

St. Alexius Hospital, St. Louis, Missouri An Expression of Its Catholic Identity, 2013 Update

- Preface -

St. Alexius Hospital was founded by an order of Catholic lay religious men, the Alexian Brothers, in 1869. The hospital has strived to maintain its Catholic identity since its inception, through several changes in sponsorship/ownership. Its current owner, Success Healthcare LLC continues to honor this Catholic heritage through a) adherence to the *Ethical and Religious Directives for Catholic Healthcare Services* (ERDs, Directives) particularly in areas of patient care (b) through nurturing the faith-based culture present in the hospital; and c) through the support of leadership in achieving these goals.

A Catholic identity tool developed by the Catholic Health Association for Catholic healthcare providers was used as the basis of this report in determining St. Alexius Hospital's expression of its Catholic identity. Special events and activities in 2013 are highlighted.

- Findings -

1. Adherence to the Ethical and Religious Directives for Catholic Health Care Services

Upon purchase of St. Alexius Hospital, in negotiating to continue using the name "St. Alexius Hospital," its original for-profit owners, Tenet Healthcare, signed a contractual agreement with the Congregation of Alexian Brothers to follow the Ethical and Religious Directives for Catholic Health Care Services. All of the hospital's subsequent owners, including Success Healthcare LLC, have assumed this agreement. During an unprecedented pastoral visit by the Most Reverend Robert J. Carlson, Archbishop of St. Louis, to St. Alexius Hospital in March 2012, the CEO of St. Alexius Hospital confirmed the Hospital's allegiance to the Catholic Identity and the ERDs. A summary of the Directives follows this report. The published document is available upon request.

The facility educates physicians and all employees about the Directives and integrates the Directives into the facility's policies

- Physicians, leadership and management receive education on the Ethical and Religious Directives
In May, 2013, Fr. Peter Ryan, SJ presented "Keys to Distinguishing between 'Ordinary' and 'Extraordinary' Means" to the Medical Executive Board.
- The governing board is knowledgeable of our Catholic identity and the Directives
- Policies and procedures of the hospital, for patient care, follow the Directives honoring the Catholic perspective on the dignity of the human person and the sanctity of marriage and family life including not permitting medically assisted suicide, abortion or sterilization; or the dispensing of contraceptives; following an ED rape protocol that does not violate Catholic teachings; and employing a presumption in favor of the use of artificial food and hydration, when necessary, as an ordinary means of preserving life.
- Facility employment policies are under the umbrella of its secular ownership which does not make distinction for Catholic and other faith-based standards on the dignity of the human person, and family life as stated above.
- Policies and practices with patients and families honor the importance of spiritual and emotional reconciliation as a component of healing and at the time of death.
- Particular attention must be paid to care of the poor and marginalized (see below)
- A Medical Ethics Committee provides education to employees on the utilization of ERDs in patient care decisions.

Fr. Peter Ryan, SJ served on the Ethics Committee as Consultant and educator from June 2012 – June 2013. With his assistance Ethics Committee member comments reflected increased understanding of Catholic philosophy on some of the primary issues faced by the hospital.

2. A Mission and Values-based Organizational Culture

The delivery of healthcare reflects the Mission and Values of the organization as seen by the following:

- Decision making tools, such as the Mission Statement and Values Statement, specify the Gospel values among its criteria including, that:
Christian love is the animating principle of health care, that healing and compassion are a continuation of Christ's mission, that suffering can be a participation in the redemptive power of Christ's passion, death and resurrection, so that pain and fear, while still present would not overwhelm, finally that death, which has been transformed by the resurrection, is an opportunity for a final act of communion with Christ (ERDs, p.3).
- Prayer is regular and essential component of hospital activity for all who wish to participate including morning and evening overhead prayer, prayer before meetings, to initiate feasts and celebrations, at group meals, in services, small groups, and in private.
- The Alexian Spirit Committee serves as a mission integration team – hosting activities which remind employees of the mission, serve the poor and/or enliven the spirits of caregivers.
2013 "Wall of Compassion" stories and presentation on Compassion and Forgiveness
- Hospital website and literature for marketing and promotional activities clearly reflect the Mission Statement.
- Artistic and symbolic expressions that reflect the Mission and Catholic tradition are visible throughout the facility including a crucifix in patient rooms.
- The hospital is sensitive to the cultural diversity in meeting the needs of its community, and it participates with the community to ensure services and programs are culturally appropriate including Martin Luther King Day, Nurses/Hospital Week, and Breast cancer Awareness services and events.
- Volunteers donate over 8,000 hours of service to the hospital community annually.

