

# 2020 Mission Integration and Outcomes Report



**Holy Family Memorial**  
*Sponsored by the Franciscan Sisters of Christian Charity*

2300 Western Avenue • Manitowoc, WI 54220 • [hfmhealth.org](http://hfmhealth.org)



Brett Norell, FACHE  
President & CEO

## A Letter from the President & CEO

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Over the last several months, leadership at Holy Family Memorial began the process of reviewing the Catholic Health Association of the United States (CHA) Ministry Identity Assessment Manual and discerning the topics.

The manual has seven core commitments:

1. Serve as a Ministry of the Church
2. Promote and Defend Human Dignity
3. Promote the Common Good
4. Attend to the Whole Person
5. Care for Poor and Vulnerable Persons
6. Act on Behalf of Justice
7. Steward Resources

Senior Leadership and mission leadership reviewed each of the core commitments and discussed them in detail. Based on the discussion and the current state of HFM, it was determined that HFM would work on core commitment 2: Promote and Defend Human Dignity.

This core commitment was selected because of the strong base it provides for all HFM staff and providers to address the other core commitments. The Key Performance Indicators (KPIs) drive a strong commitment to the patients who trust us each and every day for their care including how we address different cultures, treat individuals per their preferences, and appropriate response to ethical concerns.

A committee has been established and the work related to this core commitment has begun. HFM leadership and committee members are energized and excited to continue to make progress on this topic.

Brett Norell, FACHE  
President & CEO

# A Letter from Mission and Pastoral Care

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As Mission Leader, I am honored to be able to lead the process of Mission Assessment at Holy Family Memorial. From educating senior leaders on the process to implementing the action plan, I have had the opportunity to work with other dedicated leaders and associates here at HFM.

After looking at the Key Performance Indicators (KPIs) for the selected core commitment 2: Promote and Defending Human Dignity, Senior Leaders selected members of the Mission Assessment Committee.

A broad range of associates from frontline workers, providers, education, HR, home health and hospice, behavioral health, patient experience, ethics committee, and administration were selected to serve. Each member was assigned two or more KPIs to investigate and bring back evidence for the committee to determine HFM's strengths and opportunities for improvement. Discussions were lively and the committee was able to achieve consensus on scoring each KPI.

Based on those discussions, we developed an action plan to address the areas for HFM's improvements. Through this process we learned that HFM has some excellent patient-centered tools and processes to help patients make difficult medical and end-of-life decisions. However, there was inconsistency in their use and a lack of knowledge about what is available. The resulting action plan will focus on creating educational materials for patients, staff, and the community we serve.

The Mission Assessment process will occur annually, assessing one of the core commitments for Catholic healthcare in-depth each year and providing narratives for the other six core commitments. After each of the seven core commitments has been assessed, the process will begin over again.

Our Mission, rooted in the healing presence of Jesus Christ, will always be at the forefront of all we do here at Holy Family Memorial.



Roxanne Miner, OFS  
Director of Mission and Pastoral Care



Roxanne Miner, OFS  
Director of Mission  
and Pastoral Care



### Core Values

- Stewardship
- Excellence
- Respect
- Innovative Care
- Compassion
- Christian Environment

### Strategic Themes

- Quality
- Patient Experience
- Engaged/Inspired Workforce
- Growth and Sustainability

Core Commitments Mission Integration	HFM Core Values	HFM Strategic Themes
Serve as a ministry of the Church	<ul style="list-style-type: none"> <li>• Christian environment</li> <li>• Excellence</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged and inspired workforce</li> </ul>
Promote and defend human dignity	<ul style="list-style-type: none"> <li>• Respect</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged and inspired workforce</li> <li>• Patient experience</li> </ul>
Promote the common good	<ul style="list-style-type: none"> <li>• Innovative care</li> </ul>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Growth and sustainability</li> </ul>
Attend to the whole person	<ul style="list-style-type: none"> <li>• Excellence</li> </ul>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Patient experience</li> <li>• Engaged and inspired workforce</li> </ul>
Care for poor and vulnerable persons	<ul style="list-style-type: none"> <li>• Compassion</li> <li>• Respect</li> </ul>	<ul style="list-style-type: none"> <li>• Patient experience</li> </ul>
Act on behalf of justice	<ul style="list-style-type: none"> <li>• Stewardship</li> <li>• Innovative care</li> </ul>	<ul style="list-style-type: none"> <li>• Growth and sustainability</li> <li>• Engaged and inspired workforce</li> </ul>

# Mission and Catholic Identity

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The Catholic identity of ministry is dynamic. What objective criteria and qualitative data can assess mission effectiveness and its integration throughout the organization? Franciscan Sisters of Christian Charity Sponsored Ministries uses an assessment based on a model from Catholic Health Association, CHA Ministry Identity Assessment, and revised to fit the needs of our healthcare organizations. In order to assess the extent to which mission and Catholic identity are lived within each organization, the assessment process consists of quantitative evidence on key performance indicators and qualitative evidence (examples, stories) for seven mission core commitments. The core mission commitments are also aligned with the core values and strategic themes of each organization.

