**Sponsor Expectations and Mission Performance Standards**

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   (Ascension Health, Catholic Health East, Diocese of Buffalo)

**Part V: Mission Performance Standards**

**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.

**Standard #2:** We maintain a work environment filled with hope, dignity and mutual respect, in accord with church teaching and the will of the ministry’s sponsors.

**Standard #3:** We ensure that care of the poor is an essential focus of the health-care ministry and that the community’s health needs are addressed in the strategic-planning process.

**Standard #4:** We promote a culture of spirituality that enhances the lives of associates, physicians, volunteers and board members.

**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.

**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.

**Standard #7:** We promote ethical decision-making throughout the ministry within the context of the Catholic tradition.

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

**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.

**Part VI: Definitions**
EXECUTIVE SUMMARY

The mission of the system is clear: to reveal the healing love of Jesus to those in need. The responsibility for ensuring that this guiding principle is reflected throughout the 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 their patients, clients and residents and in the way they treat one another.

This document, Sponsor Expectations and Mission Performance Standards of Catholic Health System, explains the 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.

The first standard notes that the mission inspires and drives the ministry, inspiring all who serve in governance and at the management and associate level. Management and direct service providers measure every decision and ministry choice by the sponsor-approved mission and core values.

The second standard stresses the need for a work environment of hope, dignity and mutual respect, in accord with church teaching and the will of the ministry’s sponsors. The spiritual dimension of care is what sets Catholic Health System apart from other health-care providers.

In the third standard, Catholic Health System embraces the care of those who are poor. Recognizing each person’s dignity assures access to a continuum of care for all persons and community groups.

Standard four promotes a culture of spirituality in the workplace and in the lives of associates, volunteers, physicians and board members. The spiritual dimension of care is dependent on the spiritual perspective of caregivers.

The fifth standard recognizes that the spiritual care of patients, residents, clients, families, associates and volunteers is central to the Catholic identity, mission and core values of the system.

In standard six, Catholic Health System embraces the integration of Catholic social teaching and the Ethical and Religious Directives for Catholic Health Care Institutions in the United States. This ethical direction continues in standard seven, which further specifies the availability of ethical resources and to resolve organizational and clinical issues.

Standard eight speaks to maintaining a culture of inclusion that welcomes, embraces and is enriched by individual differences and similarities and that demonstrates reverence for each person.
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 assures periodic assessment of these standards in the strategic-planning process.

These standards present a challenge that, when embraced, will transform both minister 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 IV: SPONSORSHIP

1. Canonical Sponsorship and Ministry of 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) entered into for the sake 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

**A formal relationship** - One guaranteed by civil and canon 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, those 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, on an institutional scale."

The Ministry Of Sponsorship Is:

**Mission Oriented** - Sponsors are faithful to the call to build upon the legacy given in the Church’s rich history and heritage 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 relationships marked by mutuality, respect, and integrity for the sake of the ministry and the common good. This is done in communion with Church leadership.

**Accountable** - Sponsors give an account to the Church, the communities served, and the congregation(s)/diocese(s) regarding the quality of service and the ministry’s integrity and fidelity to the mission. Areas of accountability include canonical and legal structure, administrative functions, oversight of management and mission integrity.
2. **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. Relation- ships 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 alienation or transferal of each, as canon law indicates.
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 hold 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 seek 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 as per 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 shared, 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 its individual ministries through their ongoing relation- ships 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
Reserved Powers of The Corporate Members

The following is an extract from the certificate of incorporation of Catholic Health System, Inc.

A. In addition to all other rights and powers of membership prescribed by state law, the bylaws of the corporation, reserves 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 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 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;

(8-9) To ratify the chairperson of the board of directors of the corporation and any subsequent appointees to that office;

(10) To ratify 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 capital and operating budgets of the corporation to ensure that such budgets conform to the philosophy, mission and purposes of the corporation;
(12) 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 State Department of Health or Public Health Council;

(13) 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; and

(14) 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 member, except that the concurring action of any two members shall suffice to provide the ratification described in subparagraph (11), (12) or (14) above. 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 alternative.

Reserved Powers Of The Religious 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 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, reorganization 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.

