

**2004 International Spirit at Work Award
St. Francis Health Center
Topeka, Kansas**

1. Basic Data:

- ▶ St. Francis Health Center
- ▶ Founded in 1909
- ▶ 1,700 FTE's
- ▶ Faith-based Healthcare Organization
- ▶ 1700 SW 7th Street, Topeka, Kansas 66606
- ▶ www.stfrancistopeka.org

2. Contact Information:

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- 3. A. Vision:** We will be recognized for our vitality, best-in-class performance and providing easy access to compassionate and trustworthy healthcare.

Mission: We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable.

Core Values:

- **Excellence** - The presence of God's healing love is evidenced through excellence in the care we offer.
- **Respect** - We recognize the sacred worth and dignity of each person. In our presence people feel comfortable and worthwhile.
- **Response to Need** - The health care we provide is based on community need. Our efforts are to improve the health status of the community. In this we have a special concern for those who are most in need: the poor and those who have limited access to health care.
- **Stewardship** - We are mindful that we hold our resources in trust for the sake of the healing ministry. We are mindful that our greatest resources are our employees, and that our physical resources come from our patients and communities.
- **Wholeness** - In the faith, which undergirds our health care ministry, we value the health of the whole person - spiritual, psychosocial, emotional and medical.

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B. At the Health Center, we have intentionally avoided defining spirituality for fear that it might exclude someone's values or life experience. Rather we have defined culture as the "water in which we swim" and tried to see spirituality as the meaning and purpose which drives us to swim at a level for which we were created. Our spirituality is a welcoming and hope-filled journey into each others values and in seeing how we can "value together" to build God's kingdom here on this earth and in this time.

The vertical part of our spirituality we term as inner work. It is about the development and renewal of our moral character, about our ability to always do the right thing. Inner work is also about the discovery of looking at life and trying to see how we are connected to the bigger picture of life. The horizontal is the outer work of seeing how the workplace either facilitates or stands in the way of our inner journey. Are my achievements at work merely monetary or is their deeper spiritual reward which comes through serving others, particularly in the transformative process of their health crisis? Can I further my place within the universe by the eight hours I spend everyday in the work place?

C. From the inception of our programs, diversity has been a cornerstone of motivating others to see our ministry beyond our own parochial boundaries. To be successful we have had to be inclusive and yet non-apologetic about our history and tradition. In our prayer and in our meditations, we observe the key dates and practices of other faiths. In our leadership meetings we have invited members of the Jewish and Islamic community into the Health Center to help us in our sensibilities. In our programs and in our policy, proselytizing is strictly forbidden. Our dietary practices honor differing cultures as well.

D. In the late 1990's, St. Francis Health Center had repeatedly established itself as one of the top 100 hospitals in America. Our ability to outperform others financially was renowned. As a result of our strong financial performance, our future as a vibrant hospital in Northeast Kansas was unquestioned. However, as a faith-based hospital, within the Catholic tradition, we sought to be more than *financially* stable; we wanted to be *spiritually* vibrant. The organization wanted a legacy in which patients and families found and felt the presence of a Higher Power within the care the patient received. It is in that desire that St. Francis became the "emperor who wanted to try on a new set of clothes".

Nothing was wrong with the old clothes. Meetings always started with a prayer, the organization followed a strong values-based decision making process, and generally speaking, staff felt affirmed and valued. But would this be enough? Would the business model which drives so much of health care turn our spiritual heritage into only a name which appears on the outside of our buildings? Would our values be strong enough to remain the litmus for our identity? Would our generation X and generation Y staff feel that same ownership of the Mission as our long-term employees? In being unsure of those answers, we learned the value of processing the questions, and we learned to love the questions.

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In our quest to be a more spiritual organization, we raised the bar. This application for the International Spirit at Work Award is the story of our struggle and success over the past four years and how Spirituality in the Workplace has rejuvenated the organization, added a new perspective to the recruitment and retention of staff, and improved the *heart* of patient care.

We are proud of our story and proud to submit this application.

