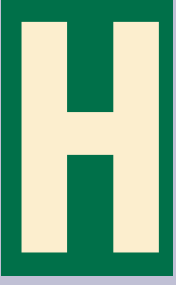


## Message from the President



Healthcare providers are accustomed to dealing with emergency situations – oftentimes, it's the very nature of our work. As such, we have created systems that allow us to respond in times of crisis in an organized way. But even given our culture of preparedness, we were challenged in dealing with the devastating effects of last fall's hurricanes on our Sisters of Mercy-sponsored ministries in Mississippi and Louisiana. Even so, in the months that have followed, the support system that exists within the Sisters of Mercy – St. Louis Regional Community and throughout our health system has aided in bringing these ministries back to life. As described in the article starting on page 1, many of the ministries have reopened and are now doing what they can to help their communities. Their resilience is due in no small part to the moral and financial support given by co-workers across the Sisters of Mercy Health System, as well as the generosity of community members and others across the country.

Less dramatic ways of providing assistance in times of crisis or concern happen everyday in healthcare settings across Mercy. The role of ethicists at Mercy hospitals – also described in this issue – is one of quiet, but significant, support. Whether they answer questions, assist Mercy patients and family members in making difficult decisions, or simply listen, ethicists offer a unique and important service to Mercy's patients and their families.

Having a strong support system in place can make even the most challenging situations easier to bear. In times of tragedy and sorrow, I am especially proud to be part of a community of co-workers who are committed to supporting each other and those we serve.

Sincerely,

**Ron Ashworth**

*President and Chief Executive Officer  
Sisters of Mercy Health System*



### Ethics *continued*

ethicists primarily locate them at the system office and have them travel to the various locations as needed."

Mercy currently has full-time clinical ethicists at its two largest SSUs, St. John's Health System in Springfield, Missouri, and St. John's Mercy Health Care in St. Louis.

***"Ethics need to be integrated into who we are to influence not only the decision that is made but the process we use in making the decision."***

Other Mercy SSUs have specially-trained co-workers designated to provide clinical ethics support, often as a part of their mission and ethics duties.

Because the use of the word ethics in popular terminology often involves discussions of "right and wrong," some people assume that when an ethicist is involved in treatment discussions, something must be wrong. Patrick McCrudden, vice president-mission and ethics at St. Joseph's Mercy Health Center in Hot Springs, Arkansas, says this notion is false. "Our message is not that something is wrong," he said. "Rather, we ask if there is a way to enhance care so that it is more in keeping with the patient's goals, or if there is a way that we more quickly can arrive at a care plan that meets the patient's goals, particularly when truly curing the patient is not possible."

Jenny Heyl, director of ethics at St. John's Mercy Health Care in St. Louis, emphasizes the value of ethicists to patients and family members. "I see ethics as a resource," she said. "Ethicists do not try to direct care. Instead, we facilitate, mediate and use a team approach to get those with different roles and perspectives together to sort through conflicting values in order to best help those we serve."

The issue of having good ethical decision-making processes in all areas of the health ministry was critical to the Sisters of Mercy when the health system was formed, according to Sister Mary Roch Rocklage, RSM, chair of the Sponsor Council. "Ethics need to be integrated into who we are to influence not only the decision that is made but the process we use in making the

decision," she said. "All those involved have to address the why and how of making decisions in accord with who we are, holding each other in right relationship."

### Ethics Indicators: Proactive Versus Reactive

In the past, ethicists were called to consult on a case only when formally requested by a physician, caregiver or family member. As a result, too often ethicists were not called into challenging situations in a timely manner, or were not made aware

of cases where difficult life-and-death decisions were being discussed. In 2005, Mercy implemented an "ethics indicators" process to proactively identify situations that potentially could benefit from the knowledge and skills of an ethicist.

A set of ethics indicators was developed by a cross-functional team of case managers, risk managers, physicians and ethicists. These indicators were approved by Mercy's Physician Leadership Advisory Council and Nursing Leadership Council, and thorough education on the ethics indicators was offered to key physicians in the Mercy hospitals.

According to O'Toole, there are two key advantages to Mercy's ethics indicators. One is the ability to educate physicians, nurses and other caregivers on the benefits that a proactive discussion of end-of-life questions can have on outcomes. The other is to have a trained individual readily available to meet with patients and family members so that relationships of trust can be established early.

The ethical indicators process has been implemented with slight differences at each Mercy hospital, but its basic function as a structured early warning system is the same at all locations. In most cases, certain "triggering" events or situations result in the ethicist being made aware of the case. The three most common types of triggers include:

- length of stay outside typical parameters for resource utilization;
- concern or disagreement about treatment decisions among family members, between the physician and family, or among the healthcare team; and
- lack of agreement or clear understanding about the goals of the treatment.

### Rebuilding Lives *continued*

were purchased and distributed to those in need. The ministries also used funds to help pay for services such as transportation of supplies, cleaning of damaged facilities, behavioral health counseling and structural repair work for homeowners not covered by insurance.

