

Mission Integration

ANNUAL REPORT 2016



*“Teach me to feel another’s woe. To hide the fault I see.
That the mercy I show to others; that mercy also show to me.”
- Alexander Pope*



Door of Mercy, St. Peter's Basilica, Vatican

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Entering the Doors of Mercy

There is a door in the Vatican in St. Peter's Basilica that is opened only during a Jubilee Year. We are in the midst of such a year, an Extraordinary Jubilee year of Mercy – only the third extraordinary jubilee year in 700 years. The Door of Mercy is this year's symbol and the theme we take for this Annual Mission and Integration Report. Every parish in the world has been asked to designate a Door of Mercy. By walking through one of these doors we consent to be part of the movement of mercy and forgiveness in the world and to open our hearts just as the Church has opened its heart and doors to those in need.

In one way or another all of us at Dignity Health have passed through such a door and joined the movement of mercy. Our founding orders long ago came to this country on errands of mercy to help the sick and needy and, with the founders of our community hospitals, stayed to build an organization dedicated to service and healing. Their dedication to the cause of mercy lives in us today – through our work in keeping our hearts' doors open to our mission and heritage, through the mercy and healing we bring to those in need in the communities we serve and the wider world, and through the mercy we show in sustaining the earth.

Message from Elizabeth Keith, EVP Sponsorship and Mission Integration



I want to begin by expressing my gratitude for the privilege of helping lead our mission integration effort and being part of an organization that does so much for so many, in so many ways. It is a great joy for me to begin my new role here in this extraordinary jubilee Year of Mercy declared by Pope Francis. This is only the third extraordinary jubilee year in 700 years, and when I think back to the 14th century when the tradition began, it's easy to imagine the challenges the Church and those who carried out its healing ministry faced. Today, we certainly face challenges as well from a reformed and evolving health care system that seems to make new demands on us and our mission each year.

But today, like the caregivers in the fourteenth century, we are guided and inspired by the gifts of mercy, which we're privileged to receive and even more privileged to give. After all, mercy is part of our DNA; our organization was born out of the impulse towards mercy of our founding orders. And in the short time I've been here I've witnessed it living in the work of Mission Integration and in the dedication to care and service by our physicians, nurses, volunteers and staff. I know it will continue in the years ahead.

The coming year will be an exciting one for Dignity Health. The work of Mission Integration will continue in every corner of our organization. We will continue in the cause of *humankindness* to serve each other, our patients, communities, regions, those in need in foreign lands, and the planet itself through our sustainability programs. You'll read more about the progress of all those efforts in this report.

There will be two special areas of focus for us in the year ahead. We will be developing a new model for ministry formation – a new program to instill our mission and values in the hearts of our leaders – one that will be responsive and particular to Dignity Health's mission and needs. We will be finding the best ways to inform leaders about our heritage and to inspire them to keep alive our values, mission and spiritual culture as they extend our healing ministry across the full spectrum of care for our patients and communities. And we will put in place a new structure within Mission Integration to further the ongoing work of making mission an integral part of our care delivery and operations and to join population health and community benefit. It will bring Mission leadership closer to the service areas, to the hospitals, care centers, community clinics and partnerships where our care, service, and healing are delivered.

That work lies ahead of us. In this moment I want to thank everyone at Dignity Health for the wonderful welcome I've been given. And I want to wish all the members of the Dignity Health family joy and peace in this extraordinary Year of Mercy. May we all keep open our hearts' doors to those we serve and to each other.

Blessings and peace,

A handwritten signature in black ink that reads "Elizabeth D. Keith". The signature is fluid and cursive.

2016 Mission & Values Achievements

HERITAGE AND HUMANKINDNESS Integrated heritage, values and mission within humankindness Retreats, which were completed this year with participation from more than 94 percent of Dignity Health's employees; partnered with Human Resources to develop a program to introduce new employees to our heritage, values and mission.

CATHOLIC IDENTITY Completed analyses of 19 of the 23 Dignity Health Catholic hospitals evaluating the quality of the implementation of the Ethical and Religious Directives (ERDs) and ministry leadership formation of Dignity Health executive leaders.

MINISTRY LEADERSHIP FORMATION Completed a decade of co-sponsoring a three-year, multi-system program, with the Ministry Leadership Center, located in Sacramento. Beginning this year Dignity Health is developing its own comprehensive Ministry Formation Program.

PREPARING THE MISSION LEADER OF THE FUTURE Extended the four-module ministry development program for employees who do not attend our ministry formation program — two hundred forty-nine system office employees have now completed the course, with participant evaluations averaging 4.5 out of a high score of 5.

EMPLOYEE ENGAGEMENT SURVEY Collaborated in this year's Employee Experience Survey that achieved 89.5 percent participation, an increase from last year's 85 percent; the mission and values index has risen from a baseline of 3.78 in 2014 to a score of 3.89 this year, a statistically significant increase.

SPIRITUALITY AT WORK Continued to bring the recipe for spirituality in the workplace (Life-giving Relationships + Meaningful Work + Reflective Pause = Spirituality at Work) to life across the organization in a variety of formal and informal activities and conversations focused on how to sustain life-giving relationships, where to find meaning in work and how to build reflective pauses into the work day. System office spirituality scores moved from a baseline of 3.46 to 3.70, significantly greater than the 3.64 goal.

PHYSICIAN INTEGRATION INITIATIVE Met with physicians to reflect on Dignity Health's heritage and the meaning of healing work as resources for physician well-being; developed a menu of spiritual care and mission resources to assist physicians in strengthening their spiritual and emotional health; developed referral resources to address chronic health conditions and social determinants of health.

PALLIATIVE CARE AND PHYSICIAN AID IN DYING Formed the Palliative Care Services Council to oversee palliative care standards and develop educational and communication resources and plans; in response to California's End of Life Option Act, developed and disseminated a system-wide policy that amplified our position that we do not participate as an organization in physician-assisted suicide.

2016 Mission & Values Achievements Continued...

ETHICS Used the Values-Based Discernment process over 25 times to aid in decision making at both the hospital and system level, including discernments regarding closing and opening services, and ventures with new subsidiaries, affiliates, or partners.

HUMAN TRAFFICKING Invested more than \$1 million to help address human trafficking through identifying and aiding victims seen in our facilities; to date we have multidisciplinary task forces at each hospital to oversee training, care for victims, interactions with social-service providers and law enforcement, and internal and external debriefing.

COMMUNITY HEALTH Continued to align and integrate our community-based prevention and health improvement programs with the full continuum of care delivered by our hospitals/care centers through the development of networks of community providers; delivered 145 Diabetes and Chronic Disease Self-Management workshops serving 1200 individuals; awarded a total of \$827,276 in Social Innovation Partnership Grants to five organizations to help advance these efforts.

COMMUNITY GRANTS AND INVESTMENTS Contributed \$4.1 million for grant awards to 85 projects responding to the priorities identified in the Community Health Needs Assessment and/or community benefit plans of each Dignity Health hospital; approved 19 below-market-rate loans of over \$30.6 million to organizations working to open the doors to health and quality of life in their communities.

GLOBAL MISSION Awarded five grants totaling \$100,000 to support and improve community health in developing countries; invested \$750,000 in a nonprofit social investment fund supporting micro-lending, agricultural cooperatives, and small businesses in Swaziland and Mozambique.

ADVOCACY AND ACTION IN COMBATING CLIMATE CHANGE Continued to engage companies and governmental agencies to address climate change; joined Health Care without Harm's 2020 Health Care Climate Challenge; sent a delegation to participate in meetings concurrent with the Conference of Parties (COP21) in Paris in December; urged international energy ministers and entrepreneurs attending the Clean Energy Ministerial in San Francisco to look to their health sectors as allies in addressing the climate crisis.

ECOLOGY/SUSTAINABILITY Affirmed Sustainability Council charter, defined sustainability within Dignity Health and prioritized issues to be included in the next Sustainability Report; selected a system-wide software platform, Key Green Solutions, to report on sustainability in energy, food, and waste; joined the nation's top leaders in health care sustainability to launch the Greenhealth Exchange; seven Dignity Health hospitals were honored for their work in creating sustainable healthcare environments at the annual Cleanmed Conference.



Mission & Values

WHAT OPENING THE DOOR TO MERCY CAN MEAN

I heard a story from a young male nurse working on one of our medical-surgical floors. He was caring for a man who had had a hard life. He was part of a motorcycle gang; his body was covered in tattoos. As a result, many people wanted to shy away from him, including the young nurse – until the male nurse walked into the room and stopped to make eye contact with the patient. As they looked at each other all the nurse’s trepidations melted away. He connected with the patient, who was really afraid – he was in the hospital; he was losing his life; and he didn’t really believe in an afterlife. The young nurse sat down, held the patient’s hand and talked with him.

At the end, the patient thanked the nurse for not being afraid and for taking the time to comfort him. Two days later the young nurse saw the patient as he left the hospital in a wheelchair. The nurse said, “So, I see you’re leaving us and going home.” And the patient told him, “Yes, after talking with you I was no longer afraid. I’m ready to go.” The nurse later learned that he died four hours after arriving home. This is an example of what taking a moment to bring kindness and mercy to a patient can mean.