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 alternative.
Mission Performance Standards

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 continues the healing ministry of Jesus.
2. Participate with board and management in the creation and approval of a strategic plan each according to its own role.
3. Ensure leadership for sponsorship education including orienting new board members by participating in, collaborating, and contributing to programs on the foundations of Catholic Health System.
4. Ensure the present and future viability of the ministries by attention to strategic planning, church and civic relationships, and recruitment and selection of corporate leaders.
5. Assure participation among sponsors of Catholic Health System and the Board in using the Catholic Health System Dialogue/Ethical Decision Making Process in all major decision making.
6. Provide direction and collaborate with governance in policy development and decision making.
7. Approve an annual board assessment and board goals.
8. Participate on Catholic Health System policy committee.

Governance
1. Formulate the mission statement, values and vision of Catholic Health System, to provide a basis for its culture and continuation of the healing ministry of Jesus.
2. Explore, develop and approve the strategic plan / strategic direction that reflect Catholic Health System commitment to mission.
3. Ensure appropriate funding for programs / retreats for Catholic Health System associates on the foundations of Catholic health care to deepen understanding of the mission, call, commitment, core values, heritage of Catholic Health System, and Catholic social teaching and religious directives.
4. Ensure the present and future viability of the ministries by attention to strategic planning, church and civic relationships, and recruitment and selection of senior leaders committed to Catholic health care leadership.
5. Review the Catholic Health System Dialogue/Ethical Decision Making Process with those in leadership positions and seek to apply process in all major decisions.
6. Develop policies and make decisions that enable Catholic Health System to carry out its mission.

Leadership/Management
1. Mission integration is an essential element of operations and planning; major decisions include the mission leader, who is part of senior leadership.
2. Mission, vision, and core values are reference points for planning and decision making.
3. Mission, vision, and core values are visible throughout each entity to foster mission awareness.
4. Offer education and other programs to strengthen the practice of mission, core values and the spiritual foundations of Catholic Health System identity.
5. Annual performance evaluations for Catholic Health System personnel are competency and criteria based, and emphasize behaviors that reflect our mission and values.
6. Print and broadcast materials reflect Catholic sponsorship, mission, values, and advocacy for the poor. Catholic Health System logo is applied to all signage and communications. Art, symbols and photos enhance awareness of Catholic identity, mission and values.
7. Associates, physicians and board members receive initial orientation and ongoing opportunities to deepen their knowledge and understanding of the mission, core values, history and heritage of Catholic Health System and the Catholic social teaching including the Ethical and Religious Directives.
8. Ministry leaders participate in formation programs offered by CHE, Ascension, the Diocese or CHA and share their experiences with their colleagues.
9. The annual budget provides funds for professional, personal and spiritual development of associates in each ministry.
10. Leadership and boards use the Catholic Health System Dialogue/Ethical Decision Making Process for all major decisions.
Standard # 2: We maintain a work environment filled with hope, dignity and mutual respect, in accord with church teaching and the will of the ministry’s sponsors.

Sponsors
1. In order to preserve the rich heritage of Catholic Health System sponsors:
   a. Corporate and institutional archives are maintained.
   b. Initial and ongoing education and formation of boards, management, physicians and associates regarding Sponsor/institutional heritage and values is expected.
2. Promote the heritage of the organization as grounded in the Gospel and the faith tradition that nurtures the healing ministry.
3. Celebrate good works of Catholic Health System as achievements in living the mission.
4. Ensure adherence to the Ethical and Religious Directives for Catholic Health Care Services.
5. Provide education and accountability regarding civil and canonical requirements and expectations for all parts of Catholic Health System.
6. Expect highest quality standards for associates and service for persons in need as the standard for evaluation of all levels of health care.

Governance
1. Adequate time is allotted for mission, vision and values, discernment and decision making based on Catholic values and ethical standards.
2. Building on the long and rich heritage of the religious congregations and the Diocese of Buffalo in health care, the presence of competent religious and lay pastoral ministers is encouraged and supported throughout the system.
3. The presence of women religious and priests is encouraged in governance and operations throughout the system.
4. Encourage a culture of recognition and celebrate the commitment of those in management and service delivery.
5. Develop policies and act in accordance with civil and canonical requirements.
6. Approve policies, practices and initiatives that demonstrate a culture of hope, dignity and respect for all associates, patients and residents.

