Living the Mission
SISTERS OF CHARITY HEALTH SYSTEM

A TRUE DEVOTION

FAMILIES FACING HOMELESSNESS

THE “ANGEL OF ALCOHOLICS ANONYMOUS”

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WHEN IT COMES TO TREATING A HEART ATTACK, TIME IS CRITICAL. THE FASTER A PATIENT RECEIVES TREATMENT, THE BETTER THE CHANCES OF PREVENTING PERMANENT HEART DAMAGE.

Sisters of Charity Health System’s sponsored hospitals in Ohio and South Carolina excel by offering some of the fastest and best treatments for heart attack victims anywhere in the world.

The staff at the Providence Heart Institute in Columbia, South Carolina has performed more heart procedures than any other medical team in the state. In 2007, the Providence Heart Institute performed nearly 7,000 cardiac catheterizations to diagnose and treat heart disease — more than any other hospital in South Carolina.

In Canton, Ohio, Mercy Medical Center has the country’s first fully accredited chest pain center. Mercy’s Emergency Chest Pain Center (ECPC) provides an organized team approach to patient care so physicians can respond immediately during the critical early stages of a heart attack. In fact, Mercy has achieved the lowest mortality rate for heart attack patients ever reported by any emergency room or hospital anywhere.

For Ohio resident Herb Shreiner, fast action by a team at the ECPC proved to be lifesaving. On what seemed to be a typical winter evening earlier this year, Mr. Shreiner and his wife, Jackie, sat together watching TV in the living room of their Massillon, Ohio, home. A little after 11:00 pm, Shreiner, 72, decided to go upstairs to bed.

“I went into the bedroom and laid down, and something just did not feel right,” he recalled. “I got back up and I was concerned enough that I went back downstairs and told my wife, ‘I have these strange feelings in the front of my chest. There are two little spots where something just doesn’t feel right. Maybe you better take me to the hospital.’ ”

As deputy chief of the Jackson Township Fire Department, Shreiner is accustomed to interacting with EMS crews and paramedics, but he had not anticipated a day when his employees would rush him to the hospital.

“I remember arriving at the hospital,” he said, “but from that point on, I do not remember very much at all.”

That is when the team at the ECPC at Mercy swiftly provided Shreiner with advanced life-saving techniques only found at an accredited chest pain center. Now marking its 10th anniversary, Mercy’s Emergency Chest Pain Center depends on a highly trained team of nurses, physicians, technicians and interventional cardiologists who work to avoid the increased heart muscle damage that occurs with every passing second of a heart attack. continued on page 4
GOOD ADVICE: LISTEN TO YOUR HEART

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“I had a great cardiology team,” Shreiner said. “Dr. [Ahmed A. El Chamry] Sabe worked on me in the Emergency Department Cath Lab, then Dr. [Amjad] Iqbal and my surgeon, Dr. [Aqeel] Sandhu got involved. They all did a nice job talking with my family and explaining what was going on, but it wasn’t until many days later that I learned that I had a heart attack. Even though I hadn’t experienced any previous heart problems, they told me I had three blocked vessels. When I woke up, I had already had open heart surgery,” he said.

The Mercy physicians who cared for Shreiner said that his quick attention and response to the changes he felt in his body most likely saved his life.

“Most men would probably have ignored the signs that Mr. Shreiner felt,” Sabe said. “A heart attack may cause various types of discomfort that is not generally perceived as pain and is not necessarily in the chest. He is lucky to have been so in tune with the messages his body was sending,” Sabe said.

A LEGACY OF CARDIOVASCULAR QUALITY

Mercy Medical Center in Canton, Ohio, is celebrating its 100th anniversary in 2008. Cardiac care services at the 476-bed hospital are widely recognized for excellence and innovation:

World’s First:
• Angioplasty in an emergency department

Nation’s First:
• Accredited Chest Pain Center
• Cardiac catheterization in a community hospital
• ER use of cardiopulmonary bypass to resuscitate victims of heart attack
• Transseptal valvuloplasty on a mitral valve with surgically implanted Carpentier ring

Ohio’s First:
• Drug-eluting stent angioplasty
• Minimally invasive coronary bypass performed
Sisters of Charity Health System    5

Betty Johnson and her family are among the newest victims of the nation’s subprime mortgage meltdown – tenants losing their homes because lenders foreclose on their landlords. In the 10 months she had been paying rent to a property manager, their landlord never made a single mortgage payment.

Johnson said no one ever told her when she moved into the house that the homeowner was already more than 12 months behind on the mortgage. She can not afford to keep paying her landlord because she figures she and her husband will need to save as much as $2,000 to move to a new apartment. The money that would have gone to her $450 monthly rent is going toward the move, but it will take her a couple more months to scrape enough together. The Johnsons are hoping they will have enough time to save the money before being required to move.

