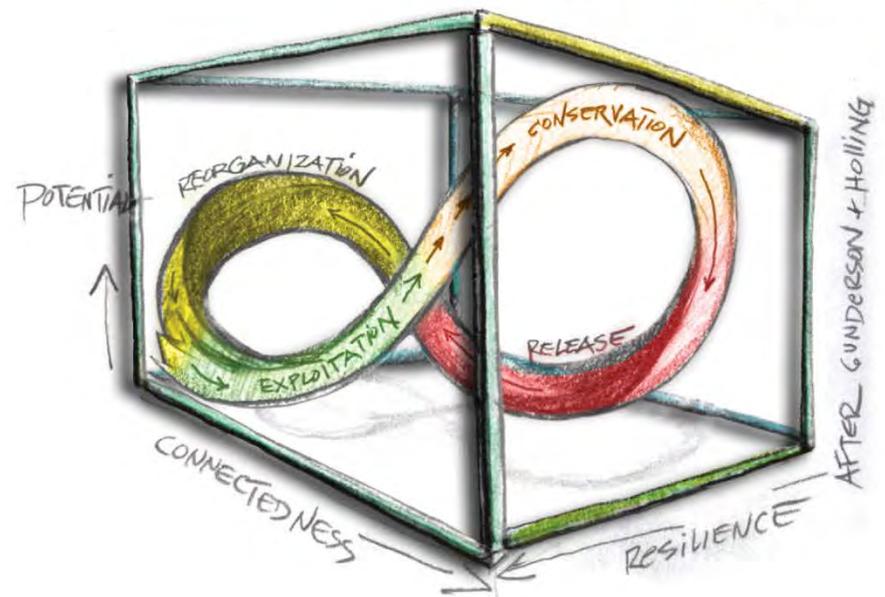
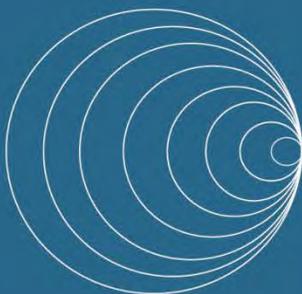


# LEARNING FROM THE PAST - LOOKING TOWARD AN UNCERTAIN FUTURE: A COMMUNITY, A HEALTH CARE SYSTEM LEGACY AND A SMALL CATHOLIC HOSPITAL

Dianne Coopman



An essay contribution to  
Gary Hubbell Consulting Conversation 2013



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## **ABOUT GARY HUBBELL CONSULTING CONVERSATION**

Annually, Gary Hubbell Consulting convenes and hosts a small hand-picked group of social sector professionals from throughout North America for three days of intense dialogue and critical thinking. We strive to create a thought-provoking, mind-opening, and stimulating conversation about philanthropy, organizational leadership, and social sector change. This deep exploration of the nature and challenges of the philanthropic environment is intended to engage, inform, and inspire senior leaders to be catalysts for change in their own organizations and communities of influence. With each GHC *Conversation*, we seek to establish the seeds of a continuing and enriching network that nourishes us as individuals and helps each of us change how we converse, inspire, and seek



PARTICIPANT BIO

**Dianne Coopman**

Director, St. Mary's Janesville Hospital Foundation

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Dianne has served as the Director of the St. Mary's Janesville Foundation since April of 2011. She came to St. Mary's Janesville Hospital with over thirty years of executive fund raising experience. As the newest hospital in the SSM Health Care System, St. Mary's Janesville opened its doors on January 9, 2012 and is committed to meeting the health care needs of the community of Janesville, Wisconsin.

Serving as a member of the executive team of St. Mary's Janesville Hospital, she has full responsibility for the Foundation and Mission Advancement. Dianne has spent much of her career dedicated to mission driven and faith based organizations. For seven years she served as the Director of Major Gifts and Campaign Director for the first ever comprehensive capital campaign at Mount Mary College. In coming to St. Mary's Janesville, she felt comfortable again, working for a dedicated order of nuns.

The St. Mary's Janesville Foundation is the second hospital foundation she has chartered. In the early 1990's Dianne worked with a county owned hospital to help them become a private non-profit hospital with a strong operating foundation. She enjoys the challenge of creating something new and giving it the opportunity to grow and flourish.

With a Business Degree in Organizational Leadership from the University of Wisconsin-Whitewater, Dianne possesses both strong administrative skills along with a depth and breadth of work in philanthropy. She is very involved in her community and her Church and is a Rotary International Paul Harris Fellow. She served as the first woman president of her Rotary Club and has received the club's Service Above Self Award. She is a member of the Association of Fund Raising Professionals.

