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Cover and opposite: Dr. Srinivas Merugu, medical director of the patient-centered medical home at St. Vincent Charity Hospital. Photos by Billy Delfs.
There’s a sign on the counter in the St. Vincent Charity Hospital Health Center that reads: “Attention: Please sign in for Dr. Merugu.” While that kind of sign may seem insignificant to those with primary care doctors, it represents something different at St. Vincent: better access to primary care.

Improving access to health care has been an ongoing challenge for physicians at St. Vincent Charity Hospital. But in the past year, the medical home model housed within the Health Clinic has begun to address the issue for those patients whose first contact with health care is typically the emergency department.

Most people realize that the emergency room is not the ideal place to go for a throat culture or a sinus infection. But without a primary care physician, without insurance and without accessible office hours, many patients feel as if they are left with no other option.

In early 2008, Dr. Srinivas Merugu, board-certified internist and member of Cuyahoga Physician Network, was reading up on how the medical home model of care was leading to better patient outcomes. Similarly, Dr. Adnan Tahir, chief medical officer at St. Vincent, sought ways to improve health access for the Central neighborhood.

The two approached the Sisters of Charity Foundation of Cleveland to discuss funding a project that would increase access. “The whole thrust of our proposal was enhancing access to health care,” says Tahir. “If the medical home model gets us there, so be it.”

“Dr. Merugu was interested in reducing health disparities, which is a focus area of the Sisters of Charity Foundation of Cleveland,” says Lynn Berner, program officer at the Foundation. In a June 2007 report, the Commonwealth Fund found that providing minority patients with a “medical home” in which they have a regular doctor who oversees and coordinates their care would help eliminate racial and ethnic health disparities and promote more health care equity.

Diverting patients from the emergency room is the focus of a county-wide effort in Cleveland. Beyond that, Berner says the Foundation was interested in seeing an initiative that would give more people in the Central neighborhood community coordinated primary care, provide a standard for quality care and change habits enough to positively impact individual health outcomes.

“This extends our mission into the community,” explains Tahir. “Taking care of the poor is one of the primary things we do. It’s one more step St. Vincent Charity Hospital has taken to get close to the community.”

“Our very first priority was having a physician on site who could establish relationships with patients—everything else flows from there. We looked at the medical home as an opportunity to implement best practices, and also as a national trend that creates an opportunity for accreditation and additional funding to ensure sustainability,” says Berner.
In November 2007, the Board of the Sisters of Charity Foundation approved seed funding of $125,000 for the medical home with the possibility of multiyear funding up to three years. It followed with a second grant of $151,659 in December 2008. In addition, Merugu also received $100,000 in funding from Medical Mutual to hire a case manager and received more than $200,000 in proceeds from the October 2008 Pizzazz benefit of St. Vincent Charity Hospital.

“The medical home concept is an appealing structured way of delivering care to people in need,” says Tahir.

“In private practice you don’t worry about having a financial counselor, your patients’ literacy level or their ability to pay for prescription medications. The concept of a medical home tries to answer many questions that the typical private practice takes for granted,” says Tahir.

“We’re providing coordinated care that reflects the complexity of the health care system and individual conditions,” says Merugu.

St. Vincent operates a Health Clinic staffed by medical residents daily from 1 to 5 p.m. If a patient suffers a problem after those hours or if they were not willing to see a different doctor, they often choose the emergency department. The medical home is open from 8 a.m. to noon. “Now we say you can go to the medical home to see Dr. Merugu. There’s a face and name for patients to access,” says Tahir. Dr. Merugu is also available after hours to discuss health issues with patients.

Step one in establishing the medical home was to build a database for all patients that triggers follow-up messages for certain conditions. “The database forms a good foundation for coordinated care,” explains Merugu. The decision support system registry, known as Chronic Disease Electronic Management System (CDEMS), tracks data such as patient demographics and follow-ups for common conditions such as diabetes, heart disease, asthma, congestive heart failure and preventive health.

Merugu moved his patient base of nearly 500 into the system and in the past year has added another 75 to 100 patients. “The electronic record allows us to integrate lab results and data that can be uploaded overnight. It’s only been in use for the past few months, but already I’m able to better coordinate care.”

In the past, if you didn’t show for a clinic appointment, you didn’t show, he explains. The medical home database flags those no-show appointments for further follow up.

While the data is still fairly small, Merugu says he has seen significant improvement, not only because of the follow up, but also because of the increase in self-managed care. In other words, patients are taking a more active role in managing their health.