While Johnson and her family were able to temporarily remain in their apartment, the foreclosure crisis and expanding unemployment mean family homelessness is a growing concern across Cleveland, Ohio, and throughout the country. According to the National Alliance to End Homelessness, about 600,000 families and 1.35 million children experience homelessness in the United States each year, and about 50 percent of the total homeless population is part of a family.

National Best Practices Shared
A number of communities and programs around the country are making tremendous progress to end family homelessness. The Sisters of Charity Foundation of Cleveland helped sponsor a forum in June that brought in speakers from several of these communities to share best practices with those in the Cleveland area who address homelessness. These communities have data to demonstrate quantifiable outcomes, including decreases in length of stay in shelters, fewer families entering emergency shelters, and more families entering permanent housing.

Nan Roman, president and CEO of the National Alliance to End Homelessness in Washington, D.C., was the keynote speaker at the event. “When most of us think of homeless people, we think of individuals and adults. We don’t think of the families with children who struggle to find a place to sleep nightly,” said Roman. “Now is the perfect time to create a change agenda with the presidential election coming up. This is the time to advance something that does work.” continued on page 6

*Her name has been changed
FAMILY HOMELESSNESS DROPS 43 PERCENT IN MINNESOTA

In Minnesota, Hennepin County enacted the Family Homeless Prevention and Assistance Program. The program saves county dollars while quickly and efficiently helping families who are at risk of losing housing or are in shelters and need housing. The program emphasizes rapid re-housing and preventive steps, which could include providing legal services to prompt landlords to make repairs so a home is not condemned to short-term financial assistance to save housing. Estimates are that Hennepin County spends an average of $500 per family to prevent homelessness versus $5,000 in shelter costs and services to help the family regain housing once it has been lost.

Since the program began in 1993:
- The county’s budget for homeless families has been cut in half.
- The average length of stay in emergency shelters has been reduced to 24 days for families.
- The number of families seeking emergency shelter has dropped 63 percent.

HOPE FOR FAMILIES FACING HOMELESSNESS

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The National Alliance to End Homelessness has developed a plan to end homelessness in 10 years. The plan focuses on using data to plan for outcomes, closing the front door to homelessness through prevention programs and opening the back door out of homelessness by rapidly re-housing individuals and families. Finally, it calls for building an infrastructure by increasing incomes, expanding affordable housing and helping individuals and families access needed services.

Local Impact

Advocacy for more solutions for family homelessness is a natural outgrowth of nearly a decade of work by the Sisters of Charity Foundation of Cleveland to increase supportive housing and affordable housing options in Cuyahoga and Lorain counties. The Foundation has granted nearly $8 million in 10 years to these efforts.

For the Johnsons and thousands of other Cleveland families who face homelessness or who are already homeless, help can not come fast enough. “There should be something to protect the tenants. I have three daughters. I’m terrified. I really am,” said Johnson.
Remembering the “Angel of Alcoholics Anonymous”

No secular recognition is expected, and if it occurs, it is generally a surprise. One CSA who is fondly remembered by hundreds of people in Northeast Ohio is Sr. Ignatia Gavin. In March, Modern Healthcare magazine named her a 2008 inductee into its Health Care Hall of Fame.

Sr. Ignatia is widely known as a pioneer in the development of hospital-based treatment programs for alcoholism. In today’s world, where most communities offer support groups for people addicted to cocaine, overeating, gambling, alcohol and many other substances, it can be difficult to imagine a time when the initial model for such programs — Alcoholics Anonymous (AA) — did not exist. Instead, alcoholics were typically shunned by their families and health care professionals.

Working in the admitting office of St. Thomas Hospital in Akron, Ohio, in 1928, Sr. Ignatia saw that alcoholics needed a safe and peaceful place to regain sobriety. After admitting them to the hospital with a diagnosis of “acute gastritis,” she calmed them with black coffee and a mixture of Karo syrup and fruit juice. It was there that she first worked with AA co-founders Dr. Robert Smith (“Dr. Bob”) and Bill Wilson.

In 1952, Sr. Ignatia moved to Cleveland, Ohio, where she established an alcoholic unit at St. Vincent Charity Hospital. She named the new center Rosary Hall Solarium in part because the initials recalled Dr. Robert H. Smith. Rosary Hall drew national attention as one of the country’s first hospital-based programs for treatment of alcoholics. In 1963, Sr. Ignatia was one of 41 leaders in the treatment of alcoholism invited by President John F. Kennedy to attend a historic meeting in Washington, D.C. She remained at Rosary Hall until her retirement in 1965. She died the following year at the age of 77.

