Welcome to OSF HealthCare!

Foundations of OSF Mission and Ethics that we may care well for our patients – and each other.
About OSF people....

- In OSF, we see ourselves as a community of care.
- We are 16,847 persons – and diverse!
In our diversity as persons, we find common ground in “compassionate competence.”

Compassion is a core value and manifestation of human flourishing in all the world’s great religious traditions.

In healthcare, competence needs compassion as its heart and energy.
- Caring for persons at a time of vulnerability goes right to the heart of what it means to be human.

- A culture of care is necessary for all of us in OSF. Those of us who are not in direct care roles see ourselves as enabling and supporting that care.

- OSF people are privileged to do this as our work; to touch human lives.

- We are part of a “chain of trust.”
Catholic healthcare welcomes all persons of goodwill to collaborate in serving the health needs of persons.

Healthcare delivery in the nation is in the midst of a significant reconfiguration but the OSF Mission of care for persons is a constant.

Healthcare in our nation is shifting from an acute care focus to a continuum of care.
About OSF HealthCare

- Almost all of OSF HealthCare is in a “not-for-profit” tax exempt organization.
- Peter Drucker was one of the earliest management consultants in the nation.
- He said that there are three major sectors in American life: the commercial sector, the governmental sector, and the not-for-profit sector.
THE MAN WHO INVENTED MANAGEMENT

Why Peter Drucker’s ideas still matter

BY JOHN A. BYRNE (P. 96)
Peter Drucker said that the product of the commercial sector is the making, buying, selling and financing of things and services.

The product of the governmental sector is regulating the making, buying, selling and financing of things and services. This is for the common good of society.
For Drucker, the “product” of the not-for-profit sector is … changed human lives.

And Drucker believed that in the 21st century more young persons would want to work in the not-for-profit sector.
Foundations for OSF HealthCare:

- The Christian tradition of healthcare
- Saint Francis of Assisi
- The Sisters of the Third Order of St Francis
- *Ethical and Religious Directives (ERD)*
- OSF Standards of Performance
Mutual respect, compassionate care for the sick, poor and marginalized – love in action – is at the core of the teaching of Jesus.

For classical Christianity, these are all manifestations of the disciples’ love of God the Father, and are sustained in love by the Holy Spirit.
Saint Francis of Assisi (1181-1226)

- As a young man, Francis experienced a conversion to a life of Gospel simplicity.
- His response to the Gospel included an emphasis on the message of reconciliation and his personal following the poverty of Christ.
- Francis was surprised that other persons spontaneously wanted to join him in his way of Gospel living.
Before his death, there were already hundreds of persons in his “movement.”

That tradition continues today in religious communities of women and men.

Francis is loved in his devotion to peace and reconciliation. “Lord, make an instrument of Your peace....” is a favorite prayer of the Franciscan movement.
The Sisters of the Third Order of St Francis of East Peoria, Illinois

- Our Franciscan Sisters are part of the Franciscan family, but an independent religious institute.

- Our Sisters were founded in Herford, Germany and were forced to emigrate to the United States in 1875, with six weeks notice by Chancellor Bismarck.
Höckerstrasse

[Handwritten text in German]

[Image of a street scene in Herford, Germany]
The Sisters migrated to Iowa and later asked to come to Peoria to beg at a German-speaking parish.

The pastor asked them to stay and care for the sick poor of Peoria.

In 1877, nine Sisters moved from Iowa to establish a new religious order in Peoria. The OSF we know is born.
“Nurse the sick with the greatest care and love, then God’s blessing will be with you.”

Mother M. Frances Krasse, O.S.F.

Final words to the Sisters
Ethics in OSF HealthCare

- “Ethics” comes from the Greek word *ethos*, and looks to a right and good action.
- Ethics begins with self-reflection, understanding our role and the roles of others in a situation.
- Ethics reflection looks at promises made and professional responsibilities.
- Ethics is a positive and culture building activity. OSF wants a “moral space” for this discussion.
Ethical and Religious Directives for Catholic Health Care Services

- An introduction to the “who”, “why” and “therefore” of Catholic healthcare ministry...
What is the *Ethical and Religious Directives for Catholic Health Care Services*?

