

Legislators Can't Forget: the System is Still Flawed



“Requiem for Reform” is how a recent cover of *Modern Healthcare* attempted to capture the late-January mood surrounding efforts to overhaul our country’s healthcare system. This was, of course, referring to the perceived state of health reform in the wake of Massachusetts Republican Scott Brown’s election to the U.S. Senate. His surprising win, which took away the Senate Democrats’ filibuster-proof majority, immediately halted health reform legislation on Capitol Hill. All but considered a sure thing, health reform was suddenly and seriously threatened because of Brown’s Jan. 19 win. Now a few weeks later, some continue to consider it a dead issue, but the dust has settled and chatter about resuscitating some measure of health reform has begun again.

While it is unclear which reform measures will find new life in the near future—some legislators and advocates are calling for smaller, incremental steps while a few remain committed to a massive overhaul—one thing must continue undaunted: our commitment to the principles for reform that have been our hallmark since health reform discussions began.

An unfortunate result of the recent setback for health reform is that some in Washington have seemed to shrug their shoulders, told themselves they “did all they could,” and are now moving on to other agenda items, as if health reform has become a lost cause. This notion is precisely why we must continue to advocate reforms that uphold our principles. Sr. Carol Keehan, DC, president and CEO of the Catholic Health Association, put it best when she recently said

Getting past the media hype, the political posturing and the avalanche of suggestions is essential. The core truth remains—this country and its people need good health reform. The suffering of so many must claim our attention first and foremost. Whether it is the uninsured, the underinsured or the working family struggling to keep their ever more expensive insurance, it is vital that they remain the center of attention. . . . Now is the time for responsible citizenship. Putting the needs of people ahead of

self interest, political interests and partisan concerns is essential.

The message to our legislators, as stated in previous issues on this page, is that healthcare should be available and accessible to everyone; health and prevention oriented; sufficiently and fairly financed; transparent and consensus-driven; patient-centered and designed to address needs at all stages of life; and safe, effective and designed to deliver the greatest possible quality.

Now more than ever—because we’ve come so close and the temptation to walk away is so great—we need to speak with a unified voice and keep up the pressure on our legislators. As we have said all along, doing nothing is the worst option available. The problems for patients, as well as for us healthcare providers, will only get worse if no action is taken.

Visit www.chausa.org, scroll to the bottom, right of the page, and click on the picture of the Capitol building, where it says “Take action now!” Tell your elected officials that healthcare reform cannot be forgotten.

MISSION STATEMENT

The *MISSION* of the Franciscan Sisters of Christian Charity HealthCare Ministry is to carry out the commitment of the Sponsor to the healing mission of the Catholic Church through the provision of quality healthcare services. In a spirit of partnership of dedicated religious and lay caregivers, the Franciscan Sisters of Christian Charity HealthCare Ministry will strengthen the Sponsor’s commitment by managing change, ensuring stewardship of resources and integrating mission and values.

Message from the President

Dear Friends,

Greetings to you all on this frosty day here in Wisconsin! It's feeling like winter again, and with that come all the challenges of the season. Each day when I get up, I try to design a wardrobe with layers so that I will be warm enough while driving to work and then cool enough in the office to work efficiently. As I think about it, though, I realize that I really don't have anything to complain about. I am so grateful that I have a roof over my head and sufficient food and water to survive. The recent earthquakes in Haiti bring home to me how fragile our existence is and how fortunate we are to be safe and sound. Please continue to pray for our brothers and sisters in Haiti. We, along with many others, have reached out to them with financial and prayerful support. I am sure that it will be many months or even years before a true recovery is completed.

This issue of Ministry Report is focused on what's new throughout the System. Oftentimes, we look at existing programs and activities because we are confident that, because their success has been proven, they will tell a good story about the ministry. This time we asked our organizations to showcase a new program that is unique to their facility and which shows their effort to meet the needs of the communities they serve. I think you will find the articles and programs very interesting. There are programs that address clinical needs, capital needs, community needs and cultural needs. It is amazing to see all the creative ideas emerging in our organizations. These are just a few of the many new ideas that have found root in the fertile soil of community service. They demonstrate a creativity and commitment to innovation that brings great promise to the ministry. Thanks to all our partners who work each day to ensure the future of that ministry.