Relationships among caregivers are mutually respectful:

- Mutual respect among employees and between physicians and employees is articulated in its standards of behavior and conduct.
- Employee emergency financial assistance is offered through the Caring and Sharing/Employee Crisis fund as well as group or individual charity efforts including the donation of paid time off.
- Job openings are advertised in media that reach ethnically diverse populations

Leadership fosters employee participation:

- Employee satisfaction surveys are conducted periodically.
The hospital's 100 POINTS of Light 2013 program addresses top concerns of employees
- Staff meetings and other practices ensure that employees have regular and frequent opportunities to have a voice in their work
- Administration and Human Resources sponsor Employee-of-the-Month gatherings to recognize outstanding service and to provide a forum for delivering news and important information to employees directly.
- Leadership receives training regarding labor relations law and rights of employees

3. The Faith-Based Culture is Nurtured by the Hospital's Holistic Approach Care

The hospital Spiritual Care staff is professionally prepared. The hospital employs one full-time chaplain and contracts with four on-call chaplains representing different faiths, all who have received Certified Pastoral Education; some are ordained in their respective churches, have advanced degrees and/or specialized ministry training. Catholic priests from neighboring communities are scheduled six days per week to celebrate Mass, to anoint Catholic patients with the Sacrament of the Sick, and to respond to requests for the Sacrament of Reconciliation. The staff is sensitive to all religious backgrounds served by the hospital and understands and can apply the ERDs. The Spiritual Care department serves as a field ministry site for Eden Seminary students.

The facility provides Spiritual/Pastoral Care services throughout the continuum of health and wellness for patients and family members experiencing illness, crisis, change, near death or death, loss, healing, discovery, conversion and other issues:

- Pastoral care services are available 24 hours a day, 7 days a week.
- Patients are screened for spiritual needs using a standardized assessment tool.
- Clinical staff makes referrals to Spiritual Care support for patients when cultural, psychosocial and spiritual needs are identified through their assessment, or when patients specifically request spiritual care or counsel.
 - Pastoral care referrals for psychiatric patients by physicians increased in 2013 owing in part to the convenience of the electronic medical information system.
- Chaplains are regular participants in medical patient planning meetings and in psychiatric care planning sessions as needed.
- Chaplains advocate for patients with special or critical issues and assist in connecting them with their faith communities and families in critical situations.
- Chaplains along with Social Service educate and assist patients and families in completion of Health-care Advance Directives.
- The Spiritual Care staff documents interventions in the patient chart.
- Under the supervision of the Lead Chaplain volunteer Ministers of Holy Communion offer Holy Communion to Catholic patients 5 days a week.
- The Hospital Chapel is open twenty-four hours each day for prayer, quiet reflection and services that can be viewed from patient room television; employees have donated a garden area outside the chapel for pleasing transition to the chapel and peaceful respite for employees and visitors.
 - 2012 Multicultural Nativity display in chapel to be repeated in 2013 by request.
- Religious television stations and those reflecting wholesome entertainment are provided.
- Spiritual Care staff serves as liaison with Alexian Brothers and priests in arranging chapel availability and service requirements.
- Spiritual Care staff also ministers to the spiritual needs of employees as available particularly in grief and crisis situations.

4. Care for Poor and Vulnerable Persons

A hallmark of the Alexian Brother's heritage and the Hospital Mission and adherence to the ERDs is compassionate care for the poor and marginalized, particularly:

The uninsured, underinsured, children, the unborn, single parents; the elderly, those with incurable diseases and chemical dependencies, racial minorities; immigrants and refugees. In particular, persons with mental or physical disabilities regardless of the cause or severity must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons (ERDs, p.8, 9).