- The *Directives* or *ERD* is a document of the American Catholic Bishops - it is *policy* within OSF HealthCare.

- *ERD* is an important ethics resource in Catholic healthcare in the USA.
What is the significance of *ERD* in OSF?

- Sister Leadership in OSF HealthCare expects all leadership, managers and OSF people to know and implement the norms of *ERD* for their work.

- Sister Leadership expects that OSF people would freely and readily ask questions about application of *ERD* to their own work, in a safe “moral space”.
About *ERD*…. 

- In the tradition of Gospel values, *ERD* is a *call* to Catholic healthcare ministry for *its compassionate and competent response* to the dignity and vulnerability of human persons.

- It’s a call to develop trusting healthcare relationship for the best outcomes for those we serve.
Preamble and General Introduction

Jesus Christ showed compassion for persons, which included concern for their health and wellbeing.

The healing miracles were unique signs to show both the presence of God’s reign and Jesus’ concern for this particular person.
Therefore….

- Care of the sick and the poor is a Gospel value and sign of Christian discipleship. It has been a constant witness over the centuries.

- This is expressed by care of persons in their homes, in parish communities, in hospitals, long-term care and ambulatory care settings.
Because underneath it all....

- Christian love is “the animating principle in health care” and in all care of the sick and the vulnerable. Love is at the center of the classical Christian understanding of ethics, morality and the life of discipleship.

- Particular concern is expressed for poor persons, the marginalized and all vulnerable persons.
Part One: The Social Responsibility of Catholic Health Care Services

We are a community of persons that provides health care to those in need of it.
Therefore….

- Our healthcare community “should be marked by a spirit of mutual respect among caregivers.”

- If mutual respect is present among us, then it naturally manifests to those who come to us in illness or to accompany their loved ones.
Part Two: The Pastoral and Spiritual Responsibility of Catholic Health Care

We are “a community of healing and compassion.”
As a community of healing and compassion, our care for persons “embraces the physical, psychological, social, and spiritual dimensions of the human person.”

We want persons “to experience their own dignity and value.”
Therefore...

- Spiritual and pastoral care should be available to all persons “in keeping with their religious beliefs or affiliation.”
Part Three: The Professional-Patient Relationship

We seek relationships of trust and mutuality with those who come to us for care.
Therefore...

- We respect the inherent dignity of all persons. Respect builds trust.

- Respect in clinical decisionmaking: persons will receive all reasonable information about proposed treatment and its potential benefits and burdens, risks, consequences and cost, for the sake of their informed consent.
Therefore…

- Patients have a moral and legal right to medical information so that they – or their representative – can judge whether a proposed course of treatment is proportionate or disproportionate, ordinary or extraordinary … if the potential benefit exceeds the burden.
Therefore...

- If patients or OSF people experience distress about a clinical ethical issue, *anyone* can request an ethics consultation for exploration of the concern and for advice.

- Consultation requests *should be made* if there is a concern about application of the *Ethical and Religious Directives*. 
Part Four: Issues in Care for the Beginning of Life

We are committed to the care of women and their children during and after pregnancy.
Therefore...

- Our healthcare community cares for two patients: woman and child. We are advocates for both.
Therefore…

- In Catholic healthcare, justice to the unborn excludes any participation in directly intended abortion.
- Catholic healthcare advocates Natural Family Planning methods.
- Pregnant women face unique health risks and we respond to their needs with particular and specialized care.
Part Five: Issues in Care for the Seriously Ill and Dying

We are called to be “a community of respect, love, and support to patients or residents and their families as they face the reality of death.”
Therefore…

- A patient has a right to know when, due to advanced illness or age, death is more likely or foreseeable for him or her.

- Patients have the right to spiritual support in their vulnerability.