The quantitative process consists of evidence-based decision making on key performance indicators under mission and Catholic identity as defined by one core mission commitment each year. Discussion among team members representing a cross-section of employees results in a score for each key performance indicator and a final score for the core mission commitment.

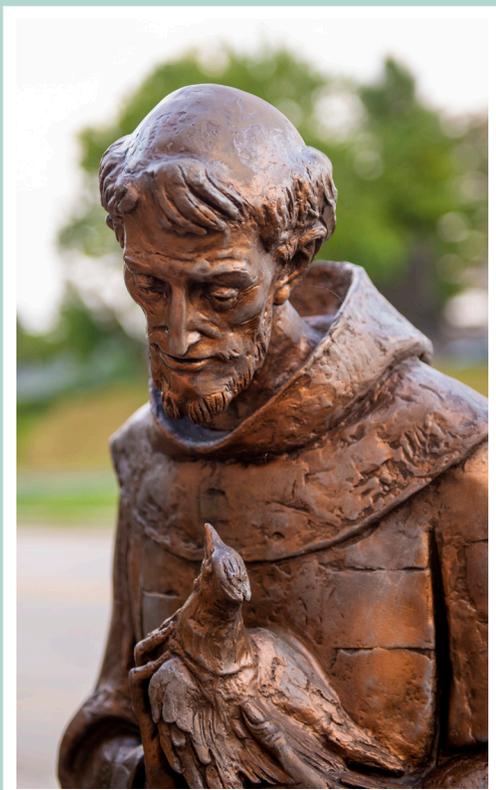
The qualitative process consists of narratives that provide examples of lived mission in the organization under the six other core commitments. The narratives are provided by a variety of members.

Review of both the quantitative and qualitative data results in a written action plan. A goal is identified to improve mission and Catholic identity. Progress on the action plan will be reported in the following year.



## History of Mission Integration

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Since its inception in 1985, the mission of Franciscan Sisters of Christian Charity (FSCC) Sponsored Ministries has included its dedication to strengthen the Sponsor's commitment by integrating mission and values in its sponsored entities. Several documents guide the work of the Sponsored Ministries to assure that mission and values are alive in the sponsored ministries. The Religious and Ethical Directives for Catholic Health Care Services, Sixth Edition (USCCB, 2018), and A Shared Statement of Identity for Catholic Health Ministry (CHA, 2011) direct our work.

Over the years it has been a struggle to assess mission effectiveness. At some points of history, Catholic identity was assumed as the entities had a Catholic title, were sponsored and operated by religious congregations and, in many cases, had sisters and priests serving in the organizations. Times have changed and the significant role of the laity produced reflection on what it means to be a Catholic organization and what actions and behaviors witness the healing ministry of Jesus.

National healthcare organizations sought to develop mission assessment processes. A variety of models emerged using both internal and external evaluations. Generally, these assessments brought about an awareness of mission integration. However, these assessments did not include action plans incorporated into strategic or operational planning, and therefore, did not result in continuous improvement plans.

In 2016, the Catholic Health Association (CHA) embarked on a project to articulate again the core elements of Catholic ministry identity and assess those elements via benchmarks. The result was the CHA Ministry Identity Assessment published in 2019.

The FSCC Sponsored Ministries has developed ways to assess mission effectiveness as accountability to the Sponsored Ministries Board of Directors and Sponsor. The most recent version, Mission Integration and Outcomes Report (2015) included summary pages from the CEO and Mission Leader, narrative description of how each strategic theme or priority demonstrated two of the ten commitments/principles identified by the Sponsored Ministries Office, employee satisfaction report, and brief summary of the Community Benefit Report. Each organization sent its report annually. These reports were compiled into a system report for the Sponsored Ministries Board of Directors and Sponsor.

The Mission priority of 2018-2021 Strategic Plan for the FSCC Sponsored Ministries stated its priority, “As a ministry of the Catholic Church sponsored by the Franciscan Sisters of Christian Charity, FSCCM continues the ministry of Jesus in health care and higher education. Ministry leaders in governance and management are well-formed in the Catholic and Franciscan traditions, and they are genuinely responsive and collaborative toward mission integration”. From that Objective, a 2019 Mission Focus goal stated, “Assist the ministry organizations in setting goals and progress indicators for mission integration and collaborate in the development of measures for each goal.” There was a call for quantifiable data resulting in measurable goals with the organizations identifying areas of improvement to be implemented in 2020.