Spirituality within the Workplace at St. Francis Health Center is a three-legged stool:

- ▶ Leg One is the Culture of Stewardship Program,
- ▶ Leg Two is a Spirituality in the Workplace Series, and
- ▶ Leg Three is our Kindness Connects Initiative.

Each has a different focus and to a degree a different audience.

The Culture of Stewardship.

The Culture of Stewardship Program began in February 2000 when the Chief Executive Officer (CEO) of St. Francis Health Center initiated a conversation about stewardship within the organization. Naturally its leaders, most of which operate within a business model, moved to an initial “bottom line” frame of reference.

After a short conversation it was clear that the organization had two separate images of “stewardship”. One was a stewardship of our fiscal resources and the other was a stewardship of our presence in NE Kansas as a healing ministry, a presence which without our participation would leave NE Kansas without a faith-based health care organization. It became very clear that the stewardship the CEO envisioned must find a way “to foster a culture in which God may be found in every program and person in the organization”.

With that vision a work-group was formed. As that work group dialogued, principles or cornerstones were envisioned which were thought to be the primary elements to maintaining the sense of an enduring ministry; a ministry which could withstand the business currents of the day.

Four key principles were established. They are:

- 1) **Honoring Reflection.** We will honor reflection by encouraging a culture in which one takes time to set a spiritual context for business discussions and decisions.

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- 2) **Valuing Others.** We will value others by promoting a culture that recognizes the multiple talents of everyone working in our health care facility.
- 3) **Going Beyond Self Interest.** We will move beyond our own self interests through advancing a culture in which everyone involved in patient care uses his or her abilities for the good of the organization rather than solely for his or her own self interest.
- 4) **Embracing Responsibility and Ownership.** We will embrace responsibility and ownership through fostering a culture in which people steward resources by recognizing problems, “owning them”, implementing solutions to them, and solving them.

Recognizing the time-honored truth that when God's people come together for a common purpose, strange and wonderful changes occur, three groups of ten department directors were formed. Working group meetings, held weekly, involved thirty (30) minutes of reflection, and thirty (30) minutes of dialogue concerning the assimilation of some aspect of spirituality into our management culture. For example, the group may have decided to explore the idea of forgiveness. After beginning with a prayerful reflection, the group would then process efforts to consciously integrate their discussion/values around forgiveness into the organization. Viewing this process from a different vantage point, the first thirty minutes of a meeting might have been about *inner work*, the personality and development of the individual, while the second thirty minutes were on how a department leader incorporates those insights into his or her leadership style.

Using another example, the opening reflection might have been on the value of affirmation, and how we affirm and are affirmed by others and perhaps by our God by whatever name God is called. From that reflection, a director then would converse with others in the group about a time when he/she was affirmed at work and how it made them feel. From there the application was made to the staff the director manages. While we call this process the “Culture of Stewardship”, the mere process itself requires that we create a culture of reflection, for in reflection, our organization has discovered the value of simplicity and more.

Kindness Connects.

The second leg on the three legged stool is the Kindness Connects Initiative.

The “Kindness Connects” Initiative

In August of 2002, a diverse group of leaders representing varied departments within the Health Center was gathered to discuss proposals for growth and development. The change that was envisioned was not part to be another “program” but rather a tangible change in the DNA of the Health Center. The obvious question was, “What influences *lasting* change in organizations?”

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After much research and several site visits, The Caring Model™ was selected as the framework for this change at St. Francis. The next task was to personalize The Caring Model so that this field-tested method for impacting fundamental changes in *the way* things are done would fit the personality and culture of this Midwestern, town. This was an important aspect of the leadership's vision...not wanting to present more work, but a change in *how the work is being done*.

Kindness Connects was chosen as the name for our initiative. Kindness connects us to our customers (patients, families and the community); Kindness connects us to our vendors, insurance companies and administrative bodies. Intentional kindness in our everyday dealings was pivotal to affecting a renovation of spirit within St. Francis Health Center, and the results have been amazing. Not only have satisfaction surveys shown significant improvement, but interdepartmental relations and communications have taken on strength of interdependence and functionality as we all work towards our goal of lasting change.

