



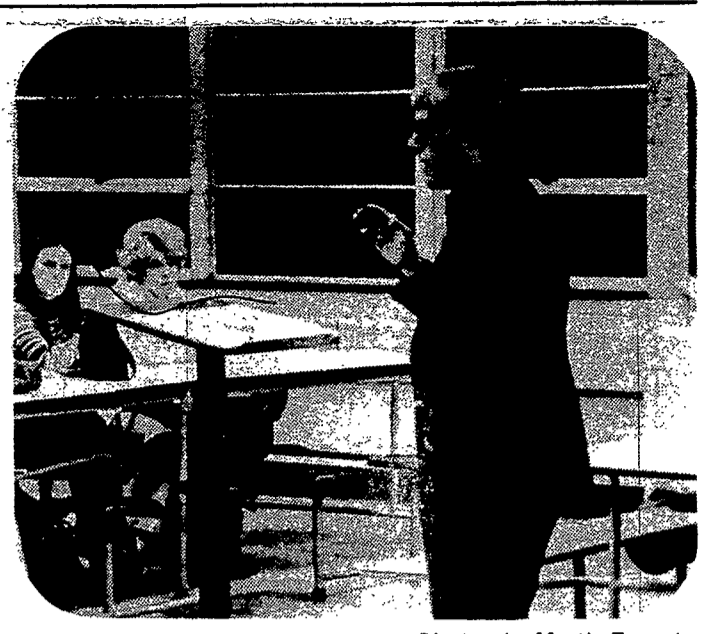
BISHOP HICKEY



FATHER SUNDHOLM



JOHN FOLEY



FATHER FLYNN

Photos by Martin Toombs

Stewardship: Sharing of Time, Talent, Treasure

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its basic goal of increasing parishioner involvement.

First, parishioners were asked to pray for the success of the program. Father Sundholm noted that homilies during October were designed to prepare parishioners, and to make them aware of what the parish offered, and of its dependence on volunteers and financial support.

After the preparation, a house to house visitation took place during the first two Sundays of November. Parishioners completed stewardship cards, which ask them to participate in various parish activities, and also ask about a financial commitment for the coming year. Stressed is the importance of parishioner involvement in parish programs.

Summarizing the results, Father Sundholm said that commitment seems to have improved. He noted that more than twice as many

people voted in the most recent parish council elections as had previously. The problem of getting volunteers has improved sufficiently that the parish is now adding programs. As for volunteers, 1,238 volunteer commitments were made, including 302 for the parish festival, 131 volunteered to work on Bingo, and 210 signed up for the stewardship renewal. Also signing up were 127 persons for a prayer and suffering ministry. Formerly not included in parish activities, those unable to physically participate or assist are now asked to pray for their success. Father Sundholm noted that previous to this year's renewal effort, letters were sent to the 127 volunteers, asking them to pray for its success.

Financially, weekly collections increased by 20 per cent, he said, which will amount to \$25,000 in additional income. He also noted an improvement in special collections, which

typically raised \$800. The collection earlier this year for the Sisters of Mercy Infirmary netted \$3,500, he noted.

Although the financial results are positive, Father Sundholm emphasized that stewardship is not essentially a financial program. He quoted a speaker on stewardship at a national meeting as warning those contemplating a stewardship program that "money had better not be your goal, because it won't work."

Bishop Dennis W. Hickey made the same point, noting that financial gains probably will occur with the program, but that raising funds "is not the purpose of what we're about."

He explained that the diocesan decision to sponsor the program was based on the realization that the "diocese is no stronger than its parishes" and that the diocese could best help itself by providing assistance to the parishes.

That decision came after consultation with pastors and others following the failure of a diocesan development program, Bishop Hickey noted. While looking for other sources of income, the diocese became aware that its largest source of funds, parish assessments, needed to be supported, through a strengthening of the parishes.

With stronger parishes, the diocese may be able to increase its services, extending ministry to such areas as youth, blacks, the unchurched, the hospitalized and the imprisoned. Bishop Hickey noted, fields into which the diocese "must go and you people have a right to expect us to go."

Father William Flynn, diocesan chancellor, noted that at a recent national stewardship conference, a negative view of the future for parish donations, costs and memberships was given, based on statistics. But, he noted, while the predictions are bad, parishes should be

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able to avoid that decline through a stewardship program.

He also told the many priests, sisters and parish council members attending that the stewardship concept is not new, and has been used successfully in many dioceses and parishes in the country for several years.

John Foley of Foley Associates, a diocesan consultant for the program, noted that diocesan sponsorship will cut the program's cost for parishes, and make publicity, training and information materials available.

He also described the schedule for the program. Information programs will take place during the next few months, and parishes are asked to commit to the program by May 30, 1978. Training sessions will then take place during the Summer. General parishioner education would follow in September, with home visitation in October. Once begun, the program will be renewed each year at the same time. Participation by parishes is voluntary, Foley noted, adding that he hopes all parishes will be participating within five years.