Leadership/Management
1. In the Catholic Health System, associates and all others are partners in ministry and therefore share responsibility for stewardship of continuing the healing ministry of Jesus.
2. Women religious, diocesan and religious priests, and competent lay ministers offer spiritual counseling and sacramental ministry throughout the system, according to their competency.
3. Qualified women religious shall be given priority for open positions within institutions to which their history and charism are associated.
4. Ethical and Religious Directives for Catholic Health Care Services are known and supported throughout Catholic Health System.
5. Management will establish effective structures and processes to assure that associates, physicians and others who serve in the ministry are appreciated and are informed about the standards of care expected throughout the system.
6. Opportunities are planned on a regular basis to recognize excellent service, years of service and special events in the life of the system, each ministry, and for each individual.
7. Policies, procedures and practices in employment, salary, benefits and patient/resident care reflect Catholic social teachings and the mission and core values.
8. Wages, salaries and benefits with all ministries are regularly reviewed and tested for equity and justice.
9. A mechanism is in place for participation in decision making within the work environment.
10. Leadership demonstrates an understanding of Catholic ethical and social teachings and their implications for the workplace.
Standard # 3: We ensure that care of the poor is an essential focus of the health-care ministry and that the community’s health needs are addressed in the strategic-planning process.

**Sponsors**

1. Receive annual reports on strategies and outcomes in Catholic Health System community health programs.

2. Communicate to the board of directors issues related to mission 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 ensure access to a comprehensive continuum of care aimed at improving the health status of individuals and communities.

5. Assure that community needs assessments are utilized in order to address the current and future needs of those who are poor.

**Governance**

1. Actively participate in and approve strategic plans for community health programs.

2. Establish a regular cycle of reports to assess progress, outcomes and effectiveness against established 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 ensure access to a comprehensive continuum of care aimed at improving the health status of individuals and communities.

5. Assure that community needs assessments are utilized in order to address the current and future needs of those 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 a “right” for all persons, especially those who are poor and vulnerable. Policy protects this right.

3. The multiyear plan for care of the poor is an essential element of strategic planning process 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 evolving and future needs of those who are poor.

6. Planning for community health focuses on improving the health of local communities with special concern for the poor, underserved and uninsured. Planning involves a broad community to assure access and care management for this population.

   a) Each ministry is committed to the financial support of community health and to lending technical expertise to local communities.

   b) Community benefit investments follow Catholic Health Association guidelines and appropriate state and federal regulations.

7. Catholic Health System ministries address social, physical, psychological, spiritual and environmental needs. Strategic planning includes collaboration with community agencies.

8. Catholic Health System ministries promote quality services and ensure access to a continuum of care aimed at improving the health status of individuals and communities.
Standard # 4: We promote a culture of spirituality that enhances the lives of associates, physicians, volunteers and board members.

Sponsors
1. Set specific dates/times to engage in theological reflection focused on the mission of Catholic Health System care and mentor others in this practice.
2. Actively nurture the development of a mature, personal and communal spirituality based on the foundations of Catholic health care.
3. Articulate the spirituality of the ministry in a pluralistic society, as exemplified in the works of the sponsoring congregations.
4. Collaborate with marketing regarding mechanism to assist associates in becoming more knowledgeable regarding works of sponsoring congregations.
5. Communicate and collaborate to the board of directors issues related to mission.

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 adequate mission and spiritual care resources across the ministries.

Leadership/Management
1. Management will establish effective structures and processes to assure that:
   a) Each ministry has a chapel or sacred space that is easily accessible for reflection, prayer and worship and is open to persons of all faith traditions. Eucharist is celebrated regularly in hospitals and long-term care facilities.
   b) Opportunities are offered for daily prayer/reflection. Examples include: all meetings begin with prayer/reflection, prayer broadcast over PA systems, etc. Inspirational messages available on the computer and in strategic places within the organization. The latter are developed or approved by mission and spiritual care leaders.
   c) Each ministry creates an environment to reflect God’s presence and is conducive to healing in its design of internal and external space. Religious art, symbols and photos that reflect the mission, history and heritage, and local culture are tastefully and prominently displayed.
   d) Each ministry marks special occasions and recognizes heritage days with prayer and rituals that affirm the Catholic, spiritual dimension of the organization, e.g., Advent, Christmas, Lent, Holy Week, Easter, World Day of the Sick, Feast of the Annunciation (March 25), Feast of Founders: Elizabeth Seton, Vincent De Paul, Louise de Marillac, Catherine McAuley, St. Joseph, the patron saint of the Diocese of Buffalo, and so on.
   e) Educational sessions (e.g., on various faith traditions, prayer, meditation,) that explore ways to integrate spirituality into the workplace and into one’s personal life are offered for associates, physicians, boards and volunteers and are inclusive of diverse faith traditions.
   f) Resources on prayer, reflection, spirituality and related topics are provided on the Intranet, in the newsletters, on bulletin boards and through the mission leaders’ office.
   g) A brief segment on the mission, core values and spirituality is included in physician and in-house newsletters periodically and on the facility television channel (where available).
   h) Associates, physicians, volunteers and board members are regularly invited to actively participate in enhancing workplace spirituality.
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. Exemplify a commitment to integrative care by encouraging emphasis on: 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 to our 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 assure 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 designated 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 staffs. A SWOT analysis leads leadership to reflect on the spiritual-care needs of Catholic Health System 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 at 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 in orientations and other relevant educational sessions for all associates and physicians.
   d) The management ensures stewardship of the environment through its program of supply-chain purchasing and review of renovation projects or construction of new facilities.
Standard # 7: We promote ethical decision-making throughout the ministry within the context of the Catholic tradition.