DIANE GALATI, SENIOR DIRECTOR,
WOMEN’S AND CHILDREN’S SERVICES
MERCY SAN JUAN MEDICAL CENTER

Opening the Heart’s Doors to Our Mission and Values

2016 GOAL PROMOTE AND SUPPORT MISSION AND VALUES AS KEY DRIVERS OF DIGNITY HEALTH’S CULTURE

The impulse towards mercy and compassion has informed Dignity Health’s Mission and Values from its earliest beginnings. And we act on this impulse each day through our care and service and, through our identity, we express it.

Since Dignity Health adopted the cause of humankindness as our brand identity, Mission Integration staff have worked to articulate its relationship with our heritage and values. In 2015, we helped design and lead the first Hello humankindness Retreats. The retreat program was completed in FY 2016 – every facility hosted them, and more than 94 percent of all Dignity Health employees participated. Celebrations will be held in each service area to honor the facilitators and coordinators who were instrumental in the success of the retreats.

Going forward, as part of our efforts to sustain the work of the retreats, we will be piloting the humankindness by Design program – an integration of the retreats and the Dignity Health Way, which improved and standardized our processes in the Emergency Department. Humankindness by Design is based on the feedback and successes of these two programs and will address feedback by retreat participants such as: “What about the physicians?” “I want to work with the staff at the local level” “What about managers?” Like the Dignity Health Way, the humankindness by Design program will also identify opportunities for better service that derive from listening to patients.

In FY 2016 Mission Integration Staff also partnered with Human Resources to design and implement programs that ensure new employees, who have not attended the Hello humankindness Retreats, understand Dignity Health’s Catholic heritage and deep connection to care of the spirit as well as the body. Information about our mission, heritage and culture are woven into the new employee orientation materials.

Stories from the Generosity Store

Each Hello humankindness retreat includes a generosity store where kindness is currency. Dignity Health items are laid out with price tags in the form of acts of humankindness. In this way people have a chance to practice their acts of humankindness and experience the spirit behind them. Here are three stories from this year's retreats:

I chose the gift from the selection entitled "Deliver a special gift to a child in the hospital." About two weeks ago I went to UC Davis Medical center and dropped off a small bag of unwrapped gifts to the UC Davis medical center at the information desk. I chose UC Davis because when I was four years old I was treated for Acute Lymphoblastic Leukemia at that very hospital. I am fortunate to have been treated there and thankful for all of the Doctors and Nurses for saving my life. Thank you for this opportunity to give back.

UMOM is the soup kitchen where I volunteer. My friend who also works at Dignity Health was my ticket to serving here. We usually work in the back warming up the ham or turkey and the beans so the food is hot as it is served to the homeless and at-risk residents of this shelter. We have seen the line swell to nearly 200 people and we have been moved how each person served says "thank you" or "God Bless you." We have been asked to come back often and have loved our experience so much that the last two Thanksgivings we have organized the youth from our church to bake cookies and bring crafts to do with the children. Our young people have gone on to do some of their own projects at UMOM. Service is great, and it brings about the happiness and peace that we find is sometimes missing from our lives. I say "our" because my wife and friends have joined me on this experience and all have expressed gratitude for being included. Thanks for the humankindness retreat and for the message that was brought to us. I'm so proud to work for Dignity Health and to perpetuate the message of kindness.

About six months ago we met with a vendor from whom Dignity Health purchases a lot of medication. We have had a business relationship with this company for all of the 17 years I have worked in the corporate office. When we met we made several suggestions about how to improve their business, what needs to be done with a contract, etc. When we met with them again about two weeks ago, they had taken our suggestions back to their contracting people and made them happen. I wrote them an email thanking them for listening to us and for making the changes happen. It really showed what partnering with Dignity Health means!

Hello humankindness®

New Thresholds – Growing our Mission and Ministry

Dignity Health is growing to meet the health care needs of our communities. With each new environment we build, we also have the opportunity and responsibility to bless these healing spaces. For example, within the next two years St. Rose Dominican Hospitals in Las Vegas will create four new neighborhood hospitals. These facilities are designed specifically to increase access to high quality emergency care in underserved metropolitan areas. At a recent ground-breaking ceremony for one of these new hospitals the following blessing was shared by Sister Mary Kieffer, OP, Vice President of Mission Integration and Spiritual Care for St. Rose Dominican Hospitals.



“As we bless this ground, we stand at a sacred intersection where science and technology meet grace and humanity. As we bless this ground, we set it apart for the special purpose of healing body, mind, and spirit...”

Bless this structure that it might be strong enough to hold a patient’s pain and porous enough to allow our own humanity to seep through our sterile procedures.

May it pulsate with our good deeds and may it flow with justice and compassion for all who seek healing within its walls. Amen.”

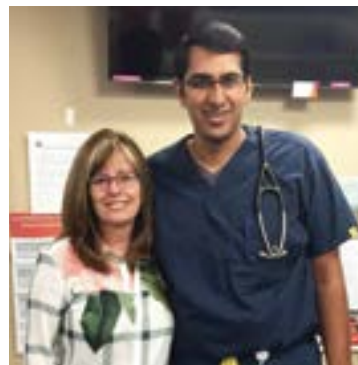
Sister Mary Kieffer, OP, Vice President Mission Integration
St. Rose Dominican Hospital – San Martín

HUMANKINDNESS OPENS THE DOOR TO OUR FIRST “VOLUNTEEN”

Ten years ago, Arka Chadhury’s mother asked if he could work in the Volunteer Services Department at Chandler Regional & Mercy Gilbert Medical Centers to get volunteer hours for college — I reluctantly agreed because, though I wasn’t that keen on teenagers at the time, there was lots to do in our offices. He became our first “Volunteen.” When Arka arrived and started to help, I realized that there was an amazing untapped resource in our youth that could enhance the patient experience and support our staff. Since that time, we have had over 1,200 students participate in the program, and they have contributed over 54,000 hours. We have received many accolades for the Summer Volunteen Program including the prestigious Arizona Governor’s Award. And our program guide was copyrighted and sold to many hospitals throughout the country. We even had a meeting at the White House in Washington DC.

Today Arka Chadhury is doing his rotation in the Chandler Regional and Mercy Gilbert Medical Center EDs for the next month; and then he will take his boards. By hosting these teens in our Dignity Health hospitals, the goal is to lay the foundation of humankindness in our young students and then, when they become medical professionals, they return to our Dignity Health family. Our patients will benefit, not only from our former teens’ expertise, but from their belief in our mission, vision, and values.

**BARB FARMER, CAVS, MANAGER,
VOLUNTEER SERVICES DEPARTMENT
CHANDLER REGIONAL & MERCY GILBERT
MEDICAL CENTERS**



Barb Farmer and Arka Chadhury

Measures of Mercy – Mission/Values Assessments

EMPLOYEE ENGAGEMENT The results of the third annual comprehensive Employee Experience Survey showed an 89.5 percent participation rate, an increase from last year’s 85 percent. Dignity Health’s employee engagement score remained flat at 73 percent favorable, a reflection of the impact and pace of change within Dignity Health and the healthcare industry.

The attention focused on promoting mission and values in a variety of ways helped raise the mission and values index of the Employee Engagement Survey from a baseline of 3.78 in 2014 to a score of 3.89 this year, a statistically significant increase but .01 lower than 2015. The mission question: “We consistently demonstrate our core value of Dignity by how we listen to our patients, their families and each other,” scored 81.4 percent, surpassing the goal set. On the other hand, the spirituality question “My workplace provides activities that enhance my sense of spirituality,” was flat across the organization at 3.61, the same score as last year.

At the system offices, where significant efforts were focused to define spirituality in an accessible way and to emphasize the connection between mission and the meaning of work, scores were significantly higher: mission engagement moved from a baseline of 3.77 to 3.97, and spirituality moved from a baseline of 3.46 to 3.70, both surpassing goals set.

Results indicate that the promotion of mission and values remains essential to employee engagement, with the question, “*My daily work is meaningful,*” scoring for the second year in a row among the highest of all engagement questions at an average of 4.29. Dignity Health’s mission and values continue to be among the organization’s key strengths in engaging employees and reducing turnover.

DOORS TO THE SACRED

Spirituality at work includes opportunities to respond, together, to the needs in our lives and in our world. Our hope is that our prayer portals open the door to reflective pause in the midst of the day, as a prayer or intention for our own well-being or the good of those we care for is offered through them.