Sr. Laura Wolf

With this issue of Ministry Report we also begin our 25th anniversary celebration of the System. On May 13, 1985, the offices of Health Advisory Services opened in St. Catherine's Classroom at Holy Family Convent here in Manitowoc. We really weren't sure at the time what our role was to be in the ministry, and created our structure and services as we went along. It has been a challenging and rewarding 25 years and we find, as we look back, that we have much to celebrate. We hope that you will be able to join us at our culminating event Oct 8-9, 2010, in Manitowoc as we gather to celebrate our past, our present and future. We have already engaged some excellent speakers for an education forum and have planned times to gather and renew friendships, to worship together and to rejoice in the growth of our System and its member institutions. More details on the forum are included in the column on this page. We are asking that you mark your calendar now so that you can join us in the celebration.

As this issue goes to press, we still do not have health reform legislation through Congress. It has been a discouraging time for the industry as we have witnessed a very difficult process become mired in politics. Despite this setback, we remain convinced that now is the time to get some kind of reform accomplished in the American healthcare system. As you saw on the cover page, we urge you to contact your legislative team and ask them to continue to work at forging reasonable and responsible legislation and not let partisan bickering derail this important work for the poor and uninsured of our country. Please let your voices be heard.

God bless you all,
Sister Laura

Save the Date!
Oct. 8-9, 2010

Celebrating our Past and Looking toward the Future

While the Franciscan Sisters of Christian Charity have been involved in healthcare for over a century, this year marks the 25th anniversary of our various healthcare ministries coming together as the FSCC HealthCare Ministry (FHCM).

In honor of our 25th year as a system, we are planning a gala celebration and educational conference, to be held in Manitowoc, Wis., Oct. 8-9, 2010. This gathering will combine the two educational programs we usually hold separately, the Trustee Forum and the Leadership Enrichment Program.

Conference Speakers and Topics

- Sister Louise Hembrecht, Community Director, Franciscan Sisters of Christian Charity
- Sister Laura Wolf, President, FSCC HealthCare Ministry, will offer a retrospective look at FHCM
- Sister Carol Keehan, DC, President and CEO, Catholic Health Association of the United States (CHA), will discuss the future of Catholic healthcare in the U.S.
- Tony Tersigni, President and CEO, Ascension Health, the largest Catholic and not-for-profit healthcare system in the U.S., will share his insights on American Catholic healthcare today
- Susan McDonough, Vice President, Strategy and System Development, Covenant Health Systems, will talk about new trends in senior care
- Anne Messbarger-Eguia, Senior System Director, Strategy, Research and Innovation, CHRISTUS Health, will discuss disruptive technologies in healthcare
- Julie Trocchio, Senior Director, Community Benefit and Continuing Care, CHA, will offer guidance on community benefit planning
- Dan Zismer, Ph.D., Managing Principal, Essentia Health, and Associate Professor and Director, Executive MHA Division of Health Policy and Management, School of Public Health, University of Minnesota, will talk about physician integration

A formal invitation to this event will be sent out in a few months.



Two Franciscan Care Services' Nurses Awarded Health Coach Certificates of Competency

Primary care physician offices, including the Dinklage Medical Clinic, are faced with an ever increasing number of patients with chronic conditions such as diabetes, hypertension and osteoporosis. As healthcare evolves and payors become more sophisticated, it appears that documentation of quality care and management of chronic care will become more prevalent.

Delaney Brudigam, R.N., and Stacie Petersen, R.N., were awarded Health Coach Certificates of Competency from Des Moines University in December 2009. They passed both a written and practical competency assessment. The competency assessment included evaluating their coaching ability, a simulated clinic setting where they were observed interacting with "patients."



▲ Pictured from left, Delaney Brudigam, R.N., and Stacie Petersen, R.N.

They, along with other nurses from all over the United States, studied in a setting using theory, lab and practical application. They also were able to test their knowledge and learning within our clinic setting through the two-month program. Additionally, Brudigam and Petersen were educated to become effective change agents and leaders.

