

Leaders who choose to participate meet in small groups once a month for two hours over 18 months. These sessions are a combination of learning about Mercy's history and values, examining Catholic Social Teaching and how it relates to healthcare, exploring behavioral ways to express what it means to be Mercy and discussing what it means to be a ministry. Assigned readings and activities are included whenever possible to reinforce what is being taught, along with elements of prayer, scripture and/or spiritual development.

"Course elements go beyond what we traditionally think of as 'Mercy' into the broader realms of justice and values. This is very important because the world view we inherit out of our faith tradition has implications for our work decisions," said Julie Jones, Mercy director of mission and spirituality. "Therefore, one of the things we ask our participants to consider throughout the process is how they can bring their own skills and values to bear as they live out the mission in their daily work."

"We want to assure that those who receive the mission of Mercy truly understand it and know how to live it into the future."

Unlike formation or leadership development programs in other Catholic health organizations, Mercy's advanced formation takes place on-site during work hours. This enables participants build community, integrate learning into the workplace and apply lessons to daily life.

"Mercy is one of the few organizations that doesn't separate professional leadership development from formation. We work hard to integrate the two. What we do as professionals must be influenced by *what* and *why* we are. At the same time, formation cannot take place in isolation. It must be expressed and that expression is best accomplished through our work," Sr. Roch noted.

Forming the Inside Character

One of the purposes of formation is to help leaders get a better sense of the whole of which they are a part – to look beyond themselves, their departments and facilities, even beyond healthcare to the Mercy roots and to the Catholic Church in general. "There is a sense of responsibility and humility in the face of being entrusted with our mission. Truly understanding the breadth of what our mission and values encompass changes people's motivations and behaviors," Jones said.

Past participants have reported a greater sense of confidence and a new view of their work as a ministry – perspective gained only after completing the program. "Formation has taught me to see my daily work as a calling to participate in a mission that is greater than the sum of all my individual efforts," said Andy Cenicerros, Six Sigma

master black belt at St. Edward Mercy Medical Center in Fort Smith, Arkansas. "This has had a permanent effect on my daily decision-making processes."

Jacquelynn Richmond, chief SSU counsel for Mercy, was part of the first group of corporate leaders to experience advanced formation. "In formation I learned to think of the relationship between Mercy's leaders and co-workers as a covenant, which calls for a greater level of commitment on both sides," she said. "Now I find myself analyzing issues and options through a 'Mercy lens' more consistently than I did previously. I also am more likely to speak up if it appears that Mercy isn't modeling behaviors consistent with our mission, vision and values."

Such reactions are not surprising to Brian O'Toole, Mercy vice president of mission and ethics, who notes that understanding how the Mercy mission and values are carried out in daily work life is a prime indicator that the program has accomplished its objectives.

"When people begin to see themselves as part of a ministry for which they have real responsibility, it means they have grown in their identity with Mercy. It is this personal integration with the mission and values of Mercy that will assure the Mercy heritage and charism will be properly carried on into the future," he noted.

Continuing the Journey

Formation – like any type of learning – never truly ends, and it appears that leaders are pleased about that. At first glance one would think that after 18 months of intense formation, leaders would be happy to be finished, but they often want the formation experience to continue. The first corporate group, which completed formation in late 2007, is voluntarily meeting together again to participate in ongoing learning.

"Keeping the ministry firmly in mind is a lot easier when it is formally and regularly incorporated into work life through formation meetings," said Richmond. "When you meet together on a regular basis there is a sense of accountability behind how well you live what you have learned."

According to Sr. Roch, this ongoing concern for the mission and how it is applied in action is one of the benefits of Mercy's formation program. "The result of having an advanced formation program is the permeating presence of our mission in all aspects of our organization. By calling a diverse group of leaders – both clinical and non-clinical from a variety of faith traditions – into formation, we touch all aspects of caregiving because the participants take the message back with them to their areas of service. They are faithful to the journey of *who* we are, *why* we are and *how* we serve, true spokespeople for the Mercy mission and values," she said. •

better appreciate and more fully commit to the ministry and its roots in Church tradition and the Mercy charism.

"Board formation takes board members beyond knowledge to help them to identify with Mercy in a deeper way. It helps them commit to Mercy through the understanding that as board members, they help shape Mercy; it belongs to them and they are responsible for it both now and in the future," said Lynette Ballard, Mercy mission and formation director.

The foundational session focuses on the connection between the healing ministry of Jesus and contemporary healthcare issues. In addition, Ron Ashworth, Mercy Health Ministry board chair and former Mercy



MESSAGE FROM THE PRESIDENT

Working Together Toward the Mercy Difference

One year ago in this column I introduced to you the idea of the "Mercy Difference," which is rooted in the Sisters of Mercy Health System's (Mercy) culture of compassion and reflects our dedicated focus on providing exceptional quality, safety, service and value. In that same article, I told you about seven categories of harm-causing events that must be eliminated across our entire health system as part of proving the Mercy Difference and ensuring that we provide "only the best" for our patients.