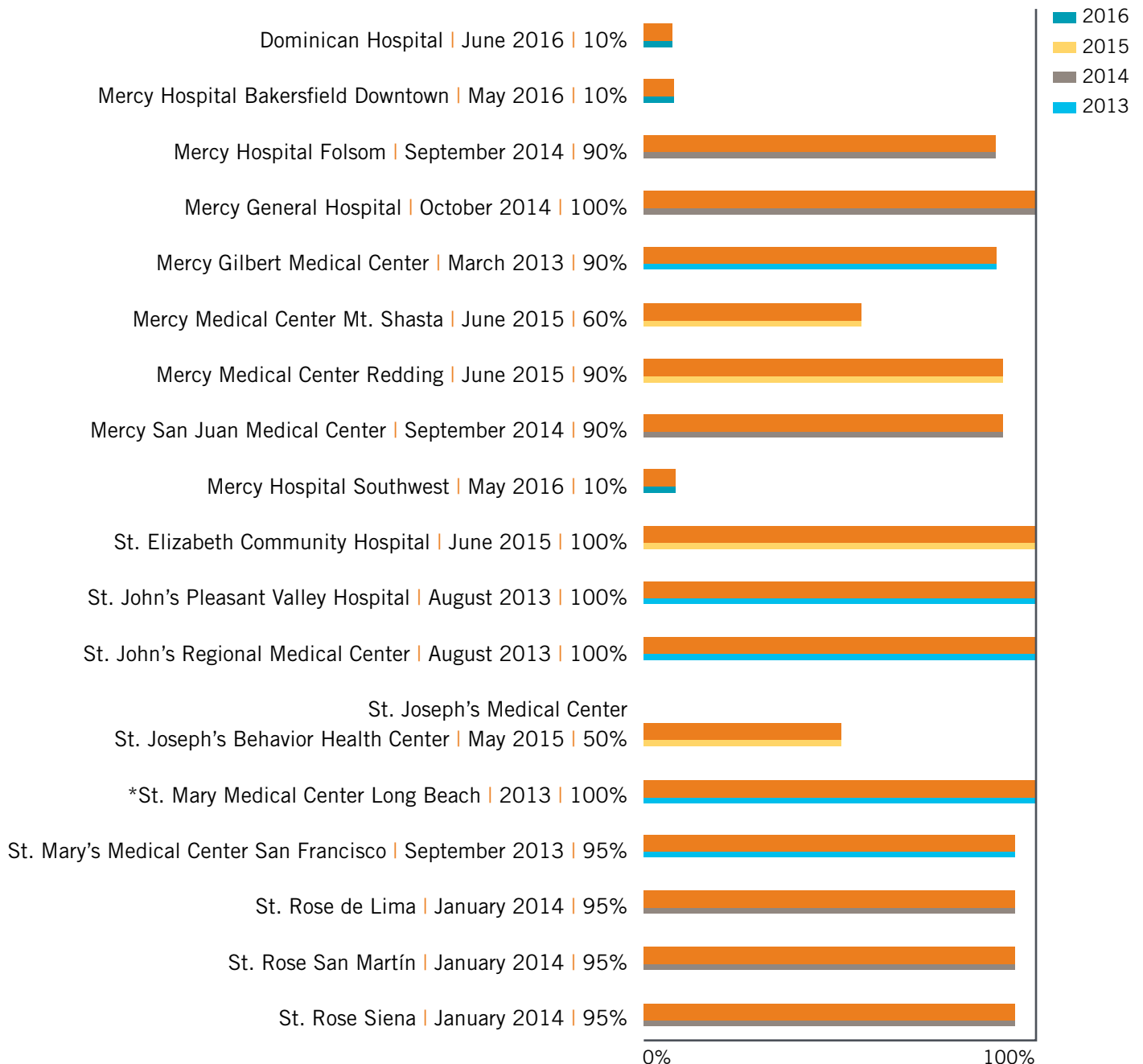
**CHRISTINA M. FERNANDEZ, DD,
JD, BCC, SENIOR VICE PRESIDENT
MISSION INTEGRATION AND
SPIRITUALITY**



The prayer portals were dedicated as part of the San Francisco Office Blessing on June 21, 2016

CATHOLIC IDENTITY At the time of Dignity Health’s governance restructure, Dignity Health’s Sponsorship Council, which oversees the Catholic identity of Dignity Health’s Catholic ministries, began an independent analysis of the implementation of the Ethical and Religious Directives for Catholic Health Care Services (ERDs) and the quality of ministry leadership formation. Catholic Healthcare Audit Network (CHAN Healthcare) was chosen to conduct these analyses from the six organizations invited to submit proposals. The assessments, begun in 2013, will be performed for all Catholic ministries within Dignity Health. With Mercy Bakersfield Hospitals completed in May, and Dominican Santa Cruz in June, CHAN assessments for 19 of Dignity Health’s 23 Catholic hospitals were completed by the end of FY2016.

CHAN ASSESSMENT OF CATHOLIC IDENTITY: IMPROVEMENT PLAN ITEMS COMPLETED



*Assessment of Catholic identity prepared by Catholic Health Association Ethics Team

Opening Doors to Our Future Leaders – Ministry Formation

2016 GOAL ADVANCE COMPREHENSIVE MISSION EDUCATION AND DEVELOPMENT OPPORTUNITIES FOR DIGNITY HEALTH LEADERS TO EQUIP THEM PERSONALLY AND PROFESSIONALLY TO LEAD THE MINISTRY INTO THE FUTURE.

It is an integral part of Dignity Health's leaders' work to carry forward the heritage of mercy and mission. They hold open the doors through which our employees pass to join the cause of mercy and humankindness. For more than a decade Dignity Health has co-sponsored a three-year, multi-system program, the Ministry Leadership Center (MLC), located in Sacramento. Beginning next year Dignity Health will assume full responsibility for our own Ministry Formation Program; it will become an integral part of our Ministry Leadership work.

Today, Dignity Health, like all health care organizations, is undergoing great change due to health care reform. The care we provide now involves new technologies, disciplines and partnerships. And, as it evolves and moves beyond our hospital walls out into our communities, our mission and spiritual care must evolve and move with it. The in-depth redesign of our ministry formation program, bringing it within the organization and revisiting its structure and curricula will help us develop mission leadership within the leaders who will carry our values and heritage forward through the 21st century.

A LEADER'S EXPERIENCE WITH MINISTRY FORMATION

I'm now in my third year of the MLC program and will complete it at the end of this calendar year. I've especially enjoyed the way it has brought me into contact with leaders from other systems. I've learned from them and having a chance to see how they approach challenges within their systems has made me a better leader in ours.

The meetings and conversations around subjects such as ethical decision making, end of life care and our heritage have been extraordinarily meaningful to me – professionally and personally. And the things that have been most valuable have been some of the greatest challenges – bringing the learnings from the sessions to my daily work in the months between our meetings. But that work has broadened my ability to lead in an organization with a strong Catholic heritage. In fact, one of our first exercises was on our heritage. When I returned to work I asked all

the leaders at Mercy Medical Center, Redding to look for anything – art work, objects, documents, symbols on the buildings – that spoke to our shared heritage and to send them to me. I received some wonderful things – many of them I keep in my office. One was an old calendar that showed the nuns who founded the hospital in their habits standing on the hill where the hospital now stands. I've used that image many times as a reflection that reminds all of us of the heritage of mercy on which we stand today. As we move the program from the MLC to Dignity Health I hope we can maintain the richness and structure of the program so future participants can have the experience I've had.

**MARK KORTH, PRESIDENT
MERCY MEDICAL CENTER, REDDING**



Nurses – Saint Francis Memorial Hospital

...And to Leaders Across Dignity Health

In its fourth year, the four-module ministry program for leaders who do not attend our ministry formation program has continued to grow – two hundred forty-nine system office employees have now completed the course. Graduates have access to a SharePoint site, on which they place reflections, projects and items their colleagues may find helpful in continuing to grow in connection with our mission. The program includes an optional field trip to the Mercy Auburn Mother-house or a local hospital and a Book Club, with participants reading a book and discussing it on a scheduled phone call.

The opening class, *Heritage*, focuses on the heritage of our founding sisters. The video *Women and Spirit* describes the powerful impact of the sisters of United States. In this session, we discuss our journey from individual ministries to CHW to Dignity Health. In Module 2, *Ethics and Values*, we talk about our personal values. We spend time with the Statement of Common Values and its relationship to the values participants bring to their work. The group discusses use of the Value Based Discernment process as a resource for ethical reflection.

In Module 3, *Catholic Social Teaching*, participants learn the ten themes running through Catholic social teaching. Participants consider that *On Human Work*, by Pope John Paul II, is among the foundational documents for Dignity Health's position on the role of work in a person's life, and that *Our Common Home*, by Pope Francis, shows how Catholic teaching motivates Dignity Health's work in environmental concerns and shareholder activism.

In Module 4, we tie it all together with *Spirituality at Work*. We talk about the culture we seek to create in our workplaces through the lens of our "recipe." Participants consider a common workplace occurrence – the presence of loss – and reflect on how to support one another in the midst of grief.

Participant evaluations demonstrate an average rating is 4.5 out of a high score of 5. People want more; “What’s next?” is a common comment. A group is forming to join a Friday evening Taize prayer group while another learner does a reflective pause with his daughters before taking them to school each morning. Many are now using the Statement of Common Values for meeting reflections and we have received requests to participate in the Value Based Discernment Process. In October, alumni will be invited to a retreat in Auburn titled “Maps for the Inner Journey; A Traveler’s Guide for Living at Home.” The ripples of spirituality spread.

PARTICIPANTS RESPONSES WHEN ASKED WHAT THEY LIKED MOST ABOUT THE MISSION INTEGRATION PROGRAM:

“This program was one of the most valuable classes/programs I have ever attended. It applied to both work & home.”

“My job is my calling!”

“I had never viewed nuns as pioneers and visionaries. I just thought of them as teachers.”

“The nuns didn’t always do what they thought they were going to, they did what was needed.”

LEADERSHIP AND HUMANKINDNESS

During my senior leader rounds this morning I made a patient cry. Not in a bad way though. I rounded on a patient who had limited use of her hands and arms. She was somewhat bummed that she had to be in the hospital during the Christmas season. When I asked her if there was anything I could do to help make her hospital stay more comfortable or more pleasant, she said all she wanted was to listen to Christmas music.