This is Dianne's first *GHC Conversation*.



# Learning from the Past - Looking Toward an Uncertain Future: A Community, a Health Care System Legacy and a Small Catholic hospital

By: Dianne Coopman

Janesville is a community in south central Wisconsin with a population of 62,000 people. A traditional blue collar community, for 89 years a General Motors plant was the single largest employer. In addition to the GM plant, many other small businesses supplying resources to the plant employed another large segment of the community. Wages were high, benefits were generous and life was good in Janesville. The closing of the GM plant in 2008 meant the loss of 9,000 jobs and an estimated \$1 Billion dollars of revenue for Rock County. The community was devastated.

In 1912, Dr. Joseph Dean, MD admitted his first patient to the new St. Mary's Hospital in Madison, Wisconsin. The Dean Clinic became the premier medical practice group in south central Wisconsin and in the 1940's the Dean Riverview Clinic evolved in Janesville. In the mid 1990's the only Janesville Hospital, Mercy Hospital, began to hire its own physicians as employees. This left the Dean physicians with admitting privileges, but no ability to serve on the Medical Staff. These exceptional physicians began to plan for the future of health care in Janesville and Rock County.

In 1872, five sisters with \$5.00 arrived in St. Louis Missouri on a cold winter's morning to tend to the poor and sick, suffering from cholera and diphtheria along the Mississippi riverfront. The fledging order grew and became the Sisters of St. Mary. Committed to caring for the poor, their early ledgers often contained the letters "ODL" in the column for who was responsible for the charges. The letters represented Our Dear Lord's, for He would be relied upon for payment. In 2008, SSM Health Care, the resulting health care system of 17 hospitals in four states, committed to meeting the health care needs of the Janesville, Wisconsin community by announcing the building of St. Mary's Janesville Hospital in a partnership with the Dean Clinic.

As I reflect on resiliency, all three of these scenarios are prime examples of the ability to be resilient, to adapt, to change. In Roget's Thesaurus, resiliency means having hope, optimism, purpose, passion, energy and enjoyment. In my estimation, Janesville Wisconsin, the Dean Clinic and the mission of the early sisters who began SSM Health Care all have demonstrated resiliency; a resiliency that not only now provides health care and physical

healing, but also has provided economic healing and hope to a community that was deeply distressed.

On January 9, 2012 St. Mary's Janesville Hospital opened its doors at 5:00 AM and by 7:30 AM, had helped deliver its first baby. This 50 bed community hospital, on the same campus with the Dean Clinic Janesville, is a bustling state of the art facility that provides compassionate care in a calm, nature filled setting. A few short months before St. Mary's Janesville Hospital opened, the St. Mary's Janesville Foundation was chartered, granted 501 c 3 status and registered with the state of Wisconsin. SSM Health Care of Wisconsin promised the Janesville community it would not conduct a capital campaign to build the new hospital. The system completely understood that launching and running a campaign in a community with severe unemployment and a poor economic outlook would not be consistent with our mission nor our values.

In the meantime, the building of this new facility, hospital and clinic provided hundreds of good paying construction jobs. To the fullest extent possible, local contractors were used and local craftsman were put back to work. The hospital project became a beacon of light for the community. During the three year construction period, the hospital president, Kerry Swanson became an ambassador bringing new business and industry to the community. Other local business owners and leaders truly became invested as well. In the last eighteen months, the hospital hired over 370 individuals; SHINE Industries is building a new plant to produce medical isotopes, the only isotope manufacturer in the United States. Data Dimension and SSI Technologies, both locally owned technology firms, have added hundreds of jobs. Local institutions of higher education, Blackhawk Technical College and University of Wisconsin Rock County have come forward expanding both two year associate degree programs and skilled technical certificate degrees to retrain workers for new jobs, many of these health care related.

And, in the process of opening a hospital the Foundation presented the community with a special project to fund, the Healing Garden at St. Mary's Janesville Hospital. To be completed in the summer of 2013, the Healing Garden is the result of generous gifts given cheerfully with gratitude from the community we serve.