- Established protocols ensure access to care for marginalized and vulnerable persons, including an established charity care policy and sound fiscal policies.
- The hospital collaborates with other organizations to address federal and state legislative issues regarding healthcare and health-related issues
- Non-reimbursed charity care for the hospital and community benefit provided by the facility are tracked and reported on an annual basis.
- The hospital provides free transportation service to patients in need from their homes or facilities for Senior Care Clinic visits, or any out-patient or surgical services.
- Out of town family members are informed of affordable lodging in the area and allowed to overnight in patient rooms as warranted by situation.
- The Alexian Spirit Committee and Hospital sponsor events that benefit the poor in the community including food pantries, a hospital-wide family adoption program for Christmas, and health fairs.
 - 2013 Health Fair introduced the Nurse Practitioner program, delivered 63 flu shots and 35 bicycle helmets among 225 participants.
- Caring and Sharing Fund assists individuals in the community who demonstrate need.
- Since 1952 the Alexian Auxiliary has operated the Gift Shop and Vending area, and hosted fund-raising events in the hospital for the benefit of the greater community in the name of St. Alexius Hospital donating as much as \$9000 per quarter to various charities and nursing school scholarships.

5. Care of the Dying

Dying patients have the opportunity to discuss their condition with family and care providers through family conferences arranged by Spiritual Care or Social Services. The Spiritual Care staff ministers to families in crisis following an unexpected death, life-threatening illness or other emergent event.

Patients in danger of death receive supportive services, such as palliative care, hospice and pastoral care. Education is provided for nursing staff on supportive services. Spiritual Care intervention is offered in the care plan when death is imminent or an arrest has occurred. Sacraments administered by a priest are offered routinely and in emergency situations as available. Chaplains also work with local churches for emergency administration of sacraments or other personal ministry needs.

Patient's pain is monitored and managed well through an interdisciplinary approach. Adjuncts and alternatives to pharmaceuticals, such as prayer and music are available to patients as well as pastoral visits to offer companionship or explore the meaning of suffering and mutuality of care.

Administration and Spiritual Care prayerfully acknowledge the death of employees and employee family members as informed.

A "Book of Remembrance" is provided in the Chapel throughout the month of November for all to enter the names of deceased loved ones, for whom prayers are offered daily.

6. Relationship to the Church

The hospital acknowledges the pastoral leadership of the diocese inviting episcopal presence for special events such as the 2012 Apostolic visit of the Archbishop Robert Carlson and Mass celebration; and the 2013 visit of Auxiliary Bishop Emeritus, Robert Hermann, as guest speaker for Mission and Feast Day.

The hospital seeks the consultation of the Archdiocese of St. Louis and approved moral theologians to serve on the ethics committee, and in medical or business decisions that have potential consequences for the Catholic identity. The manager of Spiritual Care serves as the liaison.

Feast days significant to the Catholic Church in this diocese, and/or significant to the history of the hospital, are remembered with overhead prayer or artistic expressions or prayer vigils in the Chapel – viewable for patients and families.

An Alexian Brother is a member of the Governing Board and leadership communicates with the Congregation of Alexian Brothers on a regular basis.

- Conclusion -

Success Healthcare LLC, and the management and staff of St. Alexius Hospital continue to honor their commitment to the Catholic identity in these ways.

Ethical and Religious Directives for Catholic Health Care Services
A summary of the Directives

-Formulated by the United States Conference of Catholic Bishops in 1994, Fifth Ed. rev. 11/09

-Seventy-Two directives, divided into six categories

1. Social Responsibilities (Directives 1 – 9)

- Provide care animated by the Gospel of Jesus Christ, and guided by moral traditions of the Church
- Provide services to and advocacy for people at the margins of society
- Persons with even the most severe mental or physical disabilities “must be treated as unique persons with incomparable worth and with same right to life and adequate health care as all other persons”
- Be a responsible steward of available resources and collaborate as indicated in ways that comply with Catholic moral and social teaching
- Treat employees respectfully and justly