She had her cell phone out and I asked her if she had our Wi-Fi loaded yet and she said, “No.” I also asked her if she had Pandora loaded on her phone. Again, no. She’d never heard of the application. I offered to activate the Wi-Fi on her phone, then downloaded Pandora to her phone

and showed her how to choose music. We typed “Christmas” onto the search and pressed play. The room immediately filled with “It’s Beginning to Look a Lot Like Christmas” and at that point tears started running down her face. I reached for a tissue and helped soak up her tears.

This particular round had nothing to do with me being a pharmacist or even a senior leader. It was just an opportunity to help bring a little happiness to a patient who needed some humankindness.

WILLIAM YEE, DIRECTOR OF PHARMACY



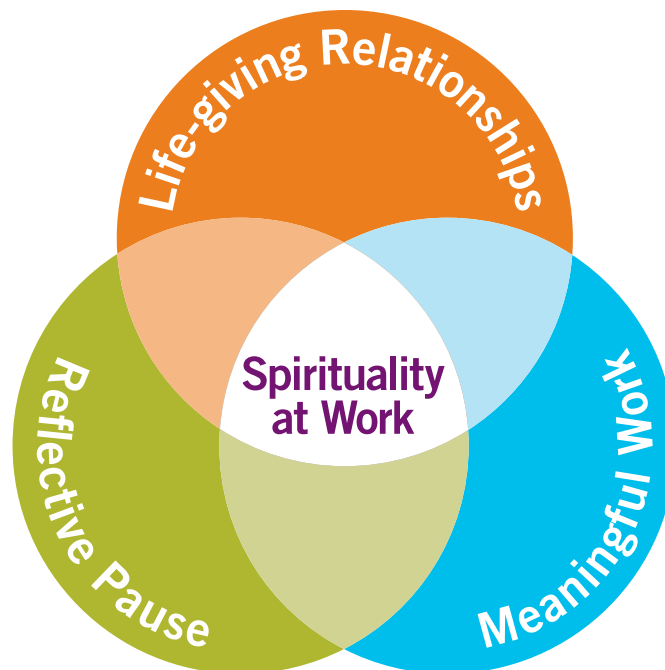
Spirituality & Culture

The Doorways Within – Spirituality and Culture

In 2015 we moved to clarify spirituality at work at Dignity Health through a clear description of the three dimensions – or ingredients – that constitute the spirit or culture toward which we strive. For Dignity Health, spirituality at work is the combination of life-giving relationships plus meaningful work plus a reflective pause.

In 2016 this recipe has been given shape and life throughout the organization. It has been taught at department meetings, integrated into interfaith holy day calendars, shared in our internal formation program, and placed on agendas. Through hundreds of conversations employees have found concrete answers to how to sustain life-giving relationships, where to find meaning in our work and how to build reflective pauses into days filled with urgent care and vital, and often pressing, work.

Our system offices have placed particular focus on the reflective pause through presentations to Patient Safety, Risk Services, and Information Technology leadership as well as to managers and directors in the ministry development program. And observances such as tea for the soul, meeting reflections, and holiday based celebrations were held to gift staff with the space to pause and reflect on what it means to participate as an individual and team in a healing ministry like Dignity Health's.





A REFLECTIVE PAUSE

In our Central Coast service area, Mission Integration teams promoted “March is Mindfulness Month.” In presenting the recipe for spirituality at work at Arroyo Grande Community Hospital, French Hospital Medical Center, and Marion Regional Medical Center, Spiritual Care leaders found that the concept of reflective pause was the most challenging for employees. In response they produced posters, scheduled time for meditation in their sacred rooms, put small meditation reminders on the hand cleanser dispensers, and suggested meditation apps in an effort to encourage staff to take just two minutes each day to pause and be mindful. The comments of participants reflected a deep appreciation for the impact a small shift in practice can bring:

I found myself becoming more attentive with the present moment rather than always thinking about what I have done or need to do.

It refreshes my soul to practice presence. It has helped me remember that I have a choice about how I respond to each person I see throughout the day.

It helps on a stressful day to stop, take a deep breath, even for just a moment. It can change one's whole perspective.

Sharing Our Mission and Values with Our Physicians – The Physician Integration Initiative

The mission and values Physician Integration Initiative is working to open doorways to our mission for our physician groups, our clinics, and Dignity Health’s affiliated physicians. Building on conversations with several physicians and stakeholders, our initial activities were focused on:

- Mission and values education,
- Resilience training and resources,
- Clinical mission/values resources assessment,
- Community health referrals network, and the
- Spiritual care referral network.

During this year, we met with small groups of physicians to reflect on our heritage and the meaning of healing work as resources for physician well-being. In collaboration with a pilot project designed by our Chief Physician in Phoenix for physicians to self-assess their own well-being, we developed spiritual care and mission resources to assist physicians in strengthening their spiritual and emotional health. We produced and distributed a weekly reflection to support physicians and their staff in reconnecting with the purpose of their work and of their lives. Finally, in collaboration with Population Health and Community Health, we developed referral resources to address chronic health conditions and social determinants of health. And we initiated efforts to more effectively facilitate advance care planning through an advance directive workflow re-design.

A handful of Dignity Health facilities, including Mercy Gilbert Medical Center and Chandler Regional Hospital in Arizona, are embarking on Schwartz Rounds. The program offers health care providers structured time to openly and honestly discuss the social and emotional issues they

While sharing a dinner with physicians at Sequoia Hospital, the conversation turned to the daily pressures physicians face. One physician observed that the healing work that a physician does each day – from which physicians draw great meaning – over time fades into the background while the less meaningful aspects of management, or painful encounters of loss become more vivid. After that physician spoke, others shared their own feelings and experiences. The conversation then turned to how meaning can come in two primary ways – either

connection with the common good and helping others, or by alignment with our personal values and hopes. The participants began to imagine ways to remind themselves of these aspects of their practice of medicine. The ability to talk about these tensions, and re-contextualize the work of healing within our mission, is one way we can open the door to renewal.

TOM HARSHMAN, DIRECTOR, SPIRITUAL CARE SERVICES AND CLINICAL PASTORAL EDUCATION

face in caring for patients and families. Caregivers have an opportunity to share their experiences, thoughts and feelings on thought-provoking topics drawn from actual patient cases. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.

We have learned a great deal from the many different physician engagements we have had this year. Those learnings will help shape our work in inviting our physicians to more deeply integrate our mission within their lives.



HUMANKINDNESS AND THE PHYSICIAN

Listening is really the ultimate way to demonstrate that you care. Most of us listen only until we begin to formulate the next thing that we want to say. But the patient (or family member, colleague, friend...) can tell when you are listening with full intent, and that you care enough to give them your attention.

The other great thing about listening is that it is an incredibly effective diagnostic tool. I will always remember the pulmonary consult I did for a patient with metastatic prostate cancer who had a fairly large pleural effusion. I almost blew by him when he started to tell me about some urinary problems he was having – that wasn't what I was there to evaluate. I managed

my mind (and mouth) long enough to give him a chance to tell me about his concern. What he told me actually led to me being able to diagnose the early spinal cord compression that was responsible for his urinary symptoms and to get treatment for him before he developed paraplegia. That was a close call – saved by listening.

**SCOTT NEELEY, M.D., VICE PRESIDENT/
CHIEF MEDICAL OFFICER – ST. JOSEPH'S
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Ethics

Care and Mercy at Life's Thresholds – Palliative Care Services

This was a year of transition for our Palliative Care Services as Administrative leadership moved to Patient Care Services. In September, the palliative care leads and teams from around the system came together to celebrate more than 11 years of palliative care within Dignity Health and to chart the way forward. Mission leaders, physicians, nurses, chaplains, social workers, care coordinators and others brought their experience and passion for palliative care to this gathering. Following this session, the Palliative Care Services Council was formed. Focused first on creating a sustainable structure, the Council adopted a vision statement and guiding perspectives, and established the following strategic priorities:

- Establish Palliative Care Services standards,
- Develop educational and communication resources and plans,
- Embed palliative care services throughout the continuum of care, and
- Establish metrics and monitor quality.

Next year's metrics will be screening for palliative care needs in patients admitted to the ICU within 24 hours of admission and palliative care assessments conducted by a member of the palliative care trans-disciplinary team within 48 hours. In addition, about a dozen of our hospitals participate in the Palliative Care Quality Network (PCQN) that includes a robust set of measures. The network includes about 50 member institutions that compare quality and lessons learned.

At Dignity Health our plan is to develop a map of the dimensions of Advance Care Planning (ACP) conversations in order to be able to track and communicate where and with whom conversations are occurring. Our goal is that palliative care and end of life support will begin before an acute crisis, and will continue following an acute crisis. People will be making decisions and having values conversation over time with reflective pauses, rather than focusing on decisions in the midst of a hospital crisis.

Over the next year the Council will align with the work of a multi-organizational task force – the Whole Person Care Leadership Committee. Representatives from Dignity Health, Providence Health, the California Conference of Bishops, the Alliance of Catholic Health Care and the Institute for Human Caring will be defining the dimensions of whole person care, what constitutes palliative care within a Catholic organization and how to involve the broader community in advance care planning. Dignity Health sends a mission leader and a nursing leader to the committee.