One of these "never events" is ventilator-associated pneumonia (VAP). Recently, I learned that Mercy Health Center in Oklahoma City has had an early dramatic decrease in VAP which may become a best practice for the whole System. Like so many of our co-workers, the staff at Mercy Health Center is working hard to devise new techniques to bring our rates to zero.

Mercy Health Center's new VAP prevention techniques came about after clinicians at the hospital found that using the Institute for Healthcare Improvement's (IHI) bundle of recommendations for prevention of VAP wasn't completely eliminating the condition in their patients. An interdisciplinary team of co-workers began investigating what other elements could be added to improve patient health and safety. Mercy Health Center Infection Prevention and Control Medical Director John Harkess, M.D., Intensive Care Unit Manager Janiece Redwine and Respiratory Therapy Manager Russell Ellis pooled their ideas, each of which addressed a different aspect of the problem. The result was three new additions to the routine care of ventilator patients:

- oral endotracheal tube fasteners, which hold the ventilator tube in place without tape while preventing pressure ulcers on the lips and allowing for easier movement when conducting oral care;
- new oral care kits that provide nurses with comprehensive oral care supplies for a 24-hour period and are used in combination with an antimicrobial mouth rinse to lower the risk of infection; and
- a humidity moisture exchange device that puts heat and moisture into ventilator air without using a reservoir of heated water like traditional methods, which can breed infection.

These new interventions were implemented in mid-July, along with daily multidisciplinary team rounding on ventilator patients to check for VAP bundle compliance. In the four months after that, Mercy Health Center had only

one instance of VAP. While these measures have proven effective so far, more experience is necessary to prove their long-term effectiveness. If proven, they will be shared with all Mercy facilities as one of our key best practices.

This example speaks to some important points about the Mercy Difference. First, although *why* we do what we do will always remain the same, *what* we do must and will change over time. In order to provide our patients with the best possible care, sometimes we have to think beyond what is considered "the best" today and take the initiative to explore alternative or additional ways to improve.



Jennifer Perry (left), clinical informatics analyst at Oklahoma Heart Hospital, and Michele Barr (second from right), infection control coordinator at Mercy Health Center in Oklahoma City, explain Mercy Health Center's ventilator-associated pneumonia interventions to members of Mercy senior management.

Second, as we explore our shared Mercy identity, we are learning that what we can do together is infinitely greater than what any of us can do as individuals. On a personal level, the teamwork of these Oklahoma co-workers resulted in a better potential solution than any single element or idea would have been if used alone. On a System level, the possible applicability of Oklahoma's VAP prevention additions to each of our facilities is an excellent example of taking the Mercy Difference agenda and using it as it was intended. As we strive toward zero "never events," we must identify best practices within Mercy and migrate those practices organization-wide. Being "one Mercy" is all about sharing our knowledge so that we may, together, realize the vision of the Mercy Difference. •

Sincerely,

John Sullivan
President and Chief Executive Officer
Sisters of Mercy Health System

PARTNERS IN MINISTRY:

Mercy Boards Experience Formation

Although formation is about the continuance of the Mercy mission among lay people, it is not limited to those employed by the Sisters of Mercy Health System (Mercy). This fall, members of the Mercy Health Ministry and Mercy Strategic Service Unit (SSU) boards of directors are getting their first taste of formation as well.

By the end of November, each board will experience the same first "foundational" formation session, in which they will learn about the role of the local board in relationship to the sponsorship of a Catholic healthcare ministry. This session aims to help them

president/chief executive officer, shares real-life examples of challenging decisions that have been made by the health system board as a means of helping other board members understand how the Mercy values can and should be used in decision-making.

Mark Johnson, M.D., secretary of the Mercy Health Center board of directors in Oklahoma, recently attended the foundational session for his board. "What was most compelling for me was the gravity of the personal responsibility we all share in carrying on the mission, values and traditions of Catherine McAuley and the Sisters of Mercy. I am grateful that the Sisters have entrusted us with such an important task," he said.

The Mercy Health Ministry board of directors and local SSU boards have made a commitment to ongoing formation at their meetings and in orientation for new members. After the foundational session,

every board meeting will include time on the agenda for formation. Local mission leaders, the SSU CEO, board chair and primary board member (a Sister of Mercy), will meet to examine the agenda and determine what topic is appropriate for that quarter's formation session. Generally, the formation session will focus on applying essential elements of Catholic heritage and Mercy values to a subject on which the board will be making a decision.

"After attending the first formation session, I have a new fire, a renewed commitment to do as much as I can for as long as I can, even if it is only in a small way," said Janice Morrison, a board member for St. Joseph's Mercy Health Center in Hot Springs, Arkansas. "I am looking forward to expanding upon what I have learned at future meetings." •