Consultation began in fall 2019 and early 2020 with the Mission Leaders to identify a process of accountability and goal setting that would become the future annual report. CHA’s model, Ministry Identity Assessment, became the basis of the Sponsored Ministries assessment process. The seven core mission commitments replaced the previous ten principles. Key performance indicators were accepted for the quantitative data. Several revisions included Mission Leader input:

- Keep the process as simple as possible
- Align organizational strategic themes, core values, and seven core mission commitments
- Include qualitative data
- Focus on one core commitment per year
- Allow flexibility for each organization as to number of committees and meetings
- Revise score sheet and action plan templates

The 2019 Mission Integration and Outcomes Report was modified and transitioned to using the seven core mission commitments. The new assessment, Mission Integration Assessment and Action Plan, begins implementation in fall 2020 with the first report due in April 2021. Progress on goal(s) will be reported in the following annual report.





## Purpose of Mission Integration Assessment and Action Plan

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There are several purposes for our Mission Integration Assessment and Action Plan:

- Assess mission and Catholic identity formally using both quantitative and qualitative data
- Discuss mission in-depth across all levels of the organizations
- Align institutional core values and strategic themes with seven mission core commitments
- Create improvement mission and Catholic identity strategies
- Place mission and Catholic identity on the same level of assessment as other institutional reports
- Give accountability for mission and Catholic identity to the FSCC Sponsored Ministries Board of Directors and Sponsor
- Provide the FSCC Sponsored Ministries with information about resource needs for organizations

# Key Definitions

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## **Mission**

Seven core mission commitments identifying mission actions:

- Serve as a Ministry of the Church
- Promote and Defend Human Dignity
- Promote the Common Good
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Act on Behalf of Justice
- Steward Resources

These core mission commitments are from a common statement written collectively in 2000 by the members of CHA. One core mission commitment is chosen by the organization for assessment each year until all seven have been reviewed.

## **Integration**

The core mission commitment is viewed from various aspects of the organization and aligned with the organization's core values and strategic themes. Assessment by a cross-section of organizational representatives and alignment with the institution's core values and strategic themes as well as depth of scoring of key performance indicators signifies integration throughout the organization.

## **Assessment**

An annual, internal, team-based process using scoring based on both quantitative and qualitative evidence for one core mission commitment each year. Qualitative evidence (examples, stories) is provided by narratives for the other six core commitments.

## **Action Plan**

Written plan with list of strengths, opportunities for growth, and SMART (specific, measurable, attainable, result-based, and time-bound) goal(s). The plan includes responsible person(s), metrics (evidence of success), and explanation of progress on the goal(s). The plan is a result of the assessment.

## **Key Performance Indicators (KPIs)**

Questions to evaluate the degree to which the assessment committee benchmarks performances of the organization for that core mission commitment. The KPIs were derived from existing tools of healthcare organization-designed tools and created by a CHA taskforce through discussions and consensus-building processes.

If an individual KPI does not fit an organization, it is scored NA. Organizations may also add KPIs if relevant to the entity.

## **Mission Assessment Committee**

A Mission Assessment Committee is formed with Mission Leader and a cross-section of representatives from leadership, board member, quality or process improvement accreditation/ regulatory readiness, communications, front-line associate, community member, faculty/staff, education, workforce, operations, and other members deemed essential for assessment.



## Timeline

### August/September-April 1

Number of meetings can be adapted to local needs in order to accomplish the tasks.

<i>August / September</i>	Pre-assessment with Senior Leaders
<i>September / October</i>	Assessment
<i>November / January</i>	Evidence/data collection
<i>January / February</i>	Assessment
<i>February / March</i>	Action plan and reporting
<i>April 1</i>	Mission Integration Assessment and action plan due to Sponsored Ministries Office

If the organization will use the action plan in its strategic annual initiatives or goals, the timeline may need to be adjusted for reporting. Work with the FSCCM Vice President of Mission to make the adjustments.

# Process Overview

Pre-Assessment	Assessment	Action Plan and Reporting
<b>Members:</b> CEO, Senior Leadership, Mission Leader	<b>Members:</b> Mission Leader, Mission Assessment Committee	<b>Members:</b> Mission Leader, Mission Assessment Committee
Educate Senior Leaders on process	Educate members on process	Determine strengths, opportunities
Align values, strategic themes, and core mission commitments	Explain connection between assessment and continuous quality improvement	Choose improvement goal and complete Action Plan
Choose Mission Assessment Committee	Explain scoring process	Determine responsible person(s) to oversee activities of plan
Determine data collection process (retain or summarize)	Assign responsibilities (KPIs)	Decide metrics or evidence of progress
Schedule timeline	Discuss for each KPI, individual score, rationale, and Supportive evidence	Discuss summary of progress
Determine Communication Plan	Provide consensus for each KPI and consensus for final score	Mission Leader prepares report for Sponsored Ministries office
	Use Core Mission Commitment Summary Statements to provide narratives for six core commitments	Prepare Communications Plan