PHYSICIAN AID IN DYING In the fall of 2015 during a Special Session on Health, the California legislature passed the End of Life Option Act, which Governor Jerry Brown signed into law on October 5. The law, which took effect on June 9, 2016, explicitly allows for a health care provider such as Dignity Health to forbid participation in activities authorized under the Act for employees or contractors, on its properties. During the winter and spring months, Dignity Health executives from Ethics and Nursing developed a system-wide policy for all hospitals, home care and hospice agencies, and the Dignity Health Medical Foundation. The policy amplified the position Dignity Health has always taken and is expressed in the Statement of Common Values: Death is a sacred part of life's journey; we will intentionally neither hasten nor delay it. For this reason, physician assisted suicide is not part of Dignity Health's mission.

During the spring Mission Integration staff informed employees about our position through phone calls, webinars, and in-person presentations with medical staffs, physician leaders, nursing leaders, home care and hospice staffs, mission leaders, pharmacists, chief strategy officers and physician recruiters. The sessions helped them understand the nuances of the law, where Dignity Health's responsibilities begin (and end), and how to express humankindness in situations where our values conflict with a patient's wish.

This education also reinforced the importance of palliative care, early conversations about advance care planning in the face of serious illness, and the use of all tools in the toolkit of good end-of-life care. Already, the existence of the law and questions from patients occasioned by it have raised awareness of the positive care we do offer.

OPENING THE DOOR TO THE "VOICE OF MORAL REASON"

In Ventura County in June a meeting, sponsored by the Ventura Medical Association on the aid-in-dying law, took place in our Central Coast Service Area. It offered continuing medical education credits to all physicians, and all of the hospitals were represented with their medical staffs, including physicians from UCLA and the Los Angeles area. The attorney for the California Medical Association and Lori Dangberg, vice president for the Alliance of Catholic Health Care, presented case studies and reviewed the law. George West, vice president for Mission Integration at St. John's Regional Medical Center, attended the meeting as well and presented our values and

position as a system –“that we would not participate in the law because Death is a sacred part of life's journey, and we will intentionally neither hasten nor delay it; that physician-assisted suicide is not part of Dignity Health's mission; that we practice pain management in all its forms in order to allow a person to die comfortably and with dignity and that palliative care is an integral part of the care we provide.” The clear statement of our values and position provided a “voice of moral reason” and made it easier for the other hospitals in attendance to adopt similar policies providing merciful pain relief and care to the dying without participating in the new law.



Mercy and the Doors of Decision

The process of ethical decision making is itself a doorway through which we must pass as an organization as we make decisions that touch our values, mission and those we serve. During FY 2016, Dignity Health's mission leaders overwhelmingly voiced support for the Values-Based Discernment training program that was developed to help leaders make operational decisions that are consistent with the organization's mission and values.

Over 25 times in the past year, we used the process in some form to aid in decision making at both the hospital and system levels. Mission leaders noted that the process is particularly helpful when contemplating closing and opening services and considering ventures with new subsidiaries, affiliates, or partners. The process was also helpful for addressing reductions in force, and for evaluating candidates for Community Grants and the Values in Action Awards program.

Other training programs for ethical processes were implemented at Dignity Health hospitals in Arizona, San Bernardino, Redding, and Folsom. Dominican Hospital in Santa Cruz developed an Ethics Consultation explanation chart to help physicians and nurses decide when to request a case consultation. Additionally, many mission leaders reported a renewed focus on educating staff about the Ethical and Religious Directives for Catholic Health Care Services as well as Dignity Health's Statement of Common Values.

In October of 2015, Dignity Health sponsors and executives met with California bishops and the sponsors and executives of other California Catholic health systems. One important area of focus was to take part together in an educational opportunity on palliative care. The collaborative dialogue was welcome and from the educational session emerged a common commitment to do more together in offering a holistic vision of end of life care.

The goal of this Whole Person Care Leadership Committee is to better understand palliative care as consistent with Catholic values and to communicate it to a broader base – not just to hospitals but through education in parishes, Catholic schools and universities and through diocesan news media. The group is currently planning a major event in 2017 that will convene hospitals, clergy, educators and parishioners to inform and empower them regarding end of life issues.



Community Health & the Common Good

Opening the Doors of Mercy and Healing to Our Communities

2016 GOAL ADVANCE AN INTEGRATED COMMUNITY HEALTH STRATEGY THAT FURTHER ALIGNS COMMUNITY HEALTH, POPULATION HEALTH AND CARE COORDINATION LEADERSHIP, RESOURCES, AND PARTNERS, AND EXTENDS THE CARE CONTINUUM FOR MEDICALLY UNDERSERVED AND SOCIALLY FRAGILE POPULATIONS.

Mission Integration throughout Dignity Health is carrying healing into our communities by integrating community-based prevention and health improvement programs into the full continuum of care. It is explicit in our mission that we reach past the thresholds of our hospitals and clinics to bring healing to those beyond them. We partner with system and community providers and with local and governmental organizations, through chronic disease prevention and treatment programs, and through local, regional, national and international grants and investments.

TOWARD NETWORKS OF COMMUNITY PROVIDERS Evidence suggests that addressing social determinants of health can improve health outcomes and reduce healthcare costs. Recognizing that Dignity Health provides care to communities with great need, community health staff are piloting new ways to connect patients to community resources.

Our new integrated community health model, called the “Network of Community Providers” is bringing together Dignity Health and community providers to meet the medical and social needs of patients. These community providers work together to transition patients across the continuum of care. Pilot projects are underway in eight hospitals in three service areas to build the network and to implement referral systems.

Using web-based technology, Dignity Health Community Health and clinical teams will make direct referrals to the Network of Community Providers to provide comprehensive care for patients requiring resources beyond acute and ambulatory care.

The goals are to:

- Reduce preventable and inappropriate utilization and total costs of health care,
- Improve care coordination across providers – medical, behavioral, and social,
- Improve health outcomes,
- Enhance quality of life,
- Improve patient and provider satisfaction, and
- Create a framework for population health in the community.

St. Rose Dominican Hospital's Network of Community Providers

St. Rose Dominican's Network of Community Providers is housed in three Women's Care/Outreach Centers located in Las Vegas, Henderson and Green Valley. The centers are there for patients released from hospitals to provide them with classes, education and connections to services to keep them healthy, at home, and away from acute care in the future. The centers are "one stop shops" that provide services to women, infants, children, and seniors. They were founded to continue the mission of the Adrian Dominican Sisters who spent so much time in their communities helping patients and families.

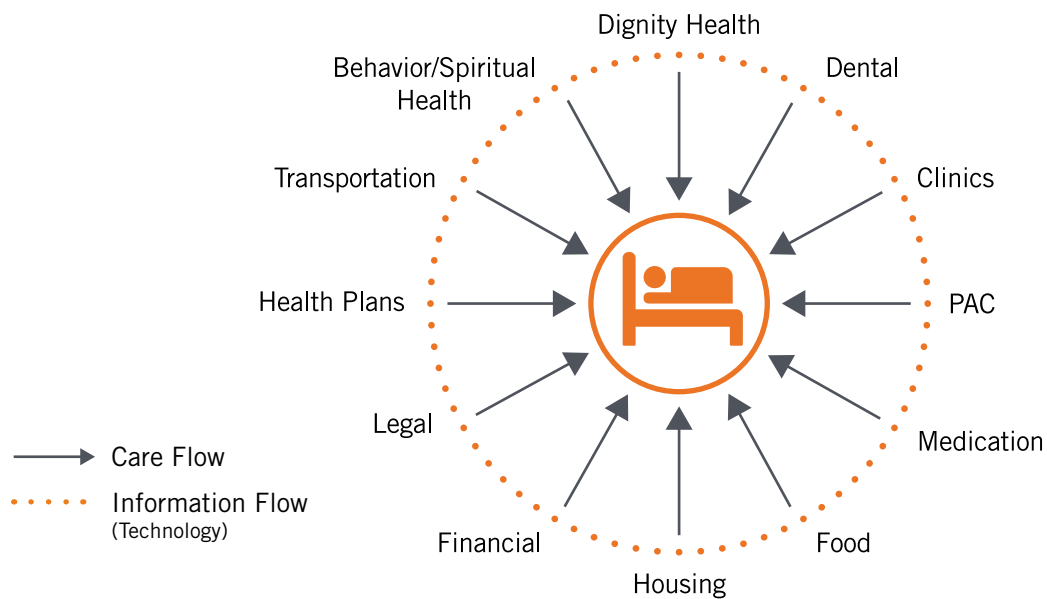
To make the centers more welcoming – places where patients can get to know one another—they are freestanding, adjacent to hospitals but not in them. The three centers offer 4,000 classes a year that reach 80,000 residents; in addition, they offer consults and individual appointments with registered dietitians and nurses. If a new mother comes in the door she can get WIC Food and Nutrition Services or help from the Supplemental Nutrition Assistance Program (SNAP); she can get mommy-baby yoga classes, car seat checks, breast feeding help. And there is a full range of services for seniors – everything from tai chi classes, to cooking demos to help with their chronic conditions.

A magazine, *Reach*, listing all the services and resources at the centers is mailed to 300,000 area homes. And future plans call for including new centers in the medical foundation offices of each of the four micro-hospitals that Dignity Health and Emerus plan to build in underserved Nevada neighborhoods. The Women's Care/Outreach Centers represent a model that Dignity Health aspires to replicate across our system.