The early Sisters of St. Mary merged two orders and are now the Franciscan Sister of Mary. In the latest issue of the FSM magazine, titled "A Convent of the Heart", the message inside from St. Rose Dowling, the order's provincial leader, blends the ideas of covenant and convent. Let me explain. Sr. Rose says: "when I first saw this (the title) I misread it—I saw it as "A Covenant of the Heart". The more I thought about it the more I enjoyed the

connection. A covenant is an agreement, ordinarily formal, between two or more person to do something specified.” She goes on to say, that when each sister entered the order “we thought that we would live out that covenant based in a physical place, called a convent.” This last year the Franciscan Sisters of Mary closed their convent. There are no more women to carry on their charism, to keep alive the mission so deeply held, which is “Through our compassionate health care services we reveal the healing presence of God.” These simple thirteen words embody what we do each and every day. The order is in fact, applying to Rome to allow a non-professed body (a public juridic person) to take over the role of the order so that SSM Health Care can in fact remain a Roman Catholic sponsored system when the Sisters have no more members.

In the January/February 2013 issue of *Health Progress*, the Journal of the Catholic Health Association for the United States, Sr. Patricia Talone, RSM, Ph.D., vice president of Mission Services for the Catholic Health Association titled her column “Mentoring for Mission.” She says that Catholic health care is finding itself in a state of flux. Women and men, long recognized as ministry leaders are retiring, inviting others to assume leadership roles in the ministry. The issue becomes, will this new generation understand the rich heritage that they lead? Will the tradition of Catholic theology remain the foundation upon which the ministry is built? As the ministry adapts to health care reform, will the deep commitment to the poor and underserved remain?

In her column, Sr. Patricia talks about Mentoring for Mission. She states that each hospital, each health care system will need to mentor mission leaders and link that mission to the other vital functions of administration, like education, finance and human resources. She suggests mission integration must be a core component of strategic planning an analysis for the organization to assure for accountability. What is key here is to ultimately mentor for healing ministry of Jesus.

But even though St. Mary’s Janesville Hospital is less than one year old, plans for growth are already underway, within the constraints of not quite knowing what our future will hold. The Affordable Care Act virtually has every health care facility and system in the country wondering: what does our future look like?

For acute care hospitals in the United States, the measure of a strong operating revenue stream has been putting “heads in beds”. Hospitals have traditionally been reimbursed on volume. The reality of the current system is that doing the right thing for patients often benefits the insurance companies and harms the health care provider. With the way our

Affordable Care Act is currently written, we will move from this model to a Value Based Purchasing model.

But, what does resiliency truly mean? And, how do we know we are? And what does that mean for Health Care and for Philanthropy in the next few years? How will hospitals respond to the demands of the Affordable Care Act, to demands from CMS, to the need to remain financially stable, to care for the poor? As we are discovering at St. Mary's Janesville Hospital, and throughout SSM Health Care, the answer is a greater emphasis on each entity's foundation and on the power of philanthropy.

In their book, The Secrets of Resilient Leadership, George Everly Jr. and Douglas Strauss suggest that adversity is the true test of leadership. They say that resilient leaders are defined by what they do during the worst of times, not the best. They cite Abraham Lincoln, Franklin Roosevelt and Winston Churchill as examples of such leaders. In the examples of background I have stated above, I would certainly say that the City of Janesville, the early Sisters of St. Mary, SSM Health Care and the current Franciscan Sisters of Mary have all responded with perseverance and integrity in the worst of times.

So, the question remains, how do we apply the resilient legacy we have been given to advance health care in the United States at a time of great stress and uncertainty? I would propose that we look to our past to see how to frame and create our future. As the Franciscan Sisters of Mary like to say, "Trust in God, be kind to the poor and all will be well." It may take a little more than that, but if we keep that at our core, we will adapt and continue to live out our mission.

Through the Affordable Care Act, hospitals will now have access to more support in making investments in prevention through community benefit programs. The goal we have to remain financially viable is to work on health improvement and disease prevention. While, we will always have a need for acute care inpatient hospitals, what we are being asked to do, and quite frankly what makes sense that we do, is to promote the health and wellbeing of the communities we serve. Effective this tax year The Center for Medicare and Medicaid Services has mandated that hospitals collaborate with local stakeholders to develop a Community Health Needs Assessment. The assessments are to be completed every three years and in between, hospitals must implement strategies to address identified needs. St. Mary's Janesville Hospital has participated in this assessment process with our local health care partners and from an overall community plan we have identified the strategies we will use to address the needs identified in the assessment. Our governing board of directors has approved our plan as the ACA requires.

Lack of access to primary care has been identified in our community as a need. Providing charity care and uncompensated care has always been a hallmark of any SSM Health Care Hospital. In fact, in our hospital's financial pro forma, charity care was written in as a given. We will continue to do so, but we must also begin to address community health priorities *outside* of the hospital walls. A study by the Trust for America's Health, the Urban Institute and The New York Academy of Medicine found that an investment of \$10 per person per year in proven community based prevention programs, anti-smoking campaigns and home evaluations could yield a net savings of \$2.8 Billion annually in health care costs over two years.