- Persons should be empowered for decisions on what treatment measures make sense for them … and to prepare for a good and peaceful death.
Therefore …

- “Loving care, psychological and spiritual support” as well as pain medication interventions all are part of care for the dying.

- We care for the families and loved ones of patients. They journey together with their loved one.
Part Six: Forming New Partnerships with Health Care Organizations and Providers

Catholic healthcare faces the future of ongoing healthcare restructuring in the nation.
Catholic healthcare ministry recognizes that healthcare delivery is taking on a new shape.

The ministry can take “opportunities to realign the local delivery system” to “provide a continuum of health care to the community.”
The Catholic healthcare tradition knows that “sickness speaks of our limitations and human frailty.”

The Christian tradition affirms that competent care of the sick is a work of compassion and love. Christianity believes that fidelity in our work is sustained by God’s Holy Spirit.
And so …

- The Catholic Church, a sponsor of healthcare for centuries, sees the ministry as caring for persons in their vulnerability in this moment …

- … which is also “a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus’ ministry and God’s love for us.”
Tools to Achieve our Mission & Key Results

The Steps to Accountability

- Do It
- Own It
- Solve It
- See It

Cultural Beliefs

- Patient First
- Be One
- Align Priorities
- Embrace Decisions
- Be Accountable
- Live It!

The Results Pyramid

4 Culture Management TOOLS

TOOL 1: Focused Feedback

What feedback do you have for me around...?

Here's where I feel you could demonstrate even more

Thanks for the feedback!

TOOL 2: Focused Storytelling

Tell the story in 45 seconds or less. Include the impact on Key Results.

Here's what (Cultural Belief) looks like to me.

That's what (Cultural Belief) looks like to me.

TOOL 3: Focused Recognition

TOOL 4: Focused Accountability

OSF HealthCare
“IC2it will be taught by your colleagues so that we can grow in our responsiveness and be accountable so that our Mission Culture can flourish.”

SisterJudith Ann, OSF
OSF Code of Conduct

- This Code is not a summary of all OSF policies but a unique statement of our responsibilities.

- Section: Ethics. Ethics is our orientation to doing good. Sometimes we need “a moral space” to explore our concerns. Are they consistent with professionalism or OSF Values and culture?

- Section: Admission and Care of Patients. The right of patients to fully participate in their care and decisions about it.
OSF Code of Conduct

- Section: Transfer and Discharge of Patients. Plans will be in accord with physician discharge or transfer orders.

- Section: Financial and Billing Practices. Provision of financial assistance (aka charity care) and resolution of patient questions and concerns. Care of the poor is a core part of the OSF Mission since its founding.

- Compliance with legal norms and internal education about these laws and regulations.
OSF Standards of Performance

- The way we live the Mission everyday.
- The Standards are used in annual performance evaluations. They are:
  - “Justice: I act justly by consistently being respectful and fair to those we serve.”
  - “Compassion: I exhibit compassion by respectfully listening to those I serve, in order to first understand and then appropriately respond to their needs in a timely manner.”
OSF Standards of Performance

- “Integrity: I demonstrate integrity by speaking the truth and work to build relationships through trust, respect, and honesty.”

- “Teamwork: I encourage teamwork within our Community of Caregivers by building trusting relationships with all encountered in my daily work through positive interactions.”

- “Employee Well-Being: I promote employee well-being by creating a healing and nurturing environment.”
OSF Standards of Performance

- “Supportive Work Environment: I contribute to a quality work environment by maintaining a constant focus on collaboration with others in my daily work.”

- “Trust: I ensure that my actions, behaviors and communication foster positive relationships.”

- “Stewardship: I ensure the careful and responsible management of resources entrusted to my care.”
OSF Standards of Performance

- “Leadership: I take pride in OSF HealthCare as if I own it. I know and live the Mission.”
- So that: living the Mission is shown one encounter at a time, one person at a time....
- Welcome to OSF HealthCare!
Living Our Mission Everyday by TEAMWORK and Collaboration

Sister Judith Ann