“We have diabetic educators come here to meet with patients instead of sending patients out to them. We’re using evidence-based best practices for having patients track their own weight and blood pressure,” says Merugu.

“One of the goals is to improve health care prevention in the hope that it will lead to significant decrease in chronic conditions.

His staff is small with one medical assistant, an office supervisor and rotating medical residents. But Merugu also works closely with community outreach, Joslin Diabetes Center, prescription assistance and Information Technology at St. Vincent Charity Hospital.
The medical home is a pilot project, but the Sisters of Charity Health System is advocating for Ohio to become a medical home pilot site designated by the Centers for Medicare and Medicaid Services recognizing the connection.

Merugu says that the gestational period for a medical home is about two years. “It will take another year to see big changes in outcomes.” But they already are seeing a difference with the medical home eliminating obstacles to care.

“This extends our mission into the community,” explains Tahir. “Taking care of the poor is one of the primary things we do. It’s one more step St. Vincent Charity Hospital has taken to get close to the community.”

“WE have seen noticeable changes in behavior with visits. New patients are doing really well and I think it’s because they get the feeling that we know what we’re doing. We’re very coordinated so we set that expectation up front. That’s a huge novelty because most of these patients are not used to that when they seek care,” says Merugu.

**MEDICAL HOME FACTS**

**The Four Elements Of A Medical Home:**
- Regular doctor or source of care in which patient routinely seeks physician and seeks medical advice
- No difficulty in contacting the provider by phone
- No difficulty in getting care or medical advice on weekends or evenings
- Doctors’ visits are well-organized and running on time

**Key Outcomes Of A Medical Home:**

**CHRONIC CARE MANAGEMENT:**
- 77 percent of patients with a regular source of care reported that their doctor gave them a plan to manage their care at home
- 42 percent of patients with a regular source of care reported that they check their blood pressure and it is well controlled
- 75 percent of patients reported greater levels of coordination by their primary care provider

**BETTER PREVENTIVE CARE:**
- About two-thirds of adults who have a medical home receive preventive care reminders
- 82 percent of adults who receive a reminder had their cholesterol checked in the past five years

*Source: Closing the Divide: How Medical Homes Promote Equity in Health Care, Commonwealth Fund, June 2007*
Living the Mission

SR. JUDITH ANN KARAM, CSA, PRESIDENT AND CEO, SISTERS OF CHARITY HEALTH SYSTEM, DISCUSSES THE CHALLENGES AND OPPORTUNITIES FACING THE HEALTH SYSTEM

We are living in challenging times. The economy has forced us all to make hard decisions about our operations and our support of worthy initiatives. Given our mission, our ministries are seeing an increase in need as the under-performing economy tightens its hold.

But while we are doing our best to weather this economic storm, we also are on the cusp of some exciting opportunities as a health system. We have been working toward a vision for the future in which the Sisters of Charity Health System (SCHS) is better able to leverage its collective strength in the areas of health care, philanthropy, social services, advocacy and elder care to heal individuals, families and communities.

On March 3, we made a major announcement about our future when we announced the signing of a letter of intent to restructure the ownership of our three Ohio hospitals with Cleveland-based University Hospitals (UH). When the transaction is complete near the end of this year, the Sisters of Charity Health System will become the sole owner of four of our five hospitals, while retaining joint ownership with University Hospitals at St. John West Shore.

This restructuring opens up many opportunities for our hospitals moving forward. As a condition of the deal, both systems will make significant investments to bolster St. John West Shore in the areas of diagnostic upgrades, enhanced outpatient services and equipment and facility upgrades. Similarly, both members have pledged a total of $30 million over three years to seed a fundraising foundation to help support the work of St. Vincent Charity Hospital. Plans are underway now to establish the St. Vincent Charity Foundation.

In the past six months, Mercy Medical Center has made significant investment in technology, including the purchase of two da Vinci robotic surgical systems with the vision of becoming a robotic surgery Center of Excellence. Likewise, it continues to make investments in cancer care technology and recently earned the American College of Surgeons’ Commission on Cancer 2008 Outstanding Achievement Award for excellence in cancer care.

Finally, Providence Hospitals in late March received full accreditation as a Chest Pain Center by the Society of Chest Pain Centers. The Society of Thoracic Surgeons awarded Providence with a three-star rating, ranking it in the top 10 percent of cardiovascular surgery programs in the U.S.