Here is one brief story of patients served by the Centers from Community Outreach at St. Rose Dominican:

Josee, a senior aged 67

She was referred to Powerful Tools for Caregivers (PTC) upon her husband's discharge. When she attended the first session she was withdrawn, sad, isolated. She completed PTC and began attending gentle yoga, then Enhance fitness and also attended a few nutrition lectures. She is at the center three to five times per week and we've discovered that she is a hugger. She brings in food and now has a group of friends who go to lunch after class once per week. A few weeks ago, she brought a friend with her to class, illustrating the "domino effect" that center staff hope to have in serving those in the community.



CHRONIC DISEASE PREVENTION AND MANAGEMENT Through chronic disease prevention and self-management programs we are able to open the door to health to people in the greatest need in the communities served by our hospitals. At the same time, by helping the chronically ill stay healthy we relieve the heavy chronic disease burden identified in so many of our community health needs assessments.

In 2016 we expanded Chronic Disease Self-Management Education (Healthier Living) and Diabetes Self-Management Education in both English and Spanish. Our two facilities in San Bernardino joined 26 other hospitals across the organization in reaching their neighbors with this service. Additionally, to meet the needs of community members in Stockton, California, St. Joseph’s Medical Center began offering Healthier Living in the Hmong language. They delivered five workshops and 98 percent of those who began the six-week program completed it. Demand continues to grow.

Overall, Dignity Health delivered 145 Healthier Living and Diabetes Self-Management workshops completed by 1200 community members. The workshops are six week, two-and-one half hours per week sessions facilitated by community peer educators, or leaders.

A PEER GROUP LEADER’S STORY

I have diabetes, high cholesterol, chronic pain, and anemia – conditions that affect my quality of life. What I got from the peer-led, six week workshop was that I was not alone. When I heard the other participants share their health issues I realized that my issues were nothing compared with theirs. I understood their challenges and empathized with them. From the group discussions, I came to realize that some of the emotional and physical issues I’ve experienced were real – not

just in my head. Since the workshop I’ve continued to go to the gym, add vegetables and fruits to my diet, and use the mental exercises I learned in class to help manage my pain. My A1C and cholesterol levels have come down, and my iron levels have gone up.

Now I am interested in becoming a community health leader because I want to help others like I was helped by attending the six week workshop.

MARIE

SOCIAL INNOVATION PARTNERSHIP GRANTS Another part of community health’s efforts to bring care, mercy and healing to low-income, high-need populations is through Social Innovation Partnership Grants. These Grants align projects with specific demonstrated community health needs and hospital priorities. The program seeks to implement new models of service delivery and/or approaches to increase access to health and to improve health outcomes. Grant awards range from \$50,000 - \$250,000.

In 2016, a total of \$827,276 was awarded to five organizations for the following health priorities: to help build the network of community providers, coordinate care for high utilizers of medical and social care, create a single entry point to access community health resources, and provide intensive technical assistance to community organizations to apply for California’s Affordable Housing Sustainable Communities Programs. Two examples follow:

The Corporation of Supportive Housing (CSH) in Las Vegas was awarded a grant to convene community providers to create up to 50 affordable supportive housing rental apartments, and open up greater access to medical and behavioral health services in the community. The grant will improve health outcomes of “super utilizers” of emergency services at three hospitals. CSH will be working hand in hand with hospital staff to identify those most in need of housing and services, and also with supportive housing developers and providers to ensure these individuals receive access to stable homes and health services.

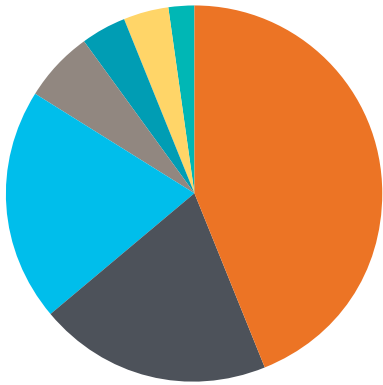
The United Way of Santa Cruz County was awarded a grant to work with the multi-agency homeless housing initiative, 180/2020, and members of the Homeless Action Partnership to launch Smart Path to Housing and Health. Smart Path will engage health and homeless service organizations in a system to track, assess, match, and meet the housing and health needs of the homeless across Santa Cruz County.

COMMUNITY GRANTS Through the Community Grants Program Dignity Health advances its mission and enhances the efforts of its hospitals and sponsoring congregations to advocate for social justice and improve the health of the communities they serve. Every Dignity Health hospital conducts a community health needs assessment and identifies strategic priorities. Dignity Health’s Community Grants Program awards grants to nonprofit organizations whose proposals respond to the priorities identified in the Community Health Needs Assessment and/or community benefit plans of each Dignity Health hospital.

During fiscal year 2015-16, Dignity Health hospitals contributed \$4.1 million to make grant awards to 85 projects. The following chart illustrates the priorities collectively identified in the Community Health Needs Assessments. Health Services focused on community access to primary care, mental health, dental care and chronic disease management.

The Community Grants Program builds community capacity and strengthens collaborative relationships by requiring that proposals be submitted by groups of at least three organizations, with each bringing a specific skill and serving a specific role in the overall project. Meaningful solutions to complex community health challenges require the abilities of multiple stakeholders working together. To find out more, visit www.dignityhealth.org/about-us/community-health/grant-programs/community-grants.

COMMUNITY GRANTS
(\$4.1 million)



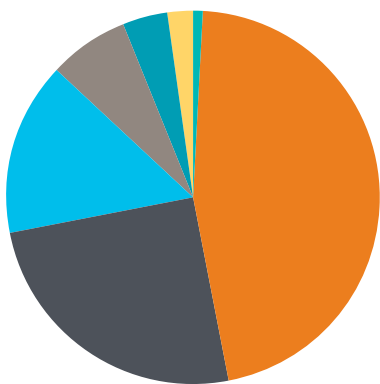
ALLOCATION BY PRIORITY

- 44% ■ Health Services
- 20% ■ Homeless Services
- 20% ■ Low-income Individuals & Families
- 6% ■ Youth Programs
- 4% ■ Senior Programs
- 4% ■ Behavior Health Services
- 2% ■ Human Trafficking

COMMUNITY INVESTMENTS The Community Investment Program provides below market interest rate loans to organizations working to open the doors to health and quality of life in their communities. Dignity Health selects borrowers who (1) target resources to low-income communities, (2) invest in the revitalization of urban or rural areas, (3) empower low-income people to create, manage, and own enterprises, (4) demonstrate a commitment to healthy communities, and (5) safeguard the environment as part of the health of the community. The current allocation for this program is \$90,000,000 for loans and \$10,000,000 for guarantees. The philosophy is that money returned (principal and interest) is money that can be re-lent to help other organizations carry out the mission of our Dignity Health Sponsors.

Fiscal Year 2016 was a busy year for the Community Investment Program. Altogether 19 loans were approved amounting to over \$30.6 million. Nine of these loans were to first time borrowers. As of March 31, 2016, the total portfolio consisted of 68 approved loans totaling \$76.8 million, with \$41.1 million outstanding. The average return on the portfolio was 3.0%, exceeding the benchmark of 1.1% for the program. Below is the portfolio breakdown by sector. What follows are two brief stories of the marquee investments made this past year.

COMMUNITY INVESTMENTS
(\$76.8 million)



APPROVED INVESTMENTS BY SECTOR

- 46% ■ Housing
- 25% ■ Health-related
- 15% ■ Community Financial Intermediaries
- 7% ■ Small Business & Micro-lending
- 4% ■ Community Services
- 2% ■ Clean Energy
- 1% ■ Arts & Education

LA Family Housing Corporation Los Angeles has long been called the homeless capital of the nation. According to *Bloomberg News* (11/20/2015), nowhere has the problem grown more acute than in the Los Angeles region, where the homeless population is more than 41,000 people. Los Angeles has the largest unsheltered population in the U.S., according to HUD. “We’re now a city of shanties,” said Councilman Mike Bonin.



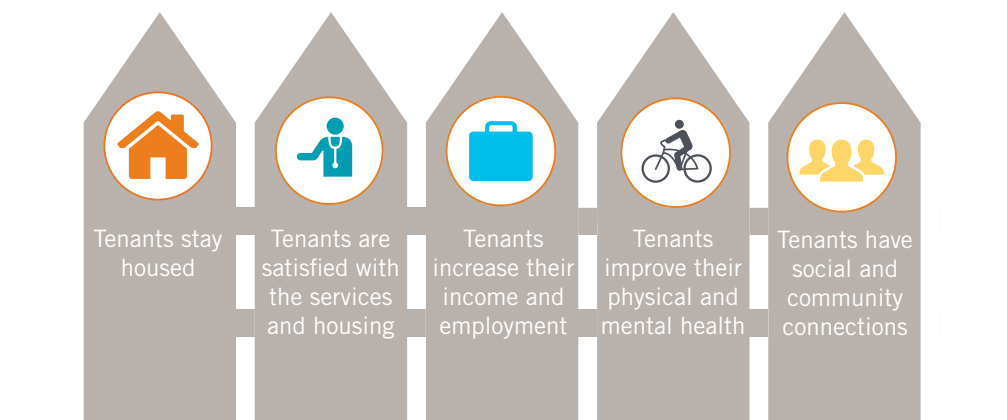
LA Family Housing Corporation, or LAFH, started out in 1983 as an interfaith project whose sponsors used motel space to house up to 40 homeless families at a time. Since then they have branched out to 23 locations, providing services

and temporary and permanent housing to nearly 5,000 individuals in Los Angeles County.

