

Catholic Health Care - who's really in charge?

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For most of us, when we encounter new people in a social setting, the first order of business (after finding out their name) is to ask, "...and what do you do?" More often than not, my answer inspires a look of consternation. Admittedly, it is a mouthful, "I'm the Executive Director of the Catholic Health Association of Saskatchewan." It's a lot to put on a name tag, and an earful for Joe Public to grasp.

However, it's interesting to me that many in Catholic, Christian and health care settings are still unaware of what Catholic health care ministry is, and what that practically looks like in our province.

So, who's in charge of this whole thing, anyway? When out with a friend for supper, I asked her to describe her view of the land, and who's in charge. Her immediate reply was, "Jesus."

Well, yes, of course, the foolproof answer applies. And I readily agree that it is the most correct answer. And then...? The people WITH skin?... yes, the Bishops. Correct.

From there the answer becomes divergent, as you need to understand that Catholic health ministry is practically lived out in two arenas - the institutional/facility setting and the parish/public setting.

Institutional/Facility Setting

Currently, there are 14 Catholic health care facilities in our province. Each is autonomous, and governed by a local Board of Directors. Each is sponsored or owned by either a religious congregation, Diocese, or the Catholic Health Ministry of Saskatchewan (which has public juridic status, and is directly accountable to the Bishops of Sask, thereby sanctioning these facilities as Catholic ministries). The healing ministry of Jesus is enacted when anyone, at any level of the organization, understands that their work - offered as the hands and feet of Christ - serves those who are in need of care.

Parish/Public Setting

Dioceses and parishes across the province engage in Catholic health ministry in a variety of ways. Dioceses often employ staff or clergy to provide spiritual care and chaplaincy into Catholic and public health settings. A handful of parishes have pioneered Parish Nursing programs that link the skills and gifts of a registered nurse to the physical, spiritual and social needs of their parishioners and community.

Some parishes have formal Ministry of Care Programs, headed up by coordinator(s) and teams of trained volunteers who visit the sick and shut-in. Many parishes have informal methods and means to care for their parishioners, and all of these efforts (to the sick, suffering, and dying) are understood to be acts of service under the umbrella of Catholic health ministry.

It's also important to mention the many committed Catholics who serve in public health settings, who through their baptismal call, see their work as a vocation, serving others in the healing ministry of Christ.

CHAS and the CHMS

Serving both of these arenas are two provincial organizations - the Catholic Health Association of Saskatchewan, and the Catholic Health Ministry of Saskatchewan. Confusion between the two persists, and largely due to the shifting landscape and roles that each plays.

Here's the difference - CHAS is the older of the two organizations, now in its 69th year. It is a membership-based organization, which means that any individual (or like-minded organization) interested in supporting Catholic health ministry can join. The Bishops of Saskatchewan are honorary members, all 14 Catholic facilities are institutional members, and many K of C, CWL and Parish Councils have associate membership. CHAS' role is to offer education, resources and leadership in ethics, mission and spiritual care. It also provides networking opportunities within the Catholic health care family, and links with other like-minded organizations such as Spiritual Care Saskatchewan and the Saskatchewan Hospice Palliative Care Association. CHAS operates with a staff of four (2.6 FTE).

The CHMS began 35 years ago as the Catholic Health Council, and then changed its name to the Saskatchewan Catholic Health Corporation in 2000 upon receiving public juridic person status. From its inception, the CHMS fulfilled the role of owner and sponsor of Catholic institutions, and provided them with the necessary governance and advocacy required to maintain their Catholic identity. With direct accountability to the Bishops, the CHMS primarily serves to ensure that local boards, senior leadership and managers understand their accountability to the Church, relationship to the government (and Regional authorities) and service to the public. As of late, the CHMS have been visionaries and innovators - bringing to fruition a pilot project called Samaritan Place in Saskatoon. This 100-bed long-term care facility recently held its grand opening, espousing a model of

CATHOLIC HEALTH FACILITIES IN SASKATCHEWAN

ESTERHAZY: St. Anthony's Hospital

68 staff and physicians, 40 volunteers, 20 acute care beds
Founders: Grey Sisters of the Immaculate Conception of Peterborough (1940)

ESTEVAN: St. Joseph's Hospital

301 staff and physicians, 50 volunteers, 53 acute and 38 long-term care beds
Founders: Sisters of St. Joseph's of Peterborough (1938)

GRAVELBOURG: St. Joseph's Hospital/ Foyer d'Youville

129 staff and physicians, 25 volunteers, 9 acute and 50 long-term care beds
Founders: Grey Nuns of Montreal (1928)

MACKLIN: St. Joseph's Integrated Health Centre

55 staff and physicians, 50 volunteers, 26 continuing care beds
Founders: Franciscan Sisters of St. Elizabeth (1922)

MELVILLE: St. Peter's Hospital

87 staff and physicians, 75 volunteers, 30 acute care beds
Founders: Sisters of St. Martha (1940)

MOOSE JAW: Providence Place for Holistic Health Inc.

300 staff and physicians, 150 volunteers
160 long-term care beds plus 14 geriatric/rehabilitation beds
Founders: Sisters of St. Vincent de Paul (Hospital - 1913;
St. Anthony's Home -1939)

NORTH BATTLEFORD: Villa Pascal

75 staff and physicians, 55 volunteers, 38 long-term care beds
Founders: Soci t  Joseph Breton Incorporation (1976)

PONTEIX: Foyer St. Joseph Nursing Home

53 staff and physicians, 25 volunteers
30 long-term care beds and 2 respite beds
Founders: Les Soeurs de Notre Dame d'Auvergne (1959)

PRINCE ALBERT: Mont St. Joseph Home

132 staff and physicians, 300 volunteers
120 long-term care beds including 1 respite
Founders: Sisters of Our Lady of the Cross (1956)

RADVILLE: Radville Marian Health Centre

75 staff and physicians, 30 volunteers, 49 long-term care beds, 3 observation
Founders: Sisters of St. Joseph of Pembroke (1956)

REGINA: Santa Maria Senior Citizens Home

296 staff and physicians, 89 volunteers, 143 long-term care beds, 4 respite beds
Founders: Sisters of St. Joseph of Pembroke (1968)

SASKATOON: St. Ann's Senior Citizens Village Corporation

150 staff and physicians, 200 volunteers
80 long-term care, 60 assisted living, 60 senior's apartments
Founders: Diocese of Saskatoon (1953)

SASKATOON: St. Paul's Hospital

1749 staff and physicians, 80 volunteers, 200 acute care beds
Founders: Grey Nuns of Montreal (1907)

SASKATOON: Samaritan Place

100 long-term care beds (includes 20 companion suites and 12 dementia suites)
Founders: Amicus Health Care Inc. (2010)

SASKATOON: St. Joseph's Home

85 long-term care beds
Founders: Ukrainian Sisters of St. Joseph of Saskatoon (1961)

Note: Stats are current as of 2011

patient-centered care that is new to our province. The CHMS operates with a staff of six (5.6 FTE).

So, there you have it. My best attempt to describe the lay of the land, the 'boots on the ground' if you will. For my next career, I'm really going to have to go with something more simple - like, an astronaut, or the Prime Minister. That would make writing my articles so much easier!