandate of other providers. This principle continues to be essential to Catholic health care and social services today.

4. Integration of services results in higher quality and more cost-effective care as well as a furtherance of the Mission.

As with any business venture, a business case for integration would show, after due diligence and other considerations by the governing Board, a credible opportunity for better patient/resident care and a stronger Mission. In addition to the Sponsor approving the integration itself, the Sponsor would be involved, consulting with the local Bishop when necessary, if there is a significant change to the Mission of the Catholic health care organization, any impact on the governance or leadership by the CEO of the organization, or if the bylaws or letters patent would need to be changed.

5. Use of The Health Ethics Guide¹ as the framework for decision making.

In order to fulfill the responsibilities of a Catholic health care organization and to be sponsored within the Catholic Church, the organization would use the Health Ethics Guide and have an ethical discernment process in place. This includes research components of the organization as well as an Ethics compliance agreement included as part of physician applications. The Health Ethics Guide outlines the moral obligations for the Sponsors, owners, Boards and members, and is also a vital resource to guide the organization in its decision-making processes related to all significant decisions. It is important to recognize that the Health Ethics Guide goes far beyond “moral” decisions, and includes areas such as the importance of ethical reflection, resource allocation, outsourcing, and a variety of governance and administrative topics.

6. Leadership will ensure the Mission, values and ethics of Catholic health care are a living component of organizational culture.

Any agreement outlining how an integrated entity will operate should include a clear reference to safeguarding the values that shape the culture and care environment and ensuring decisions are made through the lens of Catholic health care tradition. As described above, the Chain of Mission ensures the organization’s Mission is promoted through the senior staff to the operational staff and hence to the patients/residents.

Measurable Outcomes

Measurable outcomes that could be expected from integration of services and programs would include a list of appropriate and uniquely measurable outcomes as defined at the local level, such as:

- Improved quality of patient and resident care
- Quality of work life
- Investigation of the effect on other services and programs

- Better access to services including decreased time for initiation of care
- Better outcomes and quality of life for patients and residents
- Decreased cost within a reasonable life cycle calculation
- Agreement the service or program is best provided by the chosen site/organization
- Presence of the Catholic provider in a significant and Mission-driven service or program
- The Board of the Catholic provider has direct responsibility through the CEO to staff for the services and programs it provides (Chain of Mission)
- The Health Ethics Guide is observed for any service or program provided by the Catholic organization or on a Catholic organization's site and any ethics consultation for a service provided by the Catholic organization or on a Catholic site is within the parameters of the Health Ethics Guide

Signals of Organizational Performance

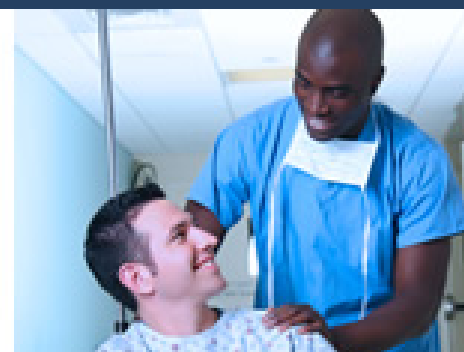
The items of most importance to Catholic health care are summarized in the attached *Signals of Organizational Performance*, a balanced scorecard model with four quadrants: Mission integration; quality of care; organizational health; and financial health.



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Signals of Organizational Performance



*Adapted with permission from
Catholic Health Sponsors of Ontario*

Introduction

Purpose

The purpose of this document is to provide a self-assessment tool to demonstrate sponsorship leading practice by identifying sponsor expectations of local boards, and assisting sponsor organizations in facilitating early identification and resolution of governance and quality of care challenges.

Guiding Principles

- To identify examples of organizational performance that are most important to the sponsor.
- To foster and develop the relationship and partnership between the sponsor and the sponsor organizations, and assist the sponsor in obtaining a good understanding of the state of health of each organization.
- To support regular, transparent dialogue to enable potential issues to be identified and resolved at the earliest stages; discussion forms are variable and include CEO-to-CEO communications, or Board-to-Board including the Annual General Meeting.
- To be proactive and refrain from assigning blame or taking punitive action.
- To engage member organizations in supporting any member or other Catholic organization that may need assistance in identifying or resolving governance or quality of care challenges.

**Board members and senior administration...
have the responsibility of promoting the
integration of the mission and the values of the
organization, and of developing leadership
throughout the entire organization.**

Health Ethics Guide

Capacity Building Intent

- Provide a self-assessment tool for use by Boards and senior leadership within sponsor member organizations.
- Promote development and learning opportunities for sponsor organizations.
- Facilitate information sharing, support, advice and assistance between the sponsor and member organizations.
- Identify opportunities where the sponsor talent pool can be of assistance, with emphasis on mentoring, coaching, and peer support.

Performance Signals Scorecard

- The tool is an adaptation of the Balanced Scorecard developed by Robert Kaplan and David Norton.
- A similar tool is part of the Continuum of Interventions Framework used by LHINs in Ontario.
- A series of questions is presented in four quadrants: Mission Integration; Quality of Care; Organizational Effectiveness; and Financial Health.
- Enables discussion about potentially sensitive or difficult topics from a problem resolution perspective, and aids in determining if an organization is in need of support.
- The first step is to seek clarification on information and issues, and then offer support in developing solutions.

**As communities of service, Catholic health
and social service organizations are dedicated
to providing an optimum level of care for persons
and to promoting the common good.**

Health Ethics Guide

Signals of Organizational Performance



1. Mission Integration

Is the organization functioning in a manner consistent with the indicators of Catholic identity?

- Does the organization have a clear Catholic identity internally and externally?
- Does the organization have a preferential option for serving those most in need?
- Does the organization have a clear understanding of the role of the sponsor, the “Chain of Mission” and obligations of canon law?
- Are the organization’s mission, vision, values and Health Ethics Guide integrated into operations?
- Does the organization have an ongoing formation and education program?
- Does the organization conduct a regular self-assessment using indicators from the sponsor?

2. Quality of Care

Is the organization performing well in areas related to quality of care and patient safety?

- Do the organization's patients and clients have access to service?
- Does the organization have a process to regularly review patient/client service requirements, including model of care?
- Is the organization meeting its service accountability obligations?
- Is the organization accredited?
- Have all recommendations from recent accreditation visits and government inspections been addressed?
- Has the organization adequately addressed patient/client complaints, community concerns, or lawsuits?

3. Organizational Effectiveness

Is the Board and leadership functioning within commonly accepted leading practices?

- Is the Board focused on strategic planning, performance, risk management, and organizational oversight?
- Is the Board of sufficient size and composition to support its roles and responsibilities (size, skills, tenure, turnover)?
- Is the Board committed to leading practices for governance excellence including: recruitment, orientation, training, evaluation and continuous improvement?
- Does the organization have a strong commitment to community engagement and relationships with system partners?
- Does the organization attract and retain quality employees?
- Is there stable leadership and demonstrated trust and confidence in leadership?
- Is there a succession plan for key leadership positions, including medical leadership?

4. Financial Health

Is the organization performing well in commonly accepted financial elements?

- Is there evidence of commitment to a balanced budget and financial stability?
- Is there willingness to consider and implement changes to resolve financial performance issues?
- Is the organization preserving capital reserves for their intended purpose?
- Is the organization's current ratio, working capital position and bottom line within acceptable range?



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