We are very proud of the achievements our acute care hospitals continue to earn and look forward to strengthening them for the future.
Beyond these strategic investments, the change in ownership opens up opportunities for our hospitals to maximize efficiencies by working together on a range of services. As we move through the next phase of the transaction, we will explore best practices for supply chain, IT and other services.

We have already begun the work of implementing a system-wide fund development plan that will allow our ministries to reach out to donor and grant making organizations in more strategic and effective ways. As you’ll read on page 8, our Clinical Pastoral Education program is now accredited as a system program.

Our communications professionals have been working hard by sharing information in a way that allows us to better coordinate and target our messaging. We’re tracking our media presence better through use of social media tools such as those described in Brooke Bailey’s article on page 12.

We are in the unique position of being able to leverage the opportunity presented through the American Recovery and Reinvestment Act. Our public policy and advocacy office is working hard to secure stimulus funds for investment in health information technology, capital needs and campus modernization. Beyond that we continue to work toward garnering annual federal appropriations to support a range of ministries in Ohio and South Carolina. Capwiz, our new e-advocacy, provides us with the tools to push for health care reform, and fair and adequate federal and state reimbursements for Medicaid in both Ohio and South Carolina.

Though challenged financially by the impact the economy has had on their endowments, our foundation ministries continue to target their grant making on those projects that most effectively address the root causes of poverty. One example of the many programs funded by our Sisters of Charity Foundation of Cleveland is the patient-centered medical home at St. Vincent Charity Hospital. You can read more in this issue’s cover story on page 3.

In later issues, you’ll get a closer look at the Sisters of Charity Foundation of South Carolina’s support of the fatherhood initiative and the incredible work of the South Carolina Center for Fathers and Families. You’ll also get a look at how the Sisters of Charity Foundation of Canton’s funding of the SPARK (Supporting Partnership to Assure Ready Kids!) initiative is having tremendous outcomes for successful early childhood education experiences.

At the health system level, we are adding or have added key senior leaders in the areas of finance, business development, physician alignment, and fund development. It is our expectation that these experts will share their knowledge across our ministries in ways that help us to reach more people.

We are blessed with wonderful gifts: our 8,000 employees and 2,500 physicians who annually perform 34,000 surgeries, award $8 million in grants and touch the lives of hundreds of thousands of individuals by carrying out the healing ministry of Jesus. You are our beacon of hope. ♦
Finding *meaning* amid suffering

AS PART OF ACCREDITED SYSTEM CENTER, CHAPLAINS-IN-TRAINING LEARN THE HEALING POWER OF ACTIVE LISTENING

Gathered in the corner of a room filled with natural light are five adults in a prayer circle. They’ve had a long week of exploring their deepest selves and many are raw from the experience.

These clinical pastoral education residents are engaged in a yearlong intensive training at Sisters of Charity Health System hospitals to become chaplains. In order for them to be able to minister to others, they must understand what emotional baggage they may bring into a patients’ room.

“Pastoral care integrates the spiritual component of everyone’s life to focus on their emotional needs while trying to make meaning out of whatever crises, both positive and negative, have brought them here,” says Rev. Robert McGeeney, D. Min., System Supervisor for Sisters of Charity Health System (SCHS). “We help persons with difficult decisions around health care and help people find peace with the various problems that may be confronting them.”

That care also extends to families, the medical staff and all caregivers.

“My job is teaching people how to actively listen, to hear feeling and the affective side in addition to the words,” explains McGeeney. “When asked how they are, 99 percent of patients will respond, ‘fine.’ If they were fine, they wouldn’t be here,” he says.

In an effort to improve the overall experience of pastoral education, the Sisters of Charity Health System has been named an accredited system center by the Association of Clinical Pastoral Education (ACPE), allowing it to expand its Clinical Pastoral Education program across the SCHS.

“All hospitals have student interns, but we now have the potential to have pastoral care residents in all our hospitals,” says McGeeney. “In order to do this we had to redefine the curriculum and build some standards,” which were part of the accreditation process.

Accreditation is granted by ACPE for 10 years. During their site visit in 1998, ACPE recommended that the system, which jointly owns St. John West Shore, St. Vincent Charity and Mercy Medical Center, move from a hospital-accredited center in which each hospital’s program operated independently to an accredited System Center. In November 2008, SCHS was granted 10-year accreditation as a System Center that includes St. Vincent Charity Hospital and St. John West Shore Hospital in Cleveland, Mercy Medical Center in Canton, and Providence Hospitals in Columbia, S.C.