## Mission Assessment Committee

Roxanne Miner, Director of Mission and Pastoral Care  
 Brett Norell, President and CEO  
 Tom Veaser, Chief Nursing Officer/Vice President of Quality  
 Sara Hockers, Executive Director of Specialty Care  
 Marissa Holst, Director of Human Resources  
 Deb Gillen, Educator  
 Stephanie Belitz, Culinary Specialist  
 Dr. Matt Campbell, Surgeon  
 Dr. Jon Klatt, Anesthesiologist  
 Brian Boomgarden, Manager of Behavioral Health  
 Nicole Naidl, Director of Home Health and Hospice  
 Becky Schleis, Director of Patient Experience

# Scoring Sheet—SS-2 (Core Mission Commitment 2)

## Core Mission Commitment-2: Promote and Defend Human Dignity

**Evidence Score:** 1 (poor) 2 (fair) 3 (good) 4 (very good) 5 (excellent) NA (not applicable)  
**(data or evidence?)**

**Integration Score:** 1 (hardly any area) 2 (a few areas) 3 (some areas) 4 (most areas) 5 (all areas) NA  
**(How widespread?)**

Key Performance Indicators	Score	Score	Evidence / Notes
KPI #1: How do you prepare staff to interact in culturally appropriate ways with patients/residents of varying backgrounds and diverse needs?	4	4	Education - CBLs, New Employee Orientation, 2018 2 hour program on Diversity, Interpretive Services (MARTTI), Department meetings and staff consultations, Policy 950-115 Code of Ethical Behavior, Patient cultural backgrounds assessed in Behavioral Health.
KPI #2: To what extent are patients/residents asked about and treated according to their preferences?	4	3	Policy 950-312 Patient Rights and Responsibilities, Individualized treatment plans, Gender/sexuality name and pronoun preferences honored.
KPI #3: How are patient/resident complaints managed, logged and redressed?	5	5	Policy 950-705 Complaint Reporting System, Comply Track, Complaint dashboard. Meet weekly and manage daily.
KPI #4: To what extent are patients/residents encouraged to be as mobile as possible?	4	4	PT Road Map to Recovery, Patient classes, Risk Assessment Predictor Tool. Staffing range sometimes limits opportunities for staff to assist patients.
KPI #5: What percentage of patients/residents have a documented health advanced directive?	5	2	Knowledge that 1% of patients have one on file. Improvement plan in place.
KPI #6: To what extent do you train associates to identify and appropriately respond to ethical concerns?	4	3.5	Policy 950-221 Discontinuation of Life Support and Futile Treatment, Education and departmental meetings help identify ethical concerns, Behavioral Health requirement for ethics CEUs for providers. Training in responding to ethical concerns beyond end of life is weak.
KPI #7: To what extent are processes present and promoted for patients and families to request an ethics consult?	1	1	Advance Care Planning is promoted. Medicare Consent Form. Pt. Rights and Responsibilities. Nothing in place to actively educate patients and families on how to request an ethics consult.
KPI #8: How do your key metrics for community perception and loyalty trend over time?	?	?	New survey Fall of 2020. Difficult to measure trend over time since different metrics used. Press Ganey Top Box score 73% for patients' recommending hospital.

KPI #9: How do your patient/resident experience survey (Hospital Consumer Assessment of Healthcare Providers and Systems–HCAHPS) scores trend over time on pertinent questions?	5	5	HCAHPS scores are monitored closely and HFM is always seeking to improve.
<p>KPI #10: Do scores fall within percentiles appropriate to your ministry? Example questions from the HCAHPS survey include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• During this hospital stay, how often did nurses treat you with courtesy and respect?</li> <li>• During this hospital stay, how often did nurses explain things in a way you could understand?</li> <li>• During this hospital stay, how often did doctors treat you with courtesy and respect?</li> <li>• During this hospital stay, how often did doctors explain things in a way you could understand?</li> <li>• How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</li> <li>• Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</li> <li>• Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</li> <li>• Would you recommend this hospital to your friends and family?</li> </ul> <p>Note: The CAHPS Nursing Home Survey for Long-Term Stay Residents includes comparable questions.</p>	5	5	HCAHPS scores are monitored closely and HFM is always seeking to improve.
KPI #11: What are your current patient safety scores (PSIs) and how do they trend over time in areas key to your facility? (AHRQ standards for fall rate, infection, laceration, etc.)	5	5	Safety scores are monitored closely and HFM is always seeking to improve.
KPI #12: To what extent are processes present and promoted for co-workers to request an ethics consult?	1	1	Policy 950-115 Code of Ethical Behavior discusses but does not call out requesting an ethics consult specifically. Policy 950-113 Organizational Ethics has process. Employee Handbook addresses compliance related issues and how to report them but no process promoted for ethics consult. Mission and Ethics Committee not promoted as avenue for co-workers to consult.
KPI #13: How likely are your associates to recommend your ministry as a place to work?	3	3	2019 Engagement Survey results: Overall score of 3.64 out of 5.00 when asked how likely to recommend HFM as good place to work. 9% unfavorable, 32% neutral, 59% favorable.