Brudigam and Petersen are Health Coaches in the clinic, along with Phyllis Heimann, R.N. Our health coaches serve to improve the health of patients with chronic conditions using evidence-based care and encouraging patients to lead healthy lives through self-management support.

They are in a very unique and innovative role. They will continue to implement and evolve

our chronic care model and evaluate our overall effectiveness utilizing data from other U.S. clinics and defined benchmarks using a data repository called CareMeasures.

The training program is designed to support the role of the physician office health coach by teaching practical skills in performing five major functions within the clinic setting. They include:

- 1) setting up a patient registry
- 2) conducting pre-visit chart reviews
- 3) supporting patient self-management skills through health coaching techniques
- 4) collecting, analyzing and reporting population-based clinic outcome measures
- 5) leading quality improvement processes that address improved chronic care management within the clinic

We are implementing a chronic care model where physicians can better care for their patients, our clinic workflow can be improved, patient outcomes are better, and patients are seen as need dictates and in a manner that assures all their needs have been addressed. Data is already demonstrating success with our patient population.

TeamSTEPPS

Anne Timmerman, M.T.; Sharon Paasch, R.N.; Danelle Ehrisman, R.T.; and Delaney Brudigam, R.N., have become Master Trainers for TeamSTEPPS and are leading our organization in adopting TeamSTEPPS principles. They are holding approximately 12 training sessions for managers and employees. The medical staff and other professionals will also be exposed to the education.

TeamSTEPPS is a teamwork system designed for health care professionals that is

- a powerful solution to improving patient safety within an organization
- an evidence-based teamwork system to improve communication and teamwork skills among health care professionals

- a source for ready-to-use materials and a training curriculum to successfully integrate teamwork principles into all areas of a healthcare system
- scientifically rooted in more than 20 years of research and lessons from the application of teamwork principles
- developed by the Department of Defense's Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality

TeamSTEPPS provides higher quality and safer patient care by

- producing highly effective medical teams that optimize the use of information, people and resources to achieve the best clinical outcomes for patients
- increasing team awareness and clarifying team roles and responsibilities
- resolving conflicts and improving information sharing
- eliminating barriers to quality and safety

Much of this information and more comes from the TeamSTEPPS website at <http://teamstepps.ahrq.gov>

Construction Update

Franciscan Care Services held a pre-bid conference on January 6 with twenty-two contractors attending, despite the blizzard going on outside. At the request of numerous contractors, due to the complexity of this project, the bid date has been extended to February 10. We anticipate the bids will be favorable to us based on the current construction market.

Our weather here in West Point has been quite challenging this winter with numerous severe blizzards and an ice storm. The weather has disrupted our project scheduling. We are moving forward at the best speed possible, including some corrections to our shoring and geo-piers. This will be done at no cost to us.



St. Joseph's Retirement Community Launches "Commodities for Care" Drive

St. Joseph's Retirement Community Foundation kicked off a "Commodities for Care" fund drive in September 2009 to help meet St. Joseph's charity care needs. "Commodities for Care" encourages area farmers and livestock producers to donate some of their bountiful harvest to St. Joseph's.

"Since opening its doors in 1905, St. Joe's has depended on the kindness of its neighbors in helping to care for the elderly. This often meant a hog, cow or gifts of grain were brought to St. Joe's door by someone who knew that such a gift was going to help those in need," said Jack Dixon, St. Joseph's Foundation president. "We hope this tradition will continue today."

"We specifically asked the agricultural community for its help during this time because this year's crop was one of the most bountiful ever," Dixon explained. "Our area is blessed with many generous donors who are always willing to lend a helping hand to their neighbors." To date, Commodities for Care has raised nearly \$8,700.

Another way donors often give to St. Joseph's is by giving gifts of stock or stock dividends. In December 2009, St. Joseph's received over \$2,500 in stock dividends. "Donating the stock dividends is not only beneficial to St. Joseph's, but also has tax advantages for the giver," explained Teresa Hasenkamp, Foundation Development Director.