The program discusses why "caring" is so important in health care today. In an age of personnel cutbacks and HMO restrictions, caring for the person as an invaluable part of creation is easily lost. There are five key "behaviors" for The Caring Model:™

- ▶ Introduce yourself to the patient/family and explain your role in their care/service.
- ▶ Call the patient by his/her preferred name.
- ▶ Use touch appropriately: a handshake, touch on the arm, holding of a hand, a thank you.
- ▶ Direct caregivers: sit at the bedside for at least five minutes each shift to plan/review care and desired outcomes.
Non-direct caregivers: seated, if possible or at eye level, to review procedures, processes and service involved in attaining desired outcomes.
- ▶ Use the mission, vision and values statements in planning care or service.

An example of the first and second Caring Behavior in action would be the Respiratory Care Tech entering a patient room and say, "Good Morning Mr. Smith, my name is Susan and I will be giving you your breathing treatment this morning. We want to work on your volumes and get you ready to go home!" Right away the patient and family are made aware of who is working with them, and the purpose of this intervention. The preferred name is now clearly annotated on the patient's chart so that everyone, whether a phlebotomist or a late-night nursing aide, can see and use it. This personal touch and attention to fears of the unknown have made a tremendous difference in the patient responses to being treated with respect by all members of the St. Francis Health Center staff.

Educational Opportunities that support the "Kindness Connects" initiative:

The Caring Model™ Classes: Each of our 1,700 employees has attended, or is slated to attend a two-hour class focusing on the Five Caring Behaviors, and how they relate to each of us. This is the foundation for permeating the entire Health Center with a common language and common focus.

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Reigniting the Spirit of Caring (RSC): A three-day program that promotes personal awareness and self-caring as a foundation for creating an environment of appreciation, caring and healing. As you can imagine, Reigniting the Spirit of Caring is a tremendous time investment for the Health Center, but the benefits to attendees have been shown through reduced turn-over and increased job-satisfaction both anecdotally and as shown by employee survey. To date 173 people have attend this three day program.

Leading an Empowered Organization (LEO): Undergirding the entire initiative is this three-day educational program for Leaders. These classes emphasize the manager's multiple roles as leader, champion, role model, coach, problem-solver and relationship builder to strengthen teams and provide staff with the emotional support and tangible resources they need to their jobs well. Communication and effective problem-solving are combined with the concepts of articulated expectations (this removes "guessing" what the boss wants), decentralized responsibility (empowers the Area Practice Committees to do their work), and accountability (provides the necessary framework for establishing follow-through and celebration or additional education as necessary. To date 156 leaders have attended the LEO program.

In conclusion, spirituality is the catalyst and kindness is the golden thread that binds us all together in realizing the full potential of our mission here at St. Francis Health Center. Love for God and our fellow man are not components of a program; they are the reason for our existence.

Spirituality in the Workplace

Place Matters is the first step in a multi-step program which focuses on Spirituality in the Workplace.

The first premise of *Place Matters* is that the "where" or our lives often contributes to the shaping of the "who we are". Since 50% of our waking hours are spent in the workplace, shouldn't we strive to see that the workplace is a place of meaning and value?

The second premise of *Place Matters* is that people are increasingly trying to integrate their "Sunday values" into their Monday-Friday workplace. How does the organization attempt to facilitate those values especially in a world where the corporate image is often shaped by the news of multi dollar executive market- driven incentives?

With this in mind, *Place Matters* looks at places - sacred places (Vietnam Wall, Holocaust Museum), places in nature (Grand Canyon, Niagara Falls), traditional places (kitchen table, front porch swing), and tries to see how these holy places and others have blessed us. From there, the program looks at workplaces (St. Francis in particular) and establishes how people create certain sanctuaries at work for their sanity and development of meaning.

The program takes about 50 minutes. In the past year, more than 700 people have attended the program.

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Seeing Work Through Heaven's Eyes

The second of our Spirituality in the Workplace Series is entitled "Seeing Work Through Heaven's Eyes. The focus of the program builds upon the discovery of the meaning and purpose staff find within their careers at St. Francis Health Center (SFHC). It prompts a discussion of that for which we were created and how the work environment either assists or detours those efforts.