# Core Mission Commitment-2: Promote and Defend Human Dignity

**Evidence Score:**  
(data or evidence?) 1 (poor) 2 (fair) 3 (good) 4 (very good) 5 (excellent) NA (not applicable)

**Integration Score:**  
(How widespread?) 1 (hardly any area) 2 (a few areas) 3 (some areas) 4 (most areas) 5 (all areas) NA

<p>KPI #14: How do your staff retention rates trend over time as an organization, as well as within specialties (e.g. nursing) and what are the demographics your organization is monitoring? What procedures are in place for exit interviews and feedback?</p>	<b>3</b>	<b>3</b>	<p>Turnover is tracked via HR People Management Report. Network Turnover 7.97% in 2020(Jan-Sept) compared to 12.29% in 2019. Unplanned turnover 5.23% in 2020 compared to 13.08% in 2019.</p> <p>Policy 950-1212 Resignation/Discharge-employee may schedule an in person exit interview themselves.</p>
<p>KPI #15: How do your associate engagement scores trend over time on key questions (key driver examples from Gallup, Pew, Professional Research Consultants, etc.)?</p> <p>Example questions from the Gallup Q12 Index employee engagement survey include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• In the last six months, has someone at work talked to you about your progress?</li> <li>• In the last seven days, have you received recognition or praise for doing good work?</li> <li>• At work, do your opinions seem to count? Or other question on subsidiarity in decision-making.</li> <li>• Does the mission/purpose of your company make you feel your job is important?</li> </ul>	<b>4</b>	<b>4</b>	<p>Difficult to trend since 2019 was the first year Press Ganey scores were used since 2015, but moving forward we will be able to trend data. 68% responded.</p> <p>2019 Press Ganey Engagement Survey results. Baseline score out of 5.0:</p> <p>“I am satisfied with the recognition I receive for doing a good job.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 3.35</li> <li>• 26% unfavorable / 22% neutral / 51% favorable</li> </ul> <p>“I am involved in decisions that affect my work.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 3.59</li> <li>• 17% unfavorable / 24% neutral / 60% favorable</li> </ul> <p>“Employees’ actions support this organization’s mission &amp; values.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 4.08</li> <li>• 6% unfavorable / 13% neutral / 81% favorable</li> </ul> <p>“My work is meaningful.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 4.46</li> <li>• 1% unfavorable / 8% neutral / 91% favorable</li> </ul> <p>“The work I do makes a real difference.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 4.46</li> <li>• 1% unfavorable / 8% neutral / 91% favorable</li> </ul> <p>“I see every patient/client as an individual person with specific needs.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 4.65</li> <li>• 0% unfavorable / 1% neutral / 98% favorable</li> </ul>

<p>KPI #16: Do scores fall within percentiles appropriate to your ministry?</p>	<p><b>4</b></p>	<p><b>4</b></p>	<p>Below is the breakdown against the National Healthcare Average for 2019:</p> <p>“I have confidence in Senior Management’s leadership.” –0.23</p> <p>“This organization provides high-quality care &amp; service.” –0.19</p> <p>“I respect the abilities of the person to whom I report.” –0.09</p> <p>“The work I do makes a real difference.” –0.00</p> <p>“I am satisfied with the recognition I receive for doing a good job.” 0.40</p> <p>“I am involved in decisions that affect my work.” –0.11</p> <p>“This organization conducts business in an ethical manner.” –0.06</p> <p>“Employees’ actions support this organization’s mission &amp; values.” –0.23</p> <p>“My work is meaningful.” –0.00</p>
<p>KPI #17: How do your physician engagement scores trend over time on key questions related to sense of team and community?</p>	<p><b>3</b></p>	<p><b>2</b></p>	<p>Unable to comment on past physician trends, however the 2019 engagement survey was broken out to separate providers. Fewer than 50% responded. Below is the data from that survey. Baseline score out of 5.0:</p> <p>“There is effective teamwork between physicians &amp; nurses at HFM.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 3.73</li> <li>• 13% unfavorable / 17% neutral / 70% favorable</li> </ul> <p>“I am satisfied with the level of collegiality among physicians at HFM.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 4.08</li> <li>• 3% unfavorable / 8% neutral / 89% favorable</li> </ul> <p>“Different departments work well together at HFM.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 3.49</li> <li>• 20% unfavorable / 23% neutral / 57% favorable</li> </ul> <p>“Overall, I believe my patients feel highly satisfied with the care they receive from HFM.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 3.92</li> <li>• 3% unfavorable / 17% neutral / 81% favorable</li> </ul> <p>“The work I do makes a real difference.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 4.56</li> <li>• 0% unfavorable / 6% neutral / 94% favorable</li> </ul> <p>“My work is meaningful.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 4.58</li> <li>• 0% unfavorable / 6% neutral / 94% favorable</li> </ul> <p>“I have adequate input into decisions that affect how I practice medicine.”</p> <ul style="list-style-type: none"> <li>• Baseline Score 3.64</li> <li>• 14% unfavorable / 22% neutral / 64% favorable</li> </ul>
<p><b>Final Score</b></p>	<p><b>3.75</b></p>	<p><b>3.4</b></p>	

# Action Plan

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## Core Commitment: Promote and Defend Human Dignity

Final Score: 3.575

### Strengths

- Awareness of indicators of quality patient care and satisfaction
- Dedicated, mission-oriented workforce
- Willingness to explore opportunities for improvement and receive support from Senior Leadership
- Open communication and teamwork
- Active Mission and Ethics Committee
- Hard-wired methods of interdisciplinary patient care delivery

### Opportunities for improvement

- Communication and education about patient-centered processes and tools targeted to patients, staff, and the community
- Consistent adoption by staff of patient-centered processes and tools
- Foster proficiency and efficiency in use of patient-centered processes and tools
- Be more proactive regarding patient advocacy
- Continue to place employee engagement in forefront of HFM Strategic Plan

For this Core Mission Commitment, list KPI numbers related to this goal: 5, 6, 7, & 12





# SMART Goals

*Specific, Measurable, Attainable, Results-Based, Time-Bound Goals*

Increase awareness of making difficult medical and end-of-life decisions by communicating with and educating patients, staff, and the community through developing and distributing audio-visual and written resources in 2021.

## Activity

Create educational materials for patients and the community regarding decision-making for difficult medical and end-of-life situations.

## Evidence

Materials will be developed and distributed by June of 2021, accessible in audio/visual and written formats.

## Person Responsible

Deb Gillen, Roxanne Miner, Dr. Klatt, Marketing

## Activity

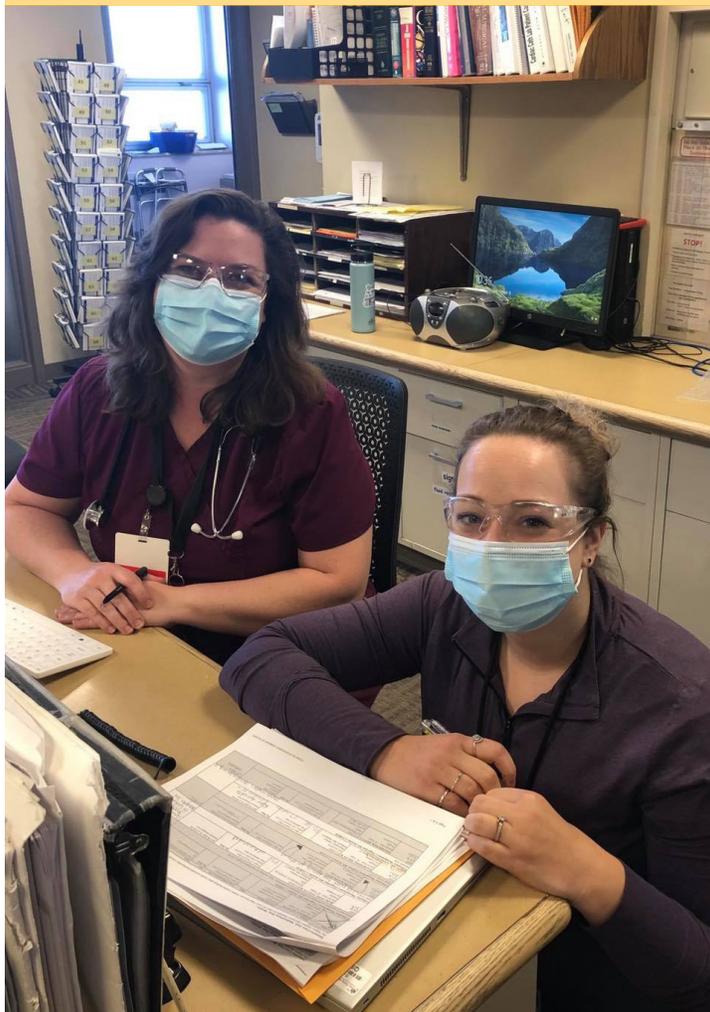
Create educational materials and one computer-based learning module to educate appropriate staff on helping patients make difficult medical and end-of-life decisions.

## Evidence

Materials will be developed and made available for staff in 2021 and required for applicable staff in 2022.

## Person Responsible

Deb Gillen, Roxanne Miner, Dr. Klatt



## Core Commitment: Act on Behalf of Justice

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HFM works together to bring alive the Gospel vision of justice and peace interpersonally within our organizations for our patients and our community. HFM's core values of stewardship and innovative care support this core Catholic Health Care commitment, and our strategic themes of growth and sustainability and a workforce that is engaged and inspired also help us achieve the commitment.

At HFM, we attend to the whole person; body, mind and spirit. We strive to provide the best care possible to meet their physical needs without neglecting their spiritual needs. We provide welcoming facilities that promote healing and prayer, and spiritual support from a diversity of faith and spiritual backgrounds. We also promote social connectedness to show care for the whole person. We make decisions and take action in the interest of improving patient's experience and outcomes.

We create a joyful work environment where all are motivated to their best for our patients, each other, and the network through shared accountability. We have just policies for employee compensation and recognition. Employees who are engaged in their work provide a consistently better experience for their patients.

Created by a God of relationship, we do not thrive in isolation. A key performance indicator for HFM is employee involvement in our community through civic engagement, volunteerism, and local outreach. HFM has also created strategic partnership with other providers, such as Bellin Health Partners and Tower Clock Eye Center. These partnerships allow HFM patients to receive care in their own community.

HMF has been committed to being an integral part of the community since the beginning. We are committed to being active in the community both as an organization and through the work of our employees. HFM will continue Jesus' healing ministry.



## Core Commitment: Attend to the Whole Person

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Care for the whole person affords the expectation that one's spirit, mind and body are essential to overall health and wellbeing. Holy Family Memorial as an organization shows commitment to comprehensive and holistic care of our patients in many ways. Not only is mindful attention placed on the holistic care of our patients but also the resources and offerings available to our employees and community members.

Attending to the whole person is a commitment demonstrated to the patients of Holy Family Memorial as evidenced by policies which state clearly that an assessment of each patient includes: age-specific needs, biophysical, psychosocial, environmental, self-care, education, emotional, social and functional status, nutrition, spiritual and cultural considerations (policy 611-113). Our Mission and Pastoral Care department supports this commitment by affording all patients whether in the clinics or the medical center, access to spiritual and emotional support. The framework for assessing holistic needs for our patients is hardwired into the day to day practice of all involved with patient care and support. In addition, our facilities and grounds also offer welcoming spaces which promote spiritual and mindful wellbeing.

Employees of HFM also benefit from the over arching commitment to whole person care. Workplace spirituality is consistently supported with opportunities from the Mission and Pastoral Care department. Meetings network wide start with reflections or prayers. Physical well being opportunities are offered through employee health as well as access to health care insurance plans. Holy Family Memorial is committed to whole person care and this is reflected in day to day operations and offerings on a consistent and purposeful basis.

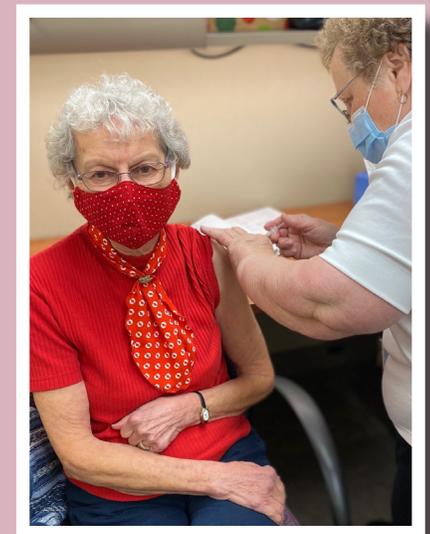
# Core Commitment: Care for the Poor and Vulnerable

Jesus clearly demonstrated his love for people who are poor and vulnerable and so, too, we pay attention to our neighbors who are poor, underserved, and vulnerable. How we integrate an understanding of the social determinants of health in our service to at-risk communities and to what extent we collaborate with others in our community on shared issues demonstrates our commitment to this core commitment. Through compassion, respect, and innovative care HFM aligns our values and strategies with our core commitment to care for the poor and vulnerable in our community. These values are held to a high standard across the network and are subsequently aligned with our strategic priorities related to patient experience and quality.

HFM has developed strategies to enhance patient experience through creating innovative services by identifying and applying technology and best practices, to achieve an exceptional experience for those we care for. In doing so, we establish our commitment to the poor and vulnerable by continuously striving to meet new and better ways to deliver care to meet patient and community needs.

In parallel to patient experience, we strive to achieve outcomes that place HFM in the top tier of value, quality, and safety, through optimization and excellence. We are committed to providing high quality care in a safe environment to produce better health outcomes for our patients and a positive perception of HFM and our services. To establish our commitment to the mission, we consistently review and improve our clinical processes to achieve clinical excellence as a healthcare facility.

Knowing that some of those with whom we serve are among the at-risk members of our community, we must consider our compensation and benefit structures. HFM is committed to excellence and recognizes it cannot be achieved without a well-qualified, dedicated team with the skill set essential to fulfilling HFM's mission. With this, HFM strives to offer a competitive benefit and compensation program that is appropriate in view of our mission and values.





## Core Commitment: Promote the Common Good

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HFM is committed to promoting and protecting the common good of our patients and the communities we serve. This is evidenced in a variety of ways. We focus on the patient experience and view it as a top priority within the organization. It begins with achieving an ideal culture for employees, providers, and volunteers. By creating this culture along with providing exceptional care, we develop an environment in which we deliver an outstanding patient experience. We obtain patient feedback by traditional surveys, real-time feedback, and our Patient Family Advisory Council. This input allows us to work toward continuous quality improvement of our services.

HFM leadership, providers, and employees donate their expertise and abilities throughout the community. This includes board membership for a homeless shelter, Boys and Girls Club, drug and alcohol treatment facility, suicide prevention committee, churches and other non-profit organizations. Our physicians provide medical directorships to an alcohol and drug treatment facility and a non-profit, Christian-based organization with a mission to offer life-affirming help to individuals facing unplanned pregnancies.

We participated in Manitowoc County's Community Health Needs Assessment 2020-2022. In collaboration with community leaders and organizations, HFM planned, assessed, and analyzed community health needs in Manitowoc County. As a result, implementation strategies were developed for three key health issues. The issues are alcohol use or abuse, prescription or over-the-counter drug abuse, and overweight or obesity. The strategies include partnering with community organizations, participating in Healthiest Manitowoc County AODA initiatives, HFM providers engaged in medication-assisted-treatment for opiate dependent patients, and enhancing weight loss and exercise programs that partner with businesses throughout the County.

# Core Commitment: Serve As Ministry of the Church— Mission Assessment 2020

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The call to live our Catholic identity in concrete ways and connect to the broader Church is critical to maintaining our Catholic identity. Some of the ways we have done this in 2020 are:

We remain connected with local Catholic churches by providing sacraments to our Catholic patients from Manitowoc County and some from surrounding counties. Six diocesan priests and two Franciscan priests helped celebrate daily Masses in 2020. These priests also provide Sacrament of the Sick for our patients. It was necessary to suspend Masses due to COVID-19 twice during the year. However, Catholic patients still received communion. During 2020, there were 864 communion visits to our Catholic patients and their loved ones. 173 Catholic patients received the Sacrament of the Sick.

During 2020, HFM worked in consultation with Bishop David Ricken to develop a plan in response to the National Catholic Bioethics Review held in 2019. This was a review of Catholic identity and ethics by the National Catholic Bioethics Center (NCBC) in Philadelphia. The review was requested by the bishops of the State of Wisconsin who sought a comprehensive and consistent assessment of the Catholic healthcare ministry in Wisconsin so they could better champion and strengthen this ministry. HFM is committed to strengthening our Catholic identity and adherence to the Ethical and Religious Directives for Catholic Health Care Services.

Symbols are very important to our Catholic identity. During the NCBC onsite visit on September 13, 2019, several key elements were noted that effectively expressed Catholic identity. These were included in their final report:

- The chapel at HFM Medical Center was a thoughtful combination of new construction and traditional stained glass windows and religious artwork from the past. Mass and chapel services are accessible to all patients via closed circuit TV.
- Religious artwork is placed throughout the building. Crosses or crucifixes are present in almost all patient rooms. (Note: As a result, an inventory was taken and crucifixes were ordered and hung in rooms that did not have one.)

HFM mission statements and religious art are displayed at key points at our HFM Harbor Town Campus and Wellness Center.





## Steward Resources: Summary Statement

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As an organization HFM places great effort in being stewards of our resources. Our mission statement guides our focus toward providing services to help individuals and our communities achieve healthier lives and our vision addresses the importance of HFM as a leader in healthcare for the lakeshore region. Our values spell SERVICE with the S standing for stewardship. To HFM, stewardship implies a commitment to demonstrate responsible managing and developing of human, financial and physical resources. Because our board of directors consists of 1/3 community members there is consistent feedback and viewpoints on community needs. HFM leaders and employees sit on several community boards and committees which further assists in understanding the growing needs within in the community. Membership on these committees allows for collaboration and a more comprehensive approach to the healthcare needs of the community.

HFM manages its financial resources through committee input into capital allocations and joint discussions with leaders about department needs that have a direct impact on the network, with oversight by Senior Leaders and the board. Transparency is a key component in sharing financial resources with monthly updates on income, expenditures, and investments. Efforts to promote environmental sustainability include recycling of cardboard, metals, tin and plastic; moving lighting to LED; utilizing purchasing group discounts; and working in conjunction with the DNR hazardous waste program. Monthly Environment of Care meetings with network-wide representation continually review the environment at HFM, addressing key issues and ensuring adherence to routine maintenance schedules.

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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RAC Coordinator  
2300 Western Avenue,  
P.O. Box 1450, Manitowoc, WI 54221-1450  
Telephone: (920) 320-2886  
Fax: (920) 320-5109  
Email: [tveeser@hfmhealth.org](mailto:tveeser@hfmhealth.org).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, HFM staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

