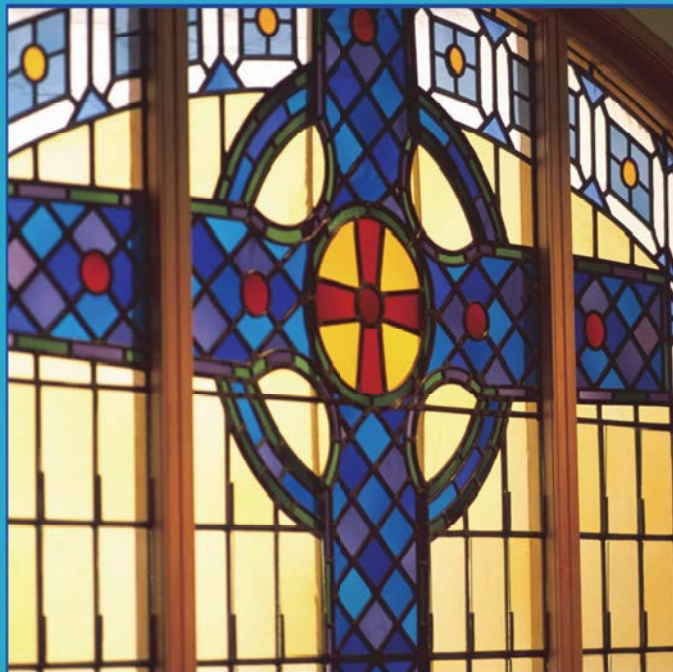


# 2020 Annual Report



Submitted to the  
Congregation for  
Institutes of  
Consecrated Life  
and Societies of  
Apostolic Life



**BON SECOURS  
MERCY MINISTRIES**

**BON SECOURS MERCY MINISTRIES**

1505 Marriottsville Road  
Marriottsville, MD 21104  
United States of America

# BON SECOURS MERCY MINISTRIES

MAY 4, 2021

**RESOLUTION:  
ACCEPTANCE OF BON SECOURS MERCY MINISTRIES  
2020 ANNUAL REPORT**

**WHEREAS** Bon Secours Mercy Ministries is a public juridic person of pontifical right and is accountable to the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life; and

**WHEREAS** the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life requires Bon Secours Mercy Ministries to submit an annual report detailing how Bon Secours Mercy Ministries has overseen its sponsored ministry with regard to the obligations of faith and administration; and

**WHEREAS** Bon Secours Mercy Ministries has reviewed and discussed the Bon Secours Ministries 2020 Annual Report.

**NOW, THEREFORE, BE IT RESOLVED** that Bon Secours Mercy Ministries accepts the Bon Secours Mercy Ministries 2020 Annual Report and that said report, upon editing and formatting, be submitted to the Participating Entities of Bon Secours Mercy Ministries and then to the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life by the Chair of Bon Secours Mercy Ministries.



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Thomas H. Morris, PhD  
Secretary

May 4, 2021

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Date



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## INTRODUCTION

“Every day we witness the testimony of courage and sacrifice of health care workers, and nurses in particular, who, with professionalism, self-sacrifice, and a sense of responsibility and love for neighbor, assist people affected by the virus, even to the point of putting their own health at risk.”<sup>1</sup>

By the end of March 2020, it became apparent throughout the world that 2020 had two periods: the period before COVID-19 and all that has followed since the COVID-19 pandemic started. While there have been significant and important advances in many areas, the impact of and response to COVID-19 remains center stage in reflecting on 2020. The World Health Organization reports that as of December 31, 2020, there were 82,464,571 confirmed COVID-19 cases worldwide and 1,803,267 deaths related to COVID-19. These numbers are almost incomprehensible, except all of us have lived in the day-to-day reality of this pandemic touching various aspects of our lives.

Catholic health care has faced this unprecedented crisis in ways that reflect our commitment to “answer God’s call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable.”<sup>2</sup>

Archbishop Ivan Jurkovič, the Holy See’s permanent representative to the United Nations, noted that “some 5,000 Catholic-inspired hospitals, and more than 16,000 Church-based dispensaries, are complementing and reinforcing the efforts of governments to provide health care to all, by assuring that the poorest and most marginalized persons do not lack basic necessities ... such as medicine and especially the possibility of adequate health care.”<sup>3</sup>

<sup>1</sup>Pope Francis, *Pope Message to Mark International Nurses Day*, May 12, 2020

<sup>2</sup>The Catholic Health Association of the United States, *A Shared Statement of Identity for the Catholic Health Ministry*

<sup>3</sup>Archbishop Ivan Jurkovič, Address to the 73rd World Health Assembly, May 18-19, 2020

As a health care ministry of the Catholic Church, Bon Secours Mercy Health embraced and responded to the challenges of 2020. This Annual Report attempts to capture a glimpse of the heroic and compassionate care provided. The first chapter reviews the Members of Bon Secours Mercy Ministries. The second chapter notes the actions and engagement of Bon Secours Mercy Ministries during 2020. The third chapter provides a short overview of the health care systems in the United States and Ireland to provide a context for understanding Bon Secours Mercy Health, including adaptations made to respond to the COVID-19 pandemic in both countries. The fourth chapter provides an overview of those aspects of the ministry that reflect our Catholic identity, such as mission, ethics, ministry formation, and community health. The fifth chapter is a concluding chapter.