2. Pastoral/Spiritual Responsibilities (Directives 10 – 22)

- Provide pastoral care with trained, qualified personnel
- Make services and referrals available to all in keeping with their religious beliefs
- Provide sacraments for Catholic patients (Eucharist, penance, anointing of the sick, emergency baptism)
- Obtain approval of local bishop in appointing Priests
- Employ a Catholic pastoral care director

3. Professional-Patient Relationship (Directives 23 – 37)

- The dignity of the human person must be respected and protected
- Honor advance directives and decisions of surrogate decision makers not in conflict with Catholic teaching and faithful to Catholic moral principles
- Transplants from living donors are permissible when it will not sacrifice or seriously impair the donor and the benefit to the recipient is proportionate to the harm done to the donor
- Obtain free and informed consent for all treatments and medical experimentation
- Patients are obliged to use ordinary means to preserve life. Patients are not obliged to undergo therapeutic treatment and procedures that do not provide a reasonable hope of benefit without imposing excessive risks or burdens to the patient or excessive expense to family or community.
- Respect patients’ privacy and confidentiality
- Report cases of suspected abuse and violence
- Offer compassionate care to victims of sexual assault. Female patients have the right to defend themselves against a potential conception from the assault if there is no evidence that conception has already occurred. Treatments that have as their purpose or direct effect, the removal, destruction or interference with the implantation of a fertilized ovum are not permissible.
- Make available consultation by an Ethics committee (or an alternate form of consultation) familiar with Catholic ethics

4. Issues in Care for the Beginning of Life (Directives 38 – 54)

- Assistance to help married couples conceive may be used if it does not separate the unitive and procreative ends of marriage, and does not involve the destruction of human embryos
- Heterologous fertilization (gamete coming from at least 1 donor other than the spouses) is not permitted
- Homologous artificial fertilization is prohibited when it separates procreation from the marital act in its unitive significance (e.g. extra-corporeal conception)
- Contracts or arrangements for surrogate motherhood are not permitted

- Abortion (intended termination of pregnancy before viability) is never permitted.
- Compassionate, physical, psychological, moral and spiritual care should be available for those suffering from the trauma of abortion.
- Operations, treatments and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child
- Non-therapeutic experiments on living human embryo or fetus are not permitted. Therapeutic experiments are permitted for a proportionate reason
- Catholic institutions may not promote or condone contraceptive practices
- Direct sterilization of men or women, permanent or temporary, is not permitted

5. Issues in Care for the Dying (Directives 55 – 66)

- Provide those in danger of death appropriate opportunities to prepare for death, including spiritual support and the sacraments
- A person is obliged to use ordinary or proportionate means of preserving his or her life. Persons may forgo extraordinary or disproportionate means of preserving life
- There is an obligation of providing food and water, including medically assisted nutrition and hydration for those who cannot take food orally, becoming morally optional when they cannot reasonably be expected to prolong life or when their benefit becomes excessively burdensome to the patient
- Free and informed judgment by competent adult patients concerning the use or withdrawal of life-sustaining procedures should be respected unless it is contrary to Catholic moral teaching
- Catholic health care institutions may never condone or participate in euthanasia or assisted suicide
- Patients should be kept as free of pain as possible. Pain suppressants that may indirectly shorten the patient's life may be given as long as the intent is not to hasten death
- Encourage and provide means to donate organs and body tissue after death
- Organs should not be removed until it is medically determined the patient has died
- Catholic health care institutions should not make use of human tissue obtained by direct abortions

6. Forming Partnerships w/ Health Care Organizations & Providers (Dir. 67 – 72)

- Decisions that may lead to serious consequences for the identity or reputation of Catholic health care services, or entail the high risk of scandal should be made in consultation with the diocesan bishop
- When participating in a partnership that may be involved in activities judged morally wrong by the Church, the Catholic institution should limit its involvement in accord with moral principles governing cooperation
- Catholic health care institutions are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral such as abortion, euthanasia, assisted suicide and direct sterilization.
- The possibility of scandal must be considered when applying the principles governing cooperation.
- The Catholic partner has the responsibility to assess whether the binding agreement is being observed and implemented in a way that is consistent with Catholic teaching.