System Center status allows for a wider student base; additional training and placement sites; simplified administration and accountability; greater financial stability; and positioning of the program as a system-wide asset. It also opens CPE students to minister at sites within SCHS other than hospitals such as Regina Health Center. As a result, this creates increased pastoral care at the sponsored ministries of the Sisters of Charity Health System.
“Pastoral care is part of the healing mission of the Sisters of Charity Health System,” says Sr. Rosemarie Carfagna, OSU, senior vice president for mission and ministry at SCHS.

“This designation allows us not only to improve the educational experience of our residents, but also to expand that healing mission to the patients, families and staff in all of our ministries,” says Carfagna.

“We have had SCHS CPE interns in the past and our experienced chaplains have been happy to assist with their professional development in the important ministry of spiritual care,” says Sr. Carolyn Capuano, HM, vice president of mission and ministry at Mercy Medical Center in Canton.

“Accreditation enhances the system not only by improving awareness, but also in adding another level of cooperation,” says Sister Mary Rae Waller, OP, of Providence Hospitals.

“We are able to interface with other supervisors and share resources in a way that creates some exciting opportunities for us.”

Jane Denison is an ordained Lutheran pastor, but admits, “This is different. I need to be open to what God is teaching me about me,” she says. “The hardest thing is not death, but understanding why some suffer more than others,” says Denison.

Sibi Kuriakose, who is studying to become a supervisor, agrees. “The best and worst are all the same at CPE and that’s exploring myself. Things I buried years ago we dug up in this group. Until I understand why I react in some way, I won’t be able to minister to others.”

Mary Freeman, who retired from working in a prison ministry, says the focus on listening is to help patients and people in need find their own answers.

Johnny Wallace Sr. fell in love with hospital ministry during the early parts of the residency. An ordained pastor of a Baptist church, he was attracted to the diversity and the challenge in learning how to minister to every religion. But he is firm in his resolve. “This is my calling. This is where God wants me to be.”

However, Father Stephen Mallya admits that this kind of work can test faith. “We’re dealing with the reality of life, death and suffering. I am empathetic with patients and it’s very hard to leave them and leave those feelings in the room. It reminds us of past wounds and when you bring them up you feel them all over again.”

The residents agree that knowing pastoral care is part of the healing mission of the Sisters of Charity Health System is a big advantage. “One of the most meaningful events was to have (St. Vincent Charity Hospital President and CEO) Jeff Jeney and Sr. Mary Ann Mozser to anoint our hands as healers,” says Denison.

SCHS has been educating chaplains since 1984. Over the past eight years, 171 of the Clinical Pastoral Education students—100 percent—have successfully completed the program. Those students have gone on to become chaplains in hospitals, elder care facilities and churches throughout Ohio, Wisconsin and Portland, Ore., as well as Seoul, South Korea and Kenya.
INFANTS WAITING TO BE ADOPTED FOUND A SAFE HOME AND LOVING TOUCH WITH THE SISTERS.

Saint Ann’s Infant and Maternity Home, 1912.
When Bishop Amadeus Rappe, first Bishop of Cleveland, began the diocese, he wanted schools first and then a hospital. He brought the Ursuline Sisters from his native France to start the first schools (1850). The next year he returned to his home town—Boulogne-Sur-Mer—and enlisted the aid of Sr. Bernadine Cabaret, the superior of St. Louis Hospital.

She, and another professed sister and two young women agreed to come to Cleveland on this missionary trip. When they arrived in Cleveland in October 1851, the house on Monroe Street was still not vacated so the two young women went to stay with the Ursulines. From there, they did go out visiting the sick and poor. By March, they moved into the house on Monroe Street and by August opened St. Joseph’s Hospital, the first public hospital in what later was part of the city of Cleveland.

The two professed sisters had been nurses at the hospital in France, which had existed for centuries. However, nursing in the 19th century was always done at home by women taking care of their husbands and children. Only if you were poor or a traveler who got sick would you have been in a “hospital.” One learned by doing and the primary role of nurses was to keep the patient clean, provide them nourishing food, change the bed linen, perhaps dress wounds and otherwise do as the doctors might direct.