In 2016, Dignity Health invested over \$3,000,000 in a participation loan to fund LAFH’s new campus that will combine under one roof temporary and permanent housing for formerly homeless individuals and families and support services including a federally qualified health clinic.

Across our Service Areas since 2011, **Corporation for Supportive Housing (CSH)** has partnered with Dignity Health on several fronts. Not only do they have a 5-year loan for \$2,000,000, but they have also received over \$194,000 in Dignity Health grants. These funds have been used to increase access to health care, improve health outcomes, and replicate effective models of coordinated services for homeless frequent users of emergency health—specifically in Dignity Health hospitals in Phoenix, Arizona and Los Angeles, California.

The return on investment (ROI) has been substantial from 2011 to 2015. On total investments of \$2,194,000, CSH has returned \$212,500 in interest payments on the loan, and \$875,300 in cost avoidance at Dignity Health hospitals through their homeless programs. This has produced a 12.4% annual ROI, or a total ROI to date of 49.6%!



INTERNATIONAL PROGRAM Human need and suffering knows no borders. For that reason, our mission, values and heritage enjoin us to reach across them to bring mercy and healing to those in need around the world. What follows are highlights from our current international investment and grant programs.

GRANTS IN 2015-16 Dignity Health's Community Health International Program (formerly known as the Global Mission Program) awarded five grants; each for \$20,000 for a total of \$100,000 to projects largely supported and carried out by Dignity Health Sponsors abroad. The following are stories of what was accomplished with some of these grants:



In the Lake Region of Tanzania where the **Franciscan Sisters of St. Clare Mission** live and work, clean water systems are being installed with the help of funds from Dignity Health grants. The new water system is designed to provide clean water to villagers, animals, and crops. With the current small wells being insufficient and located far from the village, and construction of larger wells too costly, this project involves the installation of storage tanks in the village that filter rain water, creating a less expensive and easily accessible option that also avoids the risk of pollution from soil contamination.

The first demonstration project in Buseresere was successfully completed with the help of last year's grant, and this year's grant is helping to bring this technology to a second village.



The University of California, School of Public Health sponsors the **Health Initiative of The Americas (HIA), Binational Promotores Program** that unites community health workers, community organizations, and health professionals from the United States and Mexico to provide "Promotores" and Community Health Outreach Workers with specific knowledge and skills to better serve migrant populations on both sides of the border between Mexico and the U.S. This past year, Dignity Health's Community Health International Program and UC Berkeley partnered in sponsoring 10 Promotores from Mexico to attend a one week cultural immersion program and health education/promotion training in Berkeley.

INTERNATIONAL INVESTMENTS **Shared Interest, Inc. (SI)** is a 501(c)(3) nonprofit social investment fund, raising capital in the United States from individuals, foundations, and financial institutions to support microlending, agricultural cooperatives, and small businesses in South Africa. Dignity Health's \$750,000 investment is currently being used to expand the loan guarantee program and technical assistance to the neighboring countries of Swaziland and Mozambique. SI is building a model of international collaboration that leverages a country's own resources, rather than increasing the nation's dependency on cross-border debt that can derail its own capacity and strategies for development.

Mercy for the Victims of Human Trafficking

2016 GOAL CONTINUE TO EDUCATE DIGNITY HEALTH STAFF TO RECOGNIZE SIGNS THAT A PATIENT IS BEING TRAFFICKED, CREATE COMMUNITY RESOURCE LISTS FOR ALL HOSPITALS, AND DEVELOP OR STRENGTHEN RELATIONSHIPS WITH KEY COMMUNITY ORGANIZATIONS TO DEVELOP A ROBUST CONTINUITY OF CARE FOR VICTIMS.

In FY 2015 Dignity Health launched an initiative to extend mercy, healing and help to some of society's most helpless victims – the children, women and men who have been sold into the \$150 billion annual market for sex and labor. In keeping with our values and the cause of humankindness, Dignity Health believes we are uniquely positioned to help communities respond to human trafficking because virtually all victims have a health care encounter at some point. Moreover, many of our hospitals and clinics represent the closest or only source of care for communities with high rates of poverty, family instability and unemployment – conditions ripe for human trafficking.

Holly Gibbs, herself a survivor of human trafficking and a nationally known expert in the field, oversees our initiative. She is deeply committed to providing compassionate care that does not re-traumatize victims. At Dignity Health Foundation's first Humankindness Gala she was honored with an Everyday Hero Award for her strength, advocacy and fierce commitment to fighting human trafficking.

As of FY 2016 we have task forces at each hospital to oversee training, care for victims, interactions with social-service providers and law enforcement, and internal and external debriefings. And victims have been identified throughout our health system. In one case, Emergency Department staff worked with a teenage girl who had reported being kidnapped, forcibly tattooed, drugged, and assaulted by a gang. To date, Dignity Health has invested more than \$1 million in training for emergency department personnel in more than 35 of our hospitals, including nurses, social workers, chaplains, admitting, and security in recognizing red flags and acting effectively to intervene and provide help and support.

Many facilities are taking great strides to collaborate with other stakeholders in the community, ensure representation of Dignity Health at community task force meetings, and create awareness events. For example, Maggie Redmon and Kim Shaw with Mercy Medical Center Redding coordinated a film screening event through which monies were raised for the local foundation and the local shelter that serves human trafficking victims. In San Bernardino, Linda McDonald coordinated more than one event in which a survivor speaker shared her story with staff and community members. The Task Force at Sequoia Hospital held an all-day awareness event on July 20th.

In FY 2017 we will be training Labor and Delivery and Postpartum department staff at all hospitals before turning attention to staff at hundreds of Dignity Health-affiliated clinics and other health care sites. We will also standardize data collection and information sharing to gauge the initiative's impact on patients.

The following excerpt first appeared in an article in the [Huffington Post](#), entitled “Healthcare: Are your staff educated to recognize human trafficking?” on April 25, 2016:

Holly Austin Gibb’s Own Story

When I was 14 years old, I was lured away from home by a man I met at a New Jersey shopping mall. This man told me that I was pretty enough to be a model and that I was too mature for high school. It was the summer after my eighth grade middle school graduation, and I feared high school. I was afraid of getting beat up in the hallways, and I was afraid of losing my friends. This man pretended to be my friend, a romantic interest even. He said he could help me find a glamorous job in Los Angeles, California. Within hours of running away, however, this man forced and coerced me into prostitution in Atlantic City, NJ.

It didn’t take long for law enforcement to spot me — I was a young girl on Pacific Avenue wearing a red dress and oversized high heel shoes. Unfortunately, I wasn’t immediately seen as a victim of a crime. I was seen as a criminal, a juvenile delinquent, and I was arrested for prostitution. The most painful part of this experience wasn’t what happened to me in Atlantic City, it was the way I was treated after Atlantic City — by law enforcement and even hospital staff.

Today, I’m passionate about sharing my story and working with front-line professionals. By understanding my mindset and needs as a young victim of sex trafficking, professionals will be better equipped to recognize and respond to this victim population.

Recently, I joined Dignity Health as Patient Care Services Program Director, overseeing a program to identify and effectively respond to victims of human trafficking in the healthcare setting. As one of the largest healthcare systems in the nation, and the largest hospital provider in California, Dignity Health is positioned to affect the lives of many, including patients who are vulnerable to human trafficking. A 2014 study found that nearly 88% of sex trafficking survivors reported having contact with the healthcare system while being exploited. The study reveals how medical providers are “woefully unprepared” to identify and respond to victims.

At Dignity Health, we aim to change that....

Opening Mercy's Doors to Our Earth and All That Live Upon It

In FY 2016 Pope Francis released *Laudato Si*, his long awaited message on the earth and our responsibility to protect it. The message affirmed the goodness of all creation, humanity's unique place in it, the fact that environmental degradation harms people, especially the poor and vulnerable, and humanity's responsibility to steward the gift of creation. The publication of *Laudato Si* and the Paris climate accords marked a watershed year in the environmental movement. And it was a watershed year for Dignity Health's efforts to bring mercy to our planet, its living beings and its future through addressing climate change and promoting sustainability.

The Door to Advocacy and Action in Addressing Climate Change

For more than a decade, Dignity Health has used investments to address climate issues with portfolio companies. Last fall we revised our investment policy to:

- Explicitly include promoting environmental sustainability as a goal,
- Press investment managers and advisors to include assessment of carbon risk in the analysis of potential investments,
- Seek additional investments in climate solutions, and
- Screen from our portfolio companies that extract and/or burn thermal coal. We consider thermal coal, like tobacco and weapons, to be a product whose impact on the health of persons, communities and the Earth makes it contrary to our healing mission.

We have raised our voice in Congress and the state capitol to advance legislation that has positioned California as a leader in addressing climate change and transitioning to a low carbon economy. We have helped form a Health Care Climate Council that brings leaders in the sector together to build collective momentum. We are on record supporting President Obama's Clean Power Plan.

In addition, we are part of Health Care without Harm's 2020 Health Care Climate Challenge — a global collaboration by hospitals and health systems on every continent to reduce their carbon footprint, become more climate resilient, and take leadership action to foster a global transition to clean renewable energy.

To date more than 90 institutions from 22 countries, representing 9,000 hospitals and health centers have joined the 2020 Challenge. Together we have already reported a collective reduction of nearly three million metric tons of CO₂, and our ambition is to exponentially increase this amount.