“For more than 40 years, Sr. Ignatia was a messenger of hope for alcoholics and their families. She personally helped more than 15,000 people afflicted with the disease and their families in this special ministry. Her courageous stand for medical treatment and her caring devotion to the victims of alcoholism were innovative for their time and will never be forgotten,” said Sr. Judith Ann Karam, CSA, President & CEO, Sisters of Charity Health System.
Frequently people have asked me if I knew that I would be a CEO of a complex health care system when I entered the convent more than 44 years ago. My answer, not surprisingly, is that I did not have a clue. I entered our congregation because I wanted to deepen my relationship with God through living in community and serving people. I had worked as a pharmacy technician before I entered and saw the hospital community give wonderful service, respecting the dignity of all persons coming for care and continuing to respond to the needs of God’s people. I was hoping to either become a pharmacist or work as a nurse in Rosary Hall. My story is similar to many women that entered religious life.

I am writing this reflection on the day that I will be witnessing another Sister of Charity of St. Augustine, the late Sr. Ignatia Gavin, CSA, being inducted into the Modern Healthcare Hall of Fame. Sr. Ignatia worked with the co-founders of Alcoholics Anonymous to begin care for alcoholics at a time when their malady was not considered a disease, but a social ill. She gave the men a Sacred Heart badge upon discharge which they were to return if they did not maintain sobriety. It was luck that she was admissions officer and able to find rooms, like the flower room, to detoxify them in with an admitting diagnosis of gastritis. She was ardent in her desire to remove all barriers in responding to this human need. (See story on Page 7.)

I have often thought of the environment for Sr. Ignatia to take care of the alcoholics. In some ways, I have envied her freedom to respond without the complex environment we face today. Yet, today, we in Catholic health care are called again and again to witness to Jesus’ ministry and respond to the needs of God’s people. We are called today with the same mission.

The difference today is that we live our mission in an environment where the business imperatives of operating this ministry are significant. The economic impact of the health care industry has created a complex regulated business model. Public policy has moved from “health care is a right” to one that the basic premise is that a market-driven competitive system will control rising health care costs.

“Being successful may mean collaboration with others to bring greater resources, expertise and ministry energy to the table.”

The market-driven health care system does not reward hospitals or physicians that care for the least among us. Hospitals that have a high indigent care load find it more difficult to earn dollars for reinvestment in facilities and technology to remain competitive. Success in a pure business model of health care may only be defined as operating margin.

More discussion exists on what is the purpose of Catholic health care in this environment. In conversations with colleagues, we have discussed whether it is feasible to continue the mission of Catholic health care in the acute care setting. Are we being called to a new way
of providing the healing ministry of Jesus? Are there new needs? We all take great pride in the legacy that Catholic health care has provided in our nation. The same needs are present today in a ministry that touches so profoundly the dignity of the human person.

Catholic health care is counter-cultural and prophetic in the market-driven health care model. We work at increasing access to those who cannot pay. We continue to strive to find ways to assure access to health care in a time of diminished reimbursement. In 2004, we led a call to action for all of the entities within our system to find ways to increase access to health care in each of the communities we serve. The results were the development of prescription assistance programs, dental care network for the uninsured, placement of health care advocates, creation of medical homes, and Healthy Learners, which is a program for school-age children providing medical, dental, vision and psychological care.

On one hand, none of us are naive to consider that we should not be wise stewards. It is mandated that we operate this mission-driven ministry utilizing sound business acumen. “No dollars, no mission” has been frequently used. On the other hand, we have an ideal opportunity to serve God’s people at a precious moment in their lives. We continue to witness Catholic social teaching, respecting the dignity of the person, creating communities of service and caring for the underserved.

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FOR NINTH GRADER TONY* IN RURAL ALLENDALE, SOUTH CAROLINA, ATTENTION DEFICIT DISORDER AND DEPRESSION WERE TAKING A TOLL ON HIS LIFE AT SCHOOL AND WITH HIS FOSTER FAMILY.

His foster mother did not know where to turn for help and Tony had no connection to a local physician. The Allendale school district office referred her to Healthy Learners, which is a school-linked program focused on the “wholistic health” of the child.

Tony’s situation was not unique to his rural location in South Carolina. Across South Carolina, tens of thousands of children lack adequate access to health care services. In fact, there are 112,000 children in South Carolina living without health insurance.

Luckily for Tony, Healthy Learners Allendale could get him the services he needed. Healthy Learners referred him to a pediatrician in a neighboring county, specializing in treatment of attention deficit disorder. The pediatrician was located 20 miles away and could only see Tony during normal business hours. That was a problem for Tony’s foster mother because she worked during the day and took classes. Healthy Learners was able to provide transportation to and from school to his appointments.