And, as CMS and other insurers' fee for service payments are replaced by population and outcome based payments (ACO's, health homes, etc.) health systems will be encouraged to improve the health care of all patients in their service areas. This will demand that we develop partnerships to improve community health in ways hospitals have never thought of before! However, these new models do not need to exist apart from the hospital's current activities. When planned well, they can enhance existing initiatives. As Bill Thompson, President and CEO of SSM Health Care states "the biggest challenge, with the highest risk, is to transform from the current system to the future health care system."

As an example, we know that the lack of affordable access to primary care leads to the improper use of our Emergency Department. An Emergency Department visit is an expensive one. While the United States Health Care Systems excel in many areas, we are still only ranked 37<sup>th</sup> in the world in quality and by far we are the most expensive in the world. For those with traditional health care coverage, a fairly large deductible can be incurred for the misuse of an Emergency room visit. However, for the hospital that treats all patients regardless of their ability to pay, the hospital absorbs the full cost of that visit. The question then becomes: how can we work to keep these patients out of our Emergency Department with better primary care?

What we are considering is an outpatient wellness center. In this center, education would be provided on nutrition, exercise, stress relief, basic dental hygiene chemical abuse and dependency. The center may also house an outpatient procedure area for routine diagnostic procedures that don't require the support of a full hospital. But most importantly, this center would be staffed with primary care physician extenders, certified Nurse Practitioners and Physician Assistants who would provide basic primary care to underserved populations. By doing so, we move primary care to appropriate level of care, we move from volume to value, we keep our community healthy, and we remain true to our mission and

core values. And of course, based on our CHNA and plan we will work cooperatively with our community partners on achieving this goal.

Where does philanthropy come into this? I think we all know that the core meaning of philanthropy is the love of human kind. It's not particularly lofty, or even noble. It is simple generosity because it's the right thing to do. If we consider it this way, these new partnerships, these new models of care are the right thing to do. But, how do we accomplish this? Just as health care organizations have to think and act in a new way, so will the Foundations that support them.

A year ago if one were to have asked me what the next capital campaign would be for St. Mary's Janesville Foundation once the Healing Garden was built I most likely would have answered: another bed tower. Today, when I am asked that question, I say I am not quite sure, but it will be a project that will meet the health care needs of our community; that resonates with our donors as valuable and important; and one that is in concert with our mission and values. I fully believe that our plans outlined above meet all of those criteria. But to successfully raise the private funds needed to implement this project, our Foundation Board of Directors, our donors and our community will need to agree and participate.

We will be moving into a capital campaign that is not just for a capital project. It may change and move differently than we normally think of in a traditional campaign. It will combine raising capital dollars with program dollars and what has normally been a frowned upon in the industry, raising dollars for salaries and supplies. However, if we couch all of this into compassionate care that reveals the healing presence of God, our donors will respond. Our foundation board of directors will be intimately involved and their leadership in our community will be vital. With the luxury of recruiting a brand new board of directors for our new foundation, we have the cream of the crop and they are committed and ready to do whatever it takes.

We have had to educate our board on not only health care finance, and what our hospital financials look like, but what lies ahead ( or at least what we think lies ahead) with the Affordable Care Act. They will be our advocates in the community. At their next meeting, they will hear the results of our Community Health Needs Assessment and what our local plan is and who are community partners will be. They are also involved with the Strategic Plan for our campus. For knowledge is power and we will give them all the knowledge and information they need to be our ambassadors in their circles of influence.

Let's look back at what resiliency means:

- ✓ Hope
- ✓ Optimism
- ✓ Purpose
- ✓ Passion
- ✓ Energy
- ✓ Enjoyment

With the words of the Franciscan Sisters of Mary, to trust in God, be kind to the poor and all will be well, we have hope. With a look to the future, to continue to provide the appropriate level of care in the appropriate setting, we have optimism. Knowing where we are going is our purpose. Our Foundation Board and the generosity of our community provides our energy. And making it all happen will be sublime enjoyment. We ourselves may be the only thing in our way. If we cannot adapt to the changes in front of us, we may not succeed. But the city of Janesville, our Dean Clinic partners, SSM Health Care and the Franciscan Sisters of Mary have modeled the resiliency we will need to evolve. And our community relies on us to be here for many years to come. As Abraham Lincoln once said "the best way to predict the future is to create it."