Dignity Health sent a delegation to participate in meetings concurrent with the Conference of Parties (COP21) in Paris in December. Doctors, nurses and other hospital professionals took an active role at COP21 advocating for solutions needed to keep chronically ill, and often poor, patients healthy.

Sustainability in the Catholic Tradition



Hospitals and health care systems everywhere are growing in their understanding of our interrelationship with Earth and the gift of healing it brings. All parts of creation communicate some aspect of the Divine Mystery, and must be vital and functioning for every other part to be vital and functioning. Making this connection is key to our survival.

SISTER MARY ELLEN LECIEJEWSKI, OP,
DIRECTOR OF ECOLOGY

*Oh God of the poor,
help us to rescue the abandoned and forgotten of the earth
so precious in your eyes.
Bring healing to our lives, that we may protect the world and not prey upon it,
that we may sow beauty, not pollution and destruction,
Touch the hearts
of those who look only for gain
at the expense of the poor and the earth.
Teach us to discover the worth of each thing,
to be filled with awe and contemplation,
to recognize that we are profoundly united
with every creature....”*

POPE FRANCIS, FROM *LAUDATO SI*

In June Dignity Health had the opportunity to address energy ministers and entrepreneurs from around the world attending the Clean Energy Ministerial in San Francisco. We used the podium to urge the ministers to look to the health sectors in their countries as allies in addressing the climate crisis.

Within and beyond hospital walls, leaders are needed to address climate disruptions threatening the delivery and sustainability of health care while mitigating the impact climate change has on human health and the environment. Those in the health care ministry need to play a vital role in demonstrating the profound connection between the health of the planet and the health of the human family. A vision of health care transformation calls for bold climate action.

From “A Call to Climate Leadership” by Sr. Mary Ellen Leciejewski, OP, MA, Sr. Susan Vickers, RSM, and Rachelle Reyes Wenger, MPA; *Health Progress*, May-June 2016



Opening the Door to Sustainability

2016 GOAL DEVELOP AND ADVANCE SYSTEMS AND STRUCTURES THAT ENHANCE THE ECOLOGICAL AND OVERALL SUSTAINABILITY OF DIGNITY HEALTH’S MINISTRY; ROLL OUT THE SUSTAINABILITY COUNCIL AGENDA ACROSS ALL FUNCTIONAL AREAS; PRODUCE A SUSTAINABILITY REPORT, AND PILOT A CHEMICAL FOOTPRINT PROJECT.

At Dignity Health we know the health of our communities is directly related to the health of our planet. That’s why we use the safest products for our patients, caregivers, and the environment. From reprocessing devices used in our operating rooms to converting to dye-free and DEHP-PVC-free plastic products, environmentally preferable purchasing is a priority.

DIGNITY HEALTH'S SUSTAINABILITY COUNCIL Dignity Health's Sustainability Council, established in 2015, is a multidisciplinary team that meets three times per year to guide and promote the development, implementation, and reporting of goals, strategies and metrics for advancing sustainability initiatives across all functional areas, engaging employees, business partners, and other stakeholders. In 2016 the Council affirmed its charter, defined sustainability within Dignity Health and prioritized the issues to be included in the next Sustainability Report.

At Dignity Health sustainability means managing our environmental, social, and governance/economic (ESG) impacts to promote health and the common good by using resources efficiently and in ways that meet current needs without compromising the ability of future generations to meet their needs. The Sustainability Council ensures the integration of sustainability across the organization.

SUSTAINABILITY REPORTING After several months of research, evaluation and a 90-day test pilot using data from three Dignity Health facilities, the Sustainability Council selected a system wide software platform to report on sustainability in energy, food, and waste. The selected vendor, Key Green Solutions, provides reporting services to nearly 300 medical facilities in 18 states and proposed the most cost effective and quickest implementation timeline.

Maintaining all information in a single sustainability dashboard will allow management to review and compare facility usage across the system and will facilitate the development of sustainability reports such as:

- Sustainability goal reporting through Healthy Hospitals,
- Dignity Health's Annual Sustainability Report,
- The Climate Registry,
- Energy reporting – transition from quarterly reports to monthly reports,
- Required energy benchmarking in several counties/cities,
- Energy/water rebate/incentive forms, and
- Application for sustainability awards.

The Chemical Footprint Project This year, Dignity Health advanced the Chemical Footprint Project (CFP) by requesting that 18 of our leading suppliers participate in the first annual business survey. Our goal was to create a quantitative framework and set a new standard for evaluating companies on policies, programs, and practices for managing chemicals. Of 18 companies, four responded and three agreed to be named publicly.

The survey included 20 questions covering 4 key performance categories:

- Management Strategy: the policies and strategies companies put into place to manage chemicals,
- Chemical Inventory: the information companies collect on chemicals in products and supply chains,

- Footprint Measurements: companies' baseline data on chemicals of high concern in products and their progress toward using safer alternatives, and
- Disclosure and verification: the sharing of information on chemicals in products with the public, disclosure of participation in the CFP and steps taken to verify responses.

Integrating this information into our purchasing processes will enable us to consider a company's key sustainability metrics around chemicals as part of our decision making process.



SUSTAINABILITY PARTNERSHIPS On May 17, 2016 Dignity Health sustainability leaders were in Dallas, Texas for CleanMed, an annual conference on health care environmental sustainability.

At the conference, seven Dignity Health hospitals were honored for their work in creating sustainable healthcare environments: California Hospital Medical Center, Community Hospital of San Bernardino, Dominican Hospital, Mercy General Hospital, Sierra Nevada Memorial Hospital, St. Bernardine Medical Center and St. Joseph's Medical Center, Stockton.

At the CleanMed conference Dignity Health joined the nation's top leaders in health care sustainability to launch the Greenhealth Exchange (GX). GX is a purchasing cooperative founded by four health systems including Dartmouth-Hitchcock, Dignity Health, Gundersen Health System, and Partners HealthCare along with longtime sustainability advocates Health Care Without Harm and Practice Greenhealth. GX is backed by a combined total of 60 hospitals that together represent \$21.2 billion in annual revenues and over \$4 billion in purchasing power. This buying clout puts hospitals and health systems in a strong position to accelerate the adoption of products that are safer and healthier and spark innovation in the supply chain.

For more than 20 years, Health Care without Harm and Practice Greenhealth have worked collaboratively with hospitals, health systems, product manufacturers and suppliers to move

toward environmentally preferable products. GX will build on these efforts, helping hospitals overcome barriers to green purchasing by offering greater access to high-quality products at competitive prices. Through detailed product specifications and supplier performance requirements, the unique marketplace will offer members access to the following:

- High-quality green products brought together in one catalog at competitive prices,
- Apples-to-apples comparisons on key product features including price and sustainability score plus health, environmental and community benefits, and
- Tracking and reporting the benefits associated with every purchase.

A Medical Surplus Recovery Operations (MSRO) Partnership To reduce medical waste and meet the supply needs of medical clinics throughout the country and world, medical surplus recovery organizations (MSROs) have been established to connect the unused supplies to those who need them. Some of our Dignity Health facilities located in the Bay Area have been working with a MSRO called Medshare to impact people's lives through the efficient collection and redistribution of medical supplies and equipment. However, our Southern California facilities were lacking MSRO services until now.

Recently, Dignity Health, St. Joseph Health and Providence Health & Services (PH&S) have formed an MSRO partnership. Currently PH&S operates its own MSRO in Lacey, WA. The partnership will implement a 12-month pilot. In the partnership, PH&S will function as the operational manager, with each organization shipping all approved surplus supplies to the Lacey MSRO. For geographic scope, PH&S estimated that they could accommodate 532 shipped pallets to the MSRO in Lacey in year one, with the intent to be able to build on this volume in year two.

PH&S will arrange for the shipment, process and sort the supplies at their Lacey MSRO, and distribute to mutual agreed upon destinations. They will also report back to each partner organization on volume received and percentage of items reused. An Advisory Committee with representatives from all three organizations will ensure that operational and mission-related priorities are being met.

2017 Mission & Values Goals

MISSION AND VALUES CULTURE

- Complete mission integration leadership and council restructure and succession planning in order to strengthen the operational effectiveness of mission integration within Dignity Health.
- Complete assessments of Catholic identity for Catholic facilities, and establish identity assessment design for the balance of Dignity Health facilities.

MISSION AND VALUES EDUCATION, FORMATION AND DEVELOPMENT

- Advance the “Reflective Pause” dimension of spirituality in the workplace through a system wide strategy that supports and extends employee engagement and resilience.
- Establish Dignity Health employee and leadership ministry formation structure and programs.

ETHICS EDUCATION

- Conduct service area assessments of current ethical topics; formulate and provide responsive education for ethics committees, medical staff, leaders and personnel, system-wide.

COMMUNITY HEALTH STRATEGY ALIGNMENT

- Strengthen Dignity Health care continuum through an integrated community health strategy that addresses the social determinants of health.

ECOLOGY/SUSTAINABILITY

- Advance internal and external systems, structures, and strategies that enhance the sustainability of Dignity Health’s ministry, with particular focus on climate change, health care without harm, and measurement tools that assist sustainable change.

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*Appreciation is a wonderful thing.
It makes what is excellent in others
belong to us as well.*

Voltaire



Arcades in Aranjuez, Madrid