

CONTINUED...

St. Mary's

Continued from page 1

St. James' director of marketing, of ever-increasing collaborations. However, she added, "I think it was threatening to people at first, but there are a lot of opportunities that crop up."

She noted St. James will be affiliated with more than 25 long-term care facilities and 22 other hospitals, and enjoy the experience each can offer.

In the Buffalo Diocese, a new Catholic Health System of New York is bringing together 42 Catholic health-care organizations — including seven Catholic hospitals — into one of the largest regional Catholic health-care systems. It will have central management and a single board of directors. It includes Batavia's St. Jerome Hospital and as an adjunct, Batavia's secular Genesee Memorial Hospital.

While not as large, the new St. Mary's-Park Ridge system is, in turn, part of the Daughters of Charity National Health System, which reportedly has been the country's largest Catholic health-care system in terms of revenue, though not in numbers of facilities.

The DCNHS is investing \$40 million to help restructure Unity, to relocate and combine services.

Sister Burns added that the DCNHS is citing the affiliation as a smoothly completed one.

"I felt confident from the beginning," she said, "because the bishop understood there was no Catholic hospital to merge with, and if he wanted to keep the mission and the Catholic identity, we had to find a way to do it."

The U.S. bishops did advise, however, in their updated 1994 "Ethical and Religious Directives for Catholic Health Care Services," that Catholic collaboration should be sought first. They also noted that any partnership must respect church teaching and discipline.

The Daughters of Charity, as well, had directives on maintaining Catholic identity.

"We did the deal breakers before we be-



gan to talk," Sister Burns said. The main "deal breakers," which could have precluded any talks, were Catholic identity and top leadership.

Meeting over coffee

Such issues came up in informal discussions between board members and between the two CEOs, she and Putnam said.

Both Putnam and Park Ridge's CEO Tim McCormick sat down over breakfast in an East Rochester Restaurant Dec. 28, 1995 — a day they recognize as a milestone.

"We talked through pretty significant issues that first day," Putnam said.

Meanwhile, board members and long-time acquaintances Fred Strauss (Park Ridge) and the late Charlie Hetterich (St. Mary's), too, had met over coffee and "kicked it around," Putnam said, referring to a potential affiliation.

The informal talks — and also perhaps the fact that both CEOs and several Park Ridge leaders were Catholic — may have helped the process, he acknowledged.

"From the point of view there was some identification and affinity with a Catholic hospital, that helped," noted Putnam, a member of St. Jerome's Parish, East Rochester.

He and Sister Burns noted that Park Ridge's mission and philosophy were compatible with theirs, and commended the system for particularly having served low-income elderly people as well as vulnerable chemically dependent populations through such services as its nursing homes, adult residences and reach-out pro-

grams. That service was in line with two Catholic identity elements that Daughters' institutions must address: fostering sacredness of life, and advocating for poor and vulnerable people.

To unite with St. Mary's, Park Ridge specifically agreed not to provide abortions and also entered an agreement with the landlord of the physicians' building on its campus not to allow abortions in that building, Putnam said.

Other procedures, such as sterilizations, of which a limited number had been performed at Park Ridge, were not as expressly forbidden, he said. The Catholic Church considers such means of blocking procreation "intrinsically evil," as stated in the 1992 Catechism of the Catholic Church.

"Park Ridge is not becoming a Catholic hospital," Putnam noted.

Park Ridge has agreed, however, to operate under the directives of the Daughters and the U.S. bishops.

Proposals face problems

Not all such affiliation proposals go as smoothly as did the St. Mary's-Park Ridge union.

In Boston, the Daughters of Charity's Carney Hospital and the public Quincy Hospital tried to merge, but that fell through. After owning Carney 135 years, the Daughters then transferred ownership in January to Caritas Christi Health Care System, an arm of the Boston Archdiocese.

"We were trying to get a network just like we've done there in Rochester," said Marshall, the Daughters' spokesman. "But nobody was playing ball with us, except one secular hospital, which wouldn't abide by Catholic ethical directives. And the bishop was saying, 'Well, you can't do that.'"

"It turned out OK," he said, "It's still a Catholic-sponsored organization." But he added, "Anytime there's a transfer and you've had it 130 years, it gets difficult."

And in June, the Vatican Congregation for the Clergy denied a proposed affiliation between the Diocese of Metuchen's St. Peter's Medical Center and the secular Robert Wood Johnson University Hospital. St. Peter's would have conducted all

OB/GYN services to alleviate concern that church teachings might be violated. The Vatican, consulted because the diocese owned the hospital, still reportedly expressed concerns that Catholic teaching and practice might not always be followed.

Also, systems have "deaffiliated" and "decollaborated," according to Marshall. Attempts to agree on naming the highest level person often fail, he and others said, and can lead to problems for involved Catholic hospitals.

One system, the Sisters of Charity of St. Augustine Health System, lost its membership in the Catholic Health Association as a result of becoming part of a for-profit chain — Columbia/HCA Healthcare Corp., Sauer noted. That national chain is now under federal investigation for Medicare fraud.

Acknowledging the CHA's strong stand against for-profit, investor-owned facilities, Sauer said, "It's the motivation for why you are in the business (that) we think is the significant issue. In a for-profit entity, the goal is to maximize return to its investor, its shareholders. Certainly the goal of a not-for-profit entity should be to maximize its ability to deliver effective health-care services to its community members."

His and other organizations formed an initiative called New Covenant: A Health Ministry for the 21st Century, several years ago to strengthen Catholic health ministry and encourage ministerial collaboration.

Sister Bernice Coreil, on the steering committee for that movement and the DCNHS vice-president of system integration, said, "We want to make certain people can continue to get caring compassionate wholistic care in an environment that's right now becoming a little more commodity oriented than ministerial oriented."

Noting some 42 million U.S. residents are uninsured, she said, "Who's picking that up? It's not the proprietaries, and we can't continue to do it alone. So if we come together we can save enough money that will stretch the dollar and let us reach more people, and then let us reconfigure the health system to give the most appropriate care at the proper levels."

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