Using the underpinnings of the Church's social teaching on work, songs we grew up with, news clips and other sources of information which beg the question "What is the Meaning of Life", this program explores how one's search for meaning and purpose has been the central question of human existence since the beginning of time.

Having establish that fundamental yearning, the process moves into the workplace for a discussion of what it is that you hear your heart calling you to when all the meetings are over, when the last patient has left for the day, and so on.

As Staff talk about what it is that their hearts call them to, the following questions are processed in a casual style of inquiry:

- ▶ Why is it that people often let the material things in life define them?
- ▶ Is it ever too late to be what you might have been?
- ▶ On a spiritual level, what do people look for either as a patient or as an employee when they choose to come to a health center?
- ▶ What is it that you do at SFHC which gives you a sense of meaning? Purpose? Where at SFHC are you living your life purpose?
- ▶ Other than the material, what is the reward for which you work?
- ▶ What stories will staff tell about you when you are gone? What stories do you wish they would tell about you?

Following the discussion, time is given to pause and to pray.

So far for this year, 450 employees have attended this session. It is anticipated that more than 800 employees will attend before the end of the summer.

The third program in this series will start in September of 2004 and will focus on how we unclutter our lives and live a simpler, more relational life.

E. Effect of the program:

Employee satisfaction

Every two years the health centers with the other hospitals which make up the Sisters of Charity of Leavenworth Health System undertake an employee survey. The system office has been collecting data since 1999. The data from the 2001 and 2003 surveys have shown dramatic improvement in all areas surveyed. In the aggregate, St. Francis has moved from placing second last (8th of 9 hospitals) to second highest.

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Areas measured include morale, ownership of the mission, employee-supervisor relationships and more. (The data is considered an internal document however I would be happy to share that information with you if so desired.)

Retention

The national vacancy rate for nursing is slightly more than 13 per cent according to Modern Healthcare and numerous other sources. The nursing vacancy rate here at St. Francis during the 3rd quarter of 2004 is 4.6 per cent. The organization's ability to connect staff to one another, to provide an environment where employee's values can be expressed and complimented by our corporate values, and where staff can frankly explore the meaning and purpose of their lives within the work place all contribute to our low vacancy rate. The vacancy rates among other area of critical shortage are also lower at the Health Center.

Patient Satisfaction

People who experience a hospitalization at St. Francis are mailed a patient satisfaction survey. The surveys are given and tabulated by an outside agency. Among many questions asked on the survey are a few questions which are spiritually based and comprise what is call the Mission Integration Score. One such question within this index is "Was a sense of God's healing presence evident at St. Francis Health Center?" The results (as of May 25th) indicate that 89% of all patients who participate in the survey (6,800 patients) responded YES to that question. That answer is the highest per cent of the eight hospitals which make up the Health System. Other questions which make up the Mission Index also reflect our place at the top in terms of *results*. Those other questions are:

- St. Francis recognizes my individual worth and dignity.
- St. Francis respects my religion and values.
- St. Francis responds to my spiritual concerns.
- St. Francis values all aspects of my health-spiritual, social, emotional and physical.

The St. Francis score has been set as the System-wide target for which every hospital in the System is held accountable.

Some effects of the program are less quantifiable. In addition to the survey results referenced above, a number of intangibles occurred:

At an intangible level, discussions of spirituality take place more spontaneously than they had before as the initial awkwardness associated with the process diminished. It was almost as though a threshold had been crossed and that discussions of higher purpose could be tackled.

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- ▶ Higher levels of openness and its complimentary partner trust were reported
- ▶ Prayers and reflection at the beginning of most meetings moved from being obligatory to more welcoming.

At the same time St. Francis Health Center began to see fewer turnovers in staff, a higher level of retention among key areas and fewer “turf” battles between department directors. Can these improvements be solely linked to an enhanced sense of spiritual well being within the organization? Probably not, but it is more than just coincidence.

G. At present several other organization are looking at the success of our programs to see if they fit the personality of their organizations.

4. Stakeholder References: All References are Employees of St. Francis Health Center

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