As noted in the 2019 Annual Report, Bon Secours Mercy Ministries accepted canonical responsibility for the Bon Secours Health System in Ireland at the end of 2019. We are pleased to include the ministry in Ireland in this report as Bon Secours Mercy Health continues to integrate Bon Secours Health System in Ireland with the ministry in the United States.

May the readers of this report get a good sense of the commitment of the people of Bon Secours Mercy Health in the United States and Ireland to the integrity and sustainability of this ministry to continue the compassionate ministry of Jesus and be good help to those in need.





Stained Glass window from chapel at St. Francis Downtown Hospital,  
Bon Secours St. Francis Health System, Greenville, South Carolina, USA.



# CHAPTER ONE

## BON SECOURS MERCY MINISTRIES

The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life (CICLSAL) conferred public juridic personality of pontifical right on May 31, 2006 to Bon Secours Ministries (Prot. n. B. 252<sup>-1</sup>/2003) and on August 15, 2013 to Partners in Catholic Health Ministries (Prot. n. C. 246<sup>-1</sup>/2012). On December 14, 2018, CICLSAL dissolved Partners in Catholic Health Ministries and integrated it into Bon Secours Ministries (Prot. n. C. 246<sup>-1</sup>/2018), thereafter named Bon Secours Mercy Ministries (BSMM).

CICLSAL transferred to BSMM the canonical ownership and oversight of Partners in Catholic Health Ministries' stable patrimony. BSMM is located in Marriottsville, Maryland, in the Archdiocese of Baltimore, United States of America.

Following the acquisition of Bon Secours Health System in Ireland on July 2, 2019, the Sisters of Bon Secours requested the suppression of Bon Secours Ireland (BSI), which CICLSAL conferred public juridic personality on February 2, 2008 (Prot. n. C241<sup>-1</sup>/2007). On November 25, 2019, CICLSAL suppressed BSI and transferred the canonical responsibility for the ministry, including its stable patrimony, to BSMM.

The purpose of BSMM is to carry forward the compassionate ministry of Jesus Christ in the Catholic Church through the ownership, management, and governance of health care facilities, programs, and services intended to improve the health and well-being of the communities served and bring good help to those in need, especially people who are poor, dying and underserved. The activities are conducted in a manner consistent with the teachings and laws of the Roman Catholic Church. BSMM will adhere to the *Ethical and Religious Directives for Catholic Health Care Services* (United States Conference of Catholic Bishops) and the *Code of Ethical Standards for Healthcare* (Irish Catholic Bishops' Conference).<sup>1</sup>

### PARTICIPATING ENTITIES

The Participating Entities of BSMM are the Sisters of Bon Secours, the Sisters of the Humility of Mary,

<sup>1</sup>cf. *Canonical Statutes*, Bon Secours Mercy Ministries, Article II

and the Sisters of Mercy of the Americas. The Participating Entities have specific responsibilities reserved to them as described in the canonical statutes and the canonical bylaws to ensure the integrity of the ministry of BSMM and influence the direction of the ministry.<sup>2</sup>

### OFFICERS

The officers of Bon Secours Mercy Ministries in 2020:

- Chair: Sr. Patricia Eck, CBS
- Vice Chair: Sr. Doris Gottemoeller, RSM
- Treasurer: Deborah Bloomfield, PhD, CPA
- Secretary: Thomas H. Morris, PhD

### MEMBERS

The Members of BSMM shall not be fewer than three individuals appointed by the Participating Entities following the bylaws. The bylaws define the number and qualifications of the Members. All Members must be practicing Catholics in good standing. Following the bylaws, Members may be removed with or without cause by the Participating Entities at any time. The Members carry out BSMM's canonical responsibilities regarding its Apostolic Works through powers reserved to them as described in the canonical statutes and bylaws.<sup>3</sup>

<sup>2</sup>cf. *Canonical Statutes*, Bon Secours Mercy Ministries, Article III, Section 1

<sup>3</sup>cf. *Canonical Statutes*, Bon Secours Mercy Ministries, Article IV, Section 1



**Sr. Elaine Davia, CBS**

*(Term: September 1, 2018 - December 31, 2021)*

Sr Elaine Davia is on the Congregation Team and serves as the Area Leader for the Sisters of Bon Secours in the USA. For many years, Sr. Elaine served as the vocation and formation director for