During 2009, St. Joseph's Retirement Community provided \$149,000 in charity care, distributed to 22 percent of its residents who had to rely on Medicaid to meet their living expenses. Providing charity care to residents has always been part of St. Joseph's mission. St. Joseph's has long accepted residents who rely on Medicaid, even though this type of state aid often doesn't meet the entire cost of their housing and care. Many facilities don't accept residents who rely on Medicaid because of this.



▲ In December, the St. Joseph's Retirement Community Foundation voted to donate \$79,100 to St. Joseph's to help defray the cost of charity care. During 2009, the SJRC Foundation awarded a total of \$149,000 to St. Joseph's for its charity care needs.



Community Outreach Transportation Program Expands at St. Paul Elder Services

St. Paul Community Outreach provides non-emergency transportation in a full range of services, from routine physician visits to shopping at the local grocery store. In order to have staff readily available to provide the transport, scheduling for the program is complex.

Prior to starting our program, many of our members used the local Americans with Disabilities (ADA) transportation services, which were always first-rate and very professional. In 2009, after a contract change, several of our members expressed concerns with the different providers. This became our main reason for expanding St. Paul's transportation program, to better meet our members' needs.

We met with staff at Evergreen Retirement Community, a continuum-of-care campus located in Oshkosh with independent living, assisted living and nursing home services.

That organization has implemented a facility transportation service for its members, and we reviewed their model for adaptation at St. Paul's. The leading difference between Evergreen's program and ours was that they employed dedicated part-time drivers. We also discovered that Medicaid provided payment for certain types of transportation. After thorough analysis, we determined that ours is a cost-effective program modeled after Evergreen's.

Our objective is to develop a high-quality, accessible, safe, professional and cost-effective transportation system for eligible members that provides timely access to desired services. We assure all members that they are treated with dignity and respect and are accompanied by staff or volunteers as appropriate.

With assistance from a volunteer, we established a scheduling system for the

dedicated drivers. We limit transportation services to only people within our community. This includes those receiving care or services at St. Paul Home, St. Paul Villa, St. Paul Hospice, and through St. Paul At Home. As we strive to further improve our transportation program at St. Paul Elder Services, initial feedback from our members has been very positive.



▲ Patty Cahill, LPN, and Mr. Robert Green, a former resident of Club Gabriel.



Shaping our Culture at Holy Family Memorial

As one of its core strategies, leaders at Holy Family Memorial have devoted time and attention over the past couple years to our workforce and organizational culture. It was not until 2009, however, that we decided to undertake our first formal culture assessment process. Defining the HFM culture (or any organization's culture for that matter) sounds easier to do than it actually is. We, as leaders, might have certain characteristics we believe make up our culture, but what do doctors think? How do staff members label the culture? We wanted to find out, so we employed the services of JCD Advisors, an excellent organizational development firm based in Ann Arbor, Mich., to help us find these answers.

Using electronic and paper survey tools, we surveyed all 1,300 employees, 300 volunteers and members of our Board of Directors. Everyone was asked a number of questions that were designed to identify the important, and sometimes illusive, aspects of our current culture. Leaders were given another tool to help identify behaviors of an ideal culture. The results were very interesting!

Not unusual for healthcare organizations, the current culture was branded as traditional, approval oriented and bureaucratic. In essence, this means we have longstanding behaviors that lead to hierarchical decision making, low risk tolerance, a status quo mentality and an aversion to change. While understandable, given that healthcare has long been a conservative, traditional type of environment, we determined that in order to successfully meet our other important strategy of

innovation and improvement, as well as adapt according to expected changes from healthcare reform, we needed to modify our culture. In short, we developed a plan that would both maintain the positive aspects we already possessed and would help us incorporate the necessary new behaviors for an ideal culture, which is one that will be encouraging, self-actualizing and achievement oriented.

Working with the leadership team, the Mission and Organizational Development Committee and the Board of Directors, we mapped out a plan. First, we decided to focus on having our leaders become role models of ideal behaviors. We have done much work in this area already, and will continue to do leadership development to inculcate those behaviors in our leaders. We are modifying our Personal Accountability Reviews (performance appraisals) to incorporate ideal behaviors and are also producing a new DVD tool on our 2010 plan. This DVD will, among other things, focus on the ideal culture traits in the form of employee skits.