### Mercy Ministries Reopen

Whether they were badly damaged by the hurricanes or escaped relatively unscathed, Mercy's ministries all had one thing in common: the determination to reopen as soon as possible, in order to reestablish services that their communities needed more than ever. Ministry co-workers often worked long hours removing debris and cleaning their workplaces, only to leave at night to try to repair their damaged homes. The needs of the community were put before personal comfort, and because of that effort, many of the ministries are now back in business.

In Mississippi, Project WiTH is in great demand as Sister Martha Milner, RSM, and her staff work to help low-income residents of Gulfport gain access to housing and social services. In order to ensure that the voices of victims are being heard and their dignity respected, Sr. Martha is heavily involved in many discussions and meetings where decisions are being made concerning housing, employment and the future of Gulfport residents.

Mercy Housing and Human Development also is working hard to stabilize families in the Biloxi/Gulfport area by helping them maintain or obtain homes. They continue to help families assess damage, fill out insurance and Federal Emergency Management Agency claims, locate affordable, competent contractors, and assist with employment and financial counseling. In response to the lack of affordable housing in the area, Mercy Housing and Human Development is working to continue home buying activities for low-income families who were in the process before the hurricanes and will continue to participate in local rebuilding efforts.

In spite of suffering extensive damage during Hurricane Katrina, Coastal Family Health Center has managed to provide almost uninterrupted service to a growing number of patients. They have established a six-exam room clinic in a building rented from a hospital in Biloxi and have set up eleven temporary sites in school buildings, churches, tents, mobile units and open air clinics. The clinic that was rebuilt by *Extreme Makeover: Home Edition* and a few other facilities recently reopened, but it is expected to take up to five years to finish rebuilding all the permanent buildings and return to normal staffing levels at all locations.

Ministries in New Orleans also are much improved from their immediate post-hurricane

In the case of Mr. Jones, there was a lack of understanding and agreement about the goals of treatment among the three children. The daughter with whom Mr. Jones lived did not want her father to undergo treatments she believed he would find burdensome and of little value. The other two adult children did not want their father to die and viewed any treatment as beneficial if it would keep him alive. In the past, Mr. Jones would have continued to be aggressively treated until someone had requested an ethics consult. In this case, the nursing documentation of lack of agreement by family members about the goal of treatment indicated the immediate need for the involvement of the ethicist.

"Without informed end-of-life decision support and moral guidance, many end-of-life situations can place everyone involved in a terrible situation," O'Toole said. "Patients may suffer despite our best intentions, families bear a heavy burden, it

status. Mercy Family Center, an outpatient behavioral health clinic for children and adolescents, is now operating out of both of its offices. The Metairie office, which sustained major damage in the storms, reopened on January 3 and is experiencing a steady influx of patients. The Mandeville office has returned to normal operations. Mercy Learning Center Northshore is fully operational and recently had one of its busiest months ever. The Southshore Learning Center remains closed.

Mercy Family Center also is participating in an expansive outreach project called Project Fleur de Lis. This collaborative endeavor with Catholic Charities and other charitable organizations provides crisis support and long-term counseling to children, families and teachers in schools throughout the Archdiocese of New Orleans.

Mercy Endeavors Senior Center, which provides recreation, activities and nutritional support for low-income, older adults in New Orleans, is one of only four Council on Aging Centers in the region that is fully functional. Prior to Hurricane Katrina, more than 18 such centers were in operation. In light of the need this loss created, Mercy Endeavors has expanded its services to

***The needs of the community were put before personal comfort, and because of that effort, many of the ministries are now back in business.***

include distribution of meals and donated clothing to needy families in the Lower Garden District/Irish Channel neighborhoods. Although the Center's bus was badly damaged and continues to undergo repairs, seniors are being transported to and from the center via cabs, buses and streetcars.

### Focusing on the Future

The lives of many Sisters of Mercy, ministries co-workers and those they serve have been profoundly changed by their experiences both during and after the hurricanes. Now that many of their immediate, urgent needs have been met, the focus is on long-term issues such as providing housing, basic healthcare and rebuilding infrastructure. A long road still lies ahead, but with faith, determination and the support of co-workers across Mercy, these vital ministries will continue to help thousands of people rebuild their lives and reclaim their communities.

"I would like to thank each and every person who has helped the ministries, sisters and co-workers affected by this tragedy," said Ron Ashworth, Mercy president and chief executive officer. "Your generosity, compassion and concern have allowed them to experience the Mercy spirit in a very concrete and personal way and will never be forgotten." •

can be time-consuming and stressful for caregivers, and costs may be unnecessarily increased for all."

Dianne Gasbarra, M.D., pulmonologist and medical director of palliative care services at Mercy Health Center in Oklahoma City, Oklahoma, said that it is

***"Without informed end-of-life decision support and moral guidance, many end-of-life situations can place everyone involved in a terrible situation."***

very helpful to have ethical resources available to guide the mission. "Having an ethics indicators process is beneficial to help us focus on where we are, where the course of treatment is going and what the issues are. Ethicists and the use of ethics indicators not only can help facilitate communication between the doctor and patient in difficult cases but also can be a great source of information and education for leaders, staff and other caregivers." •