“The foster mother would have been in a real bind without Healthy Learners. She would have had to miss work and school, and Tony probably would have missed some visits,” said Gwen Walker, student liaison, Healthy Learners Allendale. “We have the resources to get him the help he needs and to get him to his appointments to ensure he can get that help.”

Tony has been seeing the pediatrician for several months, and Walker says he is doing much better. The school reports his behavior has improved and he receives fewer referrals to the office. “I’ve seen a growth and change in him. His attitude is much better and he’s not causing problems at school,” added Walker.

In rural areas in South Carolina, getting needed medical care can be a challenge.

“Because of the location of Allendale County, it’s not uncommon for children to need care from a specialist that doesn’t have a practice in Allendale,” said Jo Pauling-Jones, executive director, Healthy Learners. “Healthy Learners seeks to remove health barriers to learning. In Tony’s case, the problem was identified and access to health care made available, which positively impacted this young boy’s life.”

Healthy Learners, a ministry of the Sisters of Charity Health System, is dedicated to improving the health and well being of school children from economically disadvantaged families in an effort to improve their quality of life. Healthy Learners believes that physical, psychological and emotional well being are all a part of high academic achievement. *
that we have been called today to do the same mission. Our challenge is to be highly successful with the business model so that the mission may flourish. Being successful may mean collaboration with others to bring greater resources, expertise and ministry energy to the table. For example, the mission of Catholic Community Connection, a collaboration of Catholic Charities, health care, education, etc., in the Diocese of Cleveland is based on the premise that we can serve the people of God to a greater extent together than we can do on our own. Focusing on the people being served enables us to break apart what divides us, and in turn to best be about ministry.

Although I did not enter the convent to run hospitals, these years have been most rewarding. I have experienced firsthand grateful patients and mission-driven co-ministers who are the hearts and hands of this ministry. We have attempted to form communities of service that not only care for patients but each other. A renowned cardiologist of the Muslim faith told me that the mission of our hospital means so much to him personally because prayer is in the integral fabric of how we do business. There are many stories to be told of persons who have chosen this faith-based ministry as an employee or volunteer. As we conduct audits each year, the employees continue to voice that the mission is a compelling reason on why they stay employed in faith-based health care. Each year in our hospitals we induct physicians into the Society of St. Luke for outstanding models of living the healing mission.

The many stories of healing and touching lives and meeting needs must be told repeatedly in order to celebrate the gift of Catholic health care.
Community of Ministries

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sistersofcharityhealth.org

**HEALTH CARE MINISTRY**

The Augustine Group
Providence Women’s Health
Providence Northeast Family Care
Providence Northeast Family Care at Lake Carolina
Providence Internal Medicine
2435 Forest Dr.
Columbia, SC 29204
P. 803 256 5300
provhosp.com

Cuyahoga Physician Network **
2351 E. 22nd St., Suite 501
Cleveland, OH 44115
P. 216 241 6424
cpnmd.com

Mercy Medical Center **
1320 Mercy Dr., NW
Canton, OH 44708
P. 330 489 1000
cantonmercy.com

Mercy Professional Care Corporation**
1320 Mercy Dr., NW
Canton, OH 44708
P. 330 471 5932

**Professional Medical Equipment **
4397 Whipple Ave., NW
Canton, OH 44718
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**Providence Hospital Northeast**
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Columbia, SC 29203
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provhosp.com

Providence Hospital Providence Heart Institute
2435 Forest Dr.
Columbia, SC 29204
P. 803 256 5300
provhosp.com

St. John West Shore Hospital **
29000 Center Ridge Rd.
Westlake, OH 44145
P. 440 835 8000
sjws.net

St. Vincent Charity Hospital **
2351 East 22nd St.
Cleveland, OH 44115
P. 216 861 6200
stvincentcharity.com

Westshore Primary Care **
29325 Health Campus Dr., Ste. 2
Westlake, OH 44145
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westshoreprimarycare.com

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scfcanton.org

Sisters of Charity Foundation of Cleveland
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P. 216 241 9300
socfdncleveland.org

Sisters of Charity Foundation of South Carolina
2711 Middleburg Dr., Ste. 115
Columbia, SC 29204
P. 803 254 0230
sistersofcharitysc.com

**OUTREACH MINISTRY**

Catholic Community Connection ***
2351 East 22nd St.
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eccresourceregion.org

Early Childhood Resource Center
3114 Cleveland Ave., NW
Canton, OH 44709
P. 330 491 3272

Healthy Learners
2711 Middleburg Dr., Ste. 206
Columbia, SC 29204
P. 803 454 0350

Joseph’s Home
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Cleveland, OH 44115
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The South Carolina Center for Fathers and Families
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