Culture shaping is not easy, nor is it an overnight process. It takes years to develop a culture and years of work to shape it to an ideal state. And though we see our work as only having just begun, we know that the investment we make now in this important process will be a tremendous, long-lasting benefit to HFM and the people we serve.



▲ Culture Shaping Work Group. Pictured from left, standing, Sara Hockers, Vicki Wetenkamp, Laura Fielding. Seated, from left, Mary Maurer, Marcia Donlon, Rita Knowles.

Lakeshore Medical Specialists Now Open

Holy Family Memorial is proud to announce the recent opening of Lakeshore Medical Specialists, a clinic operation in Kewaunee, Wis. Located about 35 miles north of Manitowoc, Kewaunee was suggested as a new site of service via a Bright Idea from a staff member. The Bright Idea program is part of HFM's Innovation process. Research concluded the community was in need of primary and specialty care. In partnership with Hospital Sisters Health System, HFM is leasing a portion of the building, and will provide primary care nurse practitioner services and general, GYN and urology surgical services on a part-time basis.

New Pelvic Fitness Program

Holy Family Memorial recently launched a new pelvic fitness and wellness program titled 'Total Control.' This is a medically based fitness program for men and women who have incontinence issues. The program is provided jointly by our Wellness Center and RehabPlus staff and is another example of a Bright Idea submitted through the Innovation process.

Council Model Leads to Improved Patient-Center Care

The nursing team at the HFM network has recently begun a new model to support the organizational strategy of Clinical and Service Excellence. By restructuring according to a council model, nursing personnel can more effectively provide superb patient-centered care. Councils include Professional Development, Continuity of Care, Patient Education, Quality Improvement, Nursing Leadership and Nursing Operations.

Genesis Adds Treatment for Abnormal Heart Rhythms

Genesis has added a service that was previously only available in communities an hour or more away. Electrophysiology is the newly added specialty that treats arrhythmia (abnormal heart rhythms) with medical solutions to restore a regular heart beat.

Electrophysiology was brought to Genesis with the addition of M. Magdy Migeed, M.D., a cardiologist with 20 years of experience. Dr. Migeed, who joined Genesis as the medical director of this new service, explained that electrophysiology encompasses two specific therapies: catheter-based and device-based. A catheter is a tiny tube inserted through a patient's groin and then guided to the heart. Using a catheter, Dr. Migeed can diagnose and treat abnormal heart beats.

Ablation is a catheter-based procedure that helps normalize rapid heart rhythm. One of the risks associated with rapid and irregular heart rhythm is that the heart fails to effectively pump blood out of the heart, which can lead to pooling and the potential for stroke.



▲ M. Magdy Migeed, M.D.
Cardiac Electrophysiologist

During an ablation procedure, Dr. Migeed stimulates the heart to produce a rapid rhythm, identifies offending areas of the heart, and then applies heat to those areas that cause the rapid rate. He said he loves to see the immediate improvement from an ablation treatment.

“When you perform an ablation, it’s as though you walk into the heart chamber

and identify the bad guy sitting in the middle of the good guys,” Dr. Migeed explained. “We nail the bad guy without hurting the good guys. We can see the heart rate at 200 beats a minute then, once we apply the heat, the beat goes back to a normal rate.”

In the area of device-based therapy, Dr. Migeed works primarily with pacemakers and intracardiac defibrillators (ICDs). Both are small devices implanted in a patient’s chest with wires connected to the heart. Pacemakers stimulate a patient’s heart when the heart rate drops below normal; defibrillators regulate the heart if it stops beating or beats at an abnormally high rate. A third device combines the technology of a pacemaker and defibrillator. Designed for patients with heart failure, Dr. Migeed says the device makes the heart more efficient, propels the heart to beat more and reduces fluid build-up in the lungs.

“Electrophysiology was the piece we needed to provide a full-service heart program,” said Cheryl Jorge, R.N., M.S.N., Genesis’ director of cardiovascular services. “We previously provided open heart procedures and interventions but we didn’t have electrophysiology. The program’s quality prior to electrophysiology was exceptional; this is the icing on the cake.”