**Sponsors**
1. Ensure 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.
4. Participate in continuous education for the board and church leaders on ethical issues in Catholic health care; and require that management keep church leaders apprised of emerging issues.

**Governance**
1. Make decisions and policies that follow Catholic social and ethical teaching.
2. Promote and practice open communication with church leaders.
3. Participate in continuous education for the board and church leaders on ethical issues in Catholic health care; and require that management keep church leaders apprised of emerging issues.
4. Promote collaboration across the Catholic Health System and require management to promote education for leadership, management re: emerging issues.

**Leadership/Management**
1. Management will assure 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 will have designated resources to address ethical issues. An ethics services 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 assure that compassionate care is available.
   g) The respective ethics committees will establish and track key performance indicators.
Standard # 8: We maintain a culture of inclusion in the workplace, demonstrating a reverence for the dignity of the individual.

**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.

**Governance**

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 assure that:
   a) Appropriate programs are in place to demonstrate understanding and appreciation of cultural differences in the workplace. Cultural policies and practices support patient/resident/client care.
   b) Offer learning opportunities to develop cultural competency (culturally congruent/appropriate care) of all associates.
   c) Human resources develops policies and practices to ensure equity and appreciation of cultural differences.
   d) Organizations reflect the diverse heritage of Catholic Health System and support a culture of inclusion and diversity.
   e) Activities and services show respect to race, color, creed, religion, gender, orientation, disability, age or national origin.
Standard # 9: We collaborate with like-minded organizations in public advocacy initiatives.

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. The ministry is an active participant on federal, state and local levels, serving as a clear corporate for 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 systemic 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 measure effectiveness congruent with established goals.

Leadership/Management
1. Management will assure 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 ministries commit resources to informing and Educating city, state and federal officials about the needs of those who are poor and vulnerable.
Standard #10: We conduct periodic assessment of standards in the strategic-planning process.

**Sponsors**
1. Take a lead role in ensuring that these standards are reviewed one year prior to the strategic-planning cycle.
2. Ensure that the findings, and plan for follow up are integrated into the operations.
3. Challenge the organization to use independent “best practice” strategies to review, assess and measure the implementation of the Sponsor standards within the organization.

**governance**
1. Within each planning cycle, dedicate adequate time and financial and personnel resources for a thoughtful and comprehensive review and discussion of the findings from the assessment, with particular attention to trends, achievements and areas in need of attention.
2. Report the findings to the sponsors.
3. Governance establishes goals for leadership/management.

**Leadership/Management**
1. Management will assure:
   a. Accountability to governance for the provision of quality health care and development of healthy communities.
   b. Accountability in all areas including quality and safety, planning, community health, mission Integration, audit and compliance, human resources and report findings to board on a regular schedule.
   c. Quality of service, fidelity to mission and community benefit to governance and local communities affirms the tax-exempt status of Catholic Health System.
2. Leadership/management utilize goals for the organization’s performance.
PART VI: DEFINITIONS

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 itself 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 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.

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 need not be such as to create civil law liability on the part of the congregation for corporate acts or omissions but should be enough for the canonical stewards of the sponsoring religious congregation to meet their canonical obligations of faith and administration regarding the activities of its ministry. Sponsorship 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

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 as 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.)

Co-Sponsorship Example
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 also 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.