This was the case in the United States until after the Civil War ended in 1865, which swept in a movement to provide training for nurses. No Sisters of Charity of St. Augustine nursed soldiers in the war. However, it is true that the first patient to St. Vincent’s was a Civil War soldier, hardly an unusual event given that the hospital opened the year the war ended. Soldiers everywhere were returning home wounded.

By September 1862, the two professed sisters returned to France and left the two younger ones here. In 1856, St. Joseph Hospital was closed and the Sisters cared for the children left behind by some patients who died or children that were left in their care. St. Vincent Orphanage was started, first using the St. Joseph Hospital building, then later a larger institution built on that same property.

The Bishop still wanted a hospital and continued the discussions along with a doctor, Gustav Weber. Eventually St. Vincent Charity Hospital was opened in 1865 in the same place it is today though none of the original building remains.

Over the years, the Sisters began many hospitals and schools of nursing. CSA sisters have served as nurses, hospital administrators, nursing educators, pharmacists, dieticians, pastoral ministers, social workers at other CSA-sponsored ministries, health care facilities, social services, and in schools and parishes.
Building a presence on

HOW THE SISTERS OF CHARITY FOUNDATION OF SOUTH CAROLINA EMBRACED SOCIAL MEDIA

It is likely you’ve heard of Web sites like Myspace, Facebook and YouTube. These types of tools, referred to as social media or Web 2.0, allow individuals and organizations to shift fluidly and flexibly between the roles of audience and author. By integrating technology, social interaction and words and images, social media allows people to share opinions, insights, experiences and perspectives with each other.

The types of social media are broad and are still being created, which may cause those unfamiliar with the tools to be overwhelmed by the possibilities. But the key to understanding all social media is that it is the great leveler where users no longer just take in information that is supplied to them, but interact with that information, rate it and add their own.

Social networking sites have received a lot of attention from the nonprofit world because they align with nonprofits’ desire to reach out to larger communities.

What’s more, most sites are free, making them an economical choice for effective marketing. When deciding whether or not to participate in social media, there are a few things to consider.

Why use social media?
Audiences have shifted online. Consumers are taking control of how, what and where they access information. There are more than 100 million unique impressions delivered on networks like Myspace and Facebook per month. In early 2008, the blog search engine Technorati was tracking 112 million blogs, with 120,000 new ones popping up each day. On Jan. 8, 2009, Facebook added its 150 millionth member. The site now has users on every continent, with half of them logging on at least once a day. More than one in five people who accessed the Internet in November 2008 visited the site. Chances are people are already online talking about you so you might as well join them.

Social media is about more than just being present, it’s also a good way to build support, build your database and promote specific actions, like donating to a cause, writing your congressman on an issue or attending an event. Once you connect with a contact, friend or fan, you are also connected to their list of contacts and friends, and their contacts and friends. Essentially, you are channeling the power of exponential growth as 10 of your contacts connect with 10 contacts (10x10=100) and then 10 more contacts (10X100=1,000). For those organizations that do not have a Web site, it is an easy way to establish a simple and fluid web presence.

Web 2.0 replaces the idea of a Web site as a static brochure on the Internet and instead transforms your Web site into a community in which you can share your voice, your vision, and your brand. It has the potential to reach new people, including new donors or supporters of your organization.
It is, however, a conversation and if you are not committed to upholding your end of the conversation, then it doesn’t make sense to launch into social media. It requires regular maintenance and updating in order to keep the content fresh and attractive to visitors.

Making social media work

The Sisters of Charity Foundation of South Carolina embraces social media by blogging and through a presence on LinkedIn, Facebook and Twitter. The Foundation began publishing a blog in 2008. Through the

SOCIALLY CONNECTED: A PRIMER ON LINKS, FRIENDS AND FOLLOWERS

With so many networks and choices, how do you know a blog from tweet? Here’s a basic glossary on the common forms of social media in use today.

1 **SOCIAL NETWORKS** allow people to build personal web pages and connect with friends and colleagues to share news and information. Common examples are Facebook, LinkedIn and MySpace.

2 **WEBLOGS** (blogs) are online journals of news, information and insights, with the most recent entries appearing first. They typically have comment functions that allow for two-way communication with the audience and the flexibility of allowing users to post words, photos, videos and audio.

3 **WIKIS** allow people to add content to or edit information, acting as a collective document or database for any topic. The most popular of these is Wikipedia, which can function like an online encyclopedia though one that is created by many individuals citing many different sources.