Hospital Merger Needed, But They Can't Decide How

By MARTIN TOOMBS
Southern Tier Editor

Hornell—A difference in board philosophy, conflicting recommendations concerning obstetrics and a possible area laboratory service are all factors now involved in the merger negotiations between St. James Mercy and Bethesda hospitals here.

Begun in earnest after the Bethesda Board of Directors approved of a merger, and the St. James board approved of the concept of a merger last May, the merger talks have been stalled in a conflict concerning merger procedure, Sister Mary Rene McNiff, St. James administrator, stated.

"The philosophical differences" between the hospitals' boards concerning the merger "are pretty hard to get over," Sister Rene noted. She explained that the Bethesda board is unwilling to discuss specific services and the future of a combined institution until after a corporate merger has taken place. The St. James board wishes to negotiate the terms of the merger, and is unwilling to approve of a merger until it knows what the effects will be.

That difference has stalled the negotiations, Sister Rene said, adding, "in all honesty, we aren't really getting anywhere."

A merger of the two health facilities had been

discussed as early as 1971. Neither facility, the 144-bed St. James or the 90-bed Bethesda, is able to handle all of the area's health needs, but the current situation has resulted in operating deficits for both hospitals. More severely affected has been Bethesda, which has averaged a \$72,000 loss for each of the past five years. It is generally agreed that a single corporation operating the two facilities, by reducing duplication of services, could possibly increase the quality of care at a cost savings.

Sister Rene noted that legal implications of a merger are currently being studied, and that report should assist the negotiations.

St. James Hospital also has financial complications, she noted. Several financial commitments, including two to the Sisters of Mercy, come due in August, 1979. The effect could be that St. James "can't sign anything for at least two years," sister commented.

In the meantime, she noted, the hospital is willing to discuss trade-offs with Bethesda, with each hospital taking over specific services, "as long as it is a fair trade." To date, she said, Bethesda has not responded to St. James' suggestions on the topic.

The obstetrics question involved in the merger, already a serious problem,

has been further complicated by a recommendation by the state Hospital Review and Planning Council that one obstetrics unit in Hornell close by Jan. 1, 1978. The Finger Lakes Health Systems Agency had recommended that Hornell have only one unit, as part of the merger discussions, but had set Jan. 1, 1979, as the date for consolidation.

Sister Rene reported that the hospitals probably will not be able to close an obstetrics unit by the end of the year, and if Dr. Robert Whalen, state health commissioner, implements the recommendations, the hospitals will have to suffer the financial penalties involved.

In the meantime, as part of a service designation procedure, St. James has applied for a Level II rating for its maternity service, and has made its application as a merged unit. Sister Rene noted that St. James can take both hospitals' obstetrics case load without any renovations, while Bethesda would need to renovate in order to accommodate the 700 deliveries in Hornell each year.

St. James is the larger hospital, and its more extensively equipped maternity unit is better suited to remain in operation, Sister Rene said. Bethesda seemed to have conceded that recently, but not requesting a level

designation for its unit, although apparently it now will submit one.

Concerning the issue of abortions in a merged facility, Sister Rene noted that Bethesda has offered to end all abortions, which amounted to 25 last year, she noted, half of whom were not local persons. But, Sister Rene pointed out, such action probably would be challenged in court, and past cases indicate that the hospitals would lose.

One suggestion being discussed is a clinic operated by the local obstetricians for out-patient surgery. Such a clinic could perform simple abortion procedures; complex ones are not done locally now, sister explained.

A problem concerning laboratory services in the area also has surfaced. Currently the pathologist at St. James, Dr. Barry McClanahan, also serves Noyes Hospital in Dansville. Bethesda recently lost its pathologist, and Ira Davenport Hospital in Bath is being temporarily served by the pathologist from the Bath Veterans Hospital.

Sister Rene reported that St. James has suggested that Noyes, Davenport, the County Infirmary in Bath, Bethesda and St. James cooperate on laboratory staffing, with Dr. McClanahan hiring a pathologist to work under him, and for the two doctors to serve the five facilities. She also noted that some possible savings in equipment and a reduction in the number of tests sent out of the area could be accomplished by the arrangement. Discussion concerning the proposal is continuing, she noted.

A joint board committee, consisting of four members from each board, the two administrators and a doctor from each staff, is meeting monthly to conduct the merger negotiations. Two other committees have been established to work on facets of the merger, sister noted. A personnel committee is looking at how the merger would affect the hospitals' employees, with view towards coordinating policies; it is being chaired by Ronald Putnam, a member of St. James' board. An example of the committee's work is the current

discussion involving the hospitals leaving Blue Cross-Blue Shield for a private insurance carrier for their employees group health insurance.

A committee chaired by Robert Love of the Bethesda board is examining joint data processing for the two hospitals.

Another project, determining the make-up of the board of the merged corporation, is being undertaken by the joint board committee.

Discussion concerning the new board's membership should take into account the difference in the size of the institutions, Sister Rene noted, with St. James, the larger and more financially stable institution, receiving a proportionate share of the board seats. She also noted that the Sisters of Mercy have a long history of involvement with health care in the Hornell area, and "have a right in a new corporation" to continued involvement at the board level.

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