Patients are referred to Dr. Migeed by their primary care physicians or cardiologists, and most procedures are performed in the cardiac cath lab at Genesis-Good Samaritan on an outpatient basis. In addition to procedures designed to treat arrhythmia, diagnostic testing can also be done.



Genesis is Proud to Be Tobacco-Free

At the start of this new year, Genesis instituted a tobacco-free policy for all of its properties, including parking lots. Recognizing that tobacco use is the leading cause of preventable death, we could not continue to enable tobacco use on our property without compromising our mission. But in all efforts made to implement this change, compassion and understanding has been the prevailing theme to help those who use tobacco products adapt to our tobacco-free environment.

The community was notified through various methods, including news media outlets. Prospective patients were notified of the change through physician offices, pre-registration information and signage. We have encouraged patients to talk with their physicians to plan alternative treatments to help them deal with the urge to use tobacco during a hospital stay.

Signage has been placed at all entrances to the hospitals and at various other locations. To help visitors overcome cravings, nicotine gum has been made available at the front desks of each hospital, the emergency departments and urgent care locations.



Our Ministry at 25: Reflections on FHCM's Place in the World

By Sister Laura Wolf, President

At the beginning of our 25th anniversary year as a health system, I wanted to take some time to reflect on Catholic healthcare in America. Though FHCM is small compared to some of the other Catholic health systems in this country, we play a significant role in this vital ministry. Our presence in West Point, Neb., Zanesville, Ohio, and Manitowoc and Kaukauna, Wis., not only provides these communities and the people we serve quality and compassionate care, but offers a link to Jesus' continuing mission of love and healing in the world.

While Catholic healthcare organizations comprise the largest provider of not-for-profit health care in America today, we have all been built upon one foundational purpose: to fulfill the Gospel mandate to proclaim the good news and "cure the sick, raise the dead, cleanse lepers" (Matt 10:8). This is what compelled 12 Ursuline sisters to travel from France to New Orleans in 1727 to provide health and social services to the underserved immigrant poor in that city and the following year to open Charity Hospital, the first Catholic hospital in what was to become the United States.

Today, Catholic healthcare, in the form of hospitals and nursing homes, is present in all 50 states. According to the Catholic Health Association of the United States (CHA), there are more than 600 Catholic hospitals in the U.S., which employ more than 500,000 full-time and more than 200,000 part-time workers. Every day, roughly one in six patients in the United States—more than 5.5 million every year—receives care in a Catholic hospital.

The vast majority of Catholic healthcare organizations in the U.S. were founded and continue to be sponsored by congregations of women religious. And like the Ursulines before them, the many congregations of sisters began their healthcare ministries for one basic reason: people, usually in poor immigrant communities, were suffering and their needs were not being met. This was certainly the case for us. Today, we all remain committed to continuing the Catholic Church's healing ministry for virtually that same reason. But, as you all well know, the health and medical landscape in this country, especially for Catholic healthcare, is far different now than it was even a few decades ago.



Healing in the Name of the Church

As a ministry of the Catholic Church, we have always been committed to our faith's longstanding moral, ethical and social justice principles. We are founded on a concern for serving the poor and vulnerable, upholding human dignity at all stages of life, acting on behalf of justice, responsibly stewarding our resources, attending to the whole person and promoting the common good. As the healthcare delivery system changes in this country, our commitment to church teaching does not. One of the major challenges of the health ministry today is balancing the competing needs of the people of God for workable, successful and compassionate care delivery systems with the competing pressures of multiple ideologies in modern society. I fervently believe that Catholic healthcare is at the crossroads of big business and church ministry. It is up to us to find how to operate our ministry in a way that is consistent with Gospel values in a pluralistic world. This is not an easy task, but it is a task that is finding success!

Hope for the Future

The future of Catholic healthcare in America will be characterized by further consolidation of services and structures as we continue to realize the importance of working together for the sake of serving the needs of people and communities. As the evolution of healthcare delivery in this

country occurs, we need to be prepared to help both our health professionals and the people we serve to make all the transitions necessary to continue to bring the healing touch of Jesus into their lives through their own choices about the type and extent of care they wish to receive.

Despite all the work for health reform over the past year, there is still no clear path for the future of the ministry. Regardless of how healthcare reform turns out, however, I expect the church, both its leaders and the lay faithful, will continue to advocate improved healthcare services in America. Human dignity and the sacredness of life at all stages, accessibility to safe and quality care, affordability for patients and providers, must always be areas of concern, not only for those of us in healthcare, but for all who are concerned about how our society treats its members, especially those who are poor and vulnerable.

No matter what happens in the years to come, I have great hope for the future of Catholic healthcare and for FHCM. The Catholic health ministry remains rooted in the Gospel mandate, fueled by the creativity of committed leaders, and is ever more necessary in our complex world. The changes in American religious life have impacted the health care delivery system but have not defeated it. Rather, I have found a new vibrancy in the leadership of our ministry, a new understanding of its importance to the whole church by our bishops, and a new commitment to renew and recreate the ministry that will be passed on to a new generation. In all of the challenges we face, I try to keep in mind that the Catholic health ministry does not belong to me or to our congregation alone. It is Christ's ministry, and as St. Paul in his letter to Timothy proclaimed: "I know him in whom I have believed and am confident that he is able to guard what has been entrusted to me" (2 Tim 1:12).

Editor's note: A version of this reflection appeared in *The Compass*, official newspaper of the Green Bay Diocese.

FHCM Welcomes New Board Member



Daniel McGinty

Though new to the FHCM Board of Directors, Dan McGinty is no stranger to this health system. From 1995 to 2001, he served as president of Holy Family Memorial Medical Center in Manitowoc, Wis. Prior to that, he was vice president of professional services and then chief operating officer at Holy Family. “I feel a deep sense of gratitude to the

sisters and this system,” McGinty said. “My time here really molded me, not only in terms of my career, but as a person, too.” While president of HFM, McGinty was instrumental in creating the integrated network in Manitowoc County.

McGinty is currently president and CEO of Essentia Community Hospitals and Clinics (EHC), based in New Brighton, Minn. As part of Essentia Health, a not-for-profit health system based in Duluth, Minn., EHC owns and/or manages 11 hospitals—seven of which are critical access hospitals—and 27 clinics in Minnesota, Idaho, Wisconsin and Montana. At EHC, McGinty has helped shape a culture of responsive, enhanced support services to strategically align local hospital and physician practices to deliver integrated community health care. He has also worked at

Bethesda Hospital, St. Paul, Minn., Twin Cities Health Care (now Allina Hospitals and Clinics), Minneapolis, and Benedictine Health System, Duluth, where he served as senior vice president from 2001-2008.

With more than 20 years of experience in integrated acute care services, including the areas of strategic planning, hospital operations, clinic management, construction project management, and governance and medical staff dynamics, McGinty brings a great deal of experience and wisdom to FHCM. “With my background in rural healthcare, I thought I might have something to offer this great organization. I also see my appointment as a way of giving back to the people I still care so much about,” he said. “The values I was taught to embrace

while working for the sisters continue to shape who I am today.”

McGinty, who grew up in Richfield, Minn., a suburb of Minneapolis, holds a bachelor’s degree in economics from Gustavus Adolphus College, St. Paul, and a master’s in hospital administration from the University of Minnesota, Minneapolis. He and his wife, Lynn, have been married 25 years. They have three children, Ryan, 21, Alyssa, 19, and Kyle, 15. In his spare time, McGinty said he enjoys travel, golf and downhill skiing. And for the past 28 years, he has been playing drums in a rock ‘n’ roll band.

“As a member of this board, I hope I am able to help the system remain committed to its mission and to its communities,” McGinty said. “There is a long history here of serving others’ needs, and I’m proud to once again be a part of that.”



Franciscan Sisters of Christian Charity
HealthCare Ministry, Inc.

1415 South Rapids Road
Manitowoc, Wisconsin 54220-9302

Return Service Requested



FRANCISCAN CARE
SERVICES, INC.
West Point, NE



HOLY FAMILY
MEMORIAL, INC.
Manitowoc, WI

HEALTHCARE SYSTEM
GENESIS
GENESIS HEALTHCARE
SYSTEM
Zanesville, OH



ST. PAUL ELDER
SERVICES, INC.
Kaukauna, WI