4 **PODCASTS** allow individuals and organizations to share audio files online that can either be listened to from a Web site or downloaded into an application such as iTunes for later listening.

5 **FORUMS**, which have been around long before ‘Web 2.0’ was coined, are online discussion areas, often around specific topics.

6 **CONTENT COMMUNITIES** such as Slideshare, del.icio.us and YouTube allow users to organize and share particular kinds of content such as video and photos.

7 **MICROBLOGGING** combines bite-sized blogging and social networking that allows for small amounts of content or updates to be distributed online and through the mobile phone network. The most common of these is Twitter, where users send a sentence or two of information (known as tweets) to their network, known as followers.

8 **VIRTUAL WORLDS**, like Second Life and Entropia Universe, allow users to create avatars (or online personas) to function in a virtual world, buying land, visiting an art gallery or holding a press conference.
The Foundation has a profile on LinkedIn, a professional networking site, and a Facebook page. The Foundation also uses Twitter to send 140-character updates, called tweets, to its followers, which include legislators, nonprofit and community leaders and media outlets. It is another way for the Foundation to continue to build awareness, network and share its impact. While the current followers may not reach the hundreds, these tools have led to stories about the Foundation on other organizations’ Web sites, blogs and electronic newsletters.

Despite all of the trends and excitement around social media, many organizations struggle with getting executive buy-in to social media strategies. If there is difficulty in getting understanding and buy-in, discuss social media in the context of the mission of the organization and how it can help achieve the organization’s goals, rather than the new and cool factor of the tools.

Conduct internet searches and see what is currently out there about your organization. If there is negative information or worse no information, show the appropriate persons and have a social media plan to combat current online content and spread your organization’s message. Better yet, see what the competition is doing. Are they reaching audiences and participating in social media? Is your organization left behind?

Recommend more than one platform. If top executives can’t grasp the benefit of YouTube, offer another platform and encourage participation.

Lastly, provide examples of success stories from organizations using social media. In the Society for New Communications 2008 report titled “New Media, New Influencers & Implications for Public Relations” the Mayo Clinic notes that by launching a podcast campaign to share the stories of its customers and advocates and knowledge of its experts, the Clinic significantly increased traffic to its Web site and enhanced its influence.

Another case study in the same report focuses on the American Red Cross and the aftermath of the effects of social media following the Hurricane Katrina disaster in 2005. At that time the American Red Cross was not participating in social media and was unprepared to respond to the criticisms online, much of it incorrect and misinformation. The Red Cross now has a disaster portal where it creates all of its disaster-focused RSS (syndication) feeds, a blog called Red Cross Chat, a Flickr community where people can share their photographs online and uses Twitter to update followers with alerts during a disaster.

The importance of being social isn’t new. It builds understanding, fosters trust, develops relationships and can act as a catalyst for change. Social media does the same and allows organizations to expand their audience, discover others who share or support a similar interest and creates an online network of contacts and supporters.

Go where the conversation is happening: What you give up in control you may gain in valuable information that you didn’t already know. ✤

Brooke Bailey is communications manager for the Sisters of Charity Foundation of South Carolina.
Community of Ministries

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**HEALTH CARE MINISTRY**

*The Augustine Group*
Providence Women’s Health
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Family Care
Providence Northeast
Family Care at Lake Carolina
Providence Internal Medicine

2435 Forest Dr.
Columbia, SC 29204
P. 803 256 5300
providencehospitals.com

*Cuyahoga Physician Network***
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Cleveland, OH 44115
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cpnmd.com

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

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P. 803 865 4500
providencehospitals.com

*Providence Hospital Providence Heart Institute*
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P. 803 256 5300
providencehospitals.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
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*Westshore Primary Care***
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2711 Middleburg Dr., Ste. 115
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**ELDER CARE MINISTRY**

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283 Union St.
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P. 440 332 1991
lightofheartsvilla.org

*Regina Health Center*
5232 Broadview Rd.
Richfield, OH 44286
P. 330 659 4161
reginahealthcenter.org

**OUTREACH MINISTRY**

*Catholic Community Connection***
2351 East 22nd St.
Cleveland, OH 44115
P. 216 875 4613

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

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

*Joseph’s Home*
2412 Community College Ave.
Cleveland, OH 44115
P. 216 685 1551

*The South Carolina Center for Fathers and Families*
2711 Middleburg Dr., Ste. 115
Columbia, SC 29204
P. 803 254 0230
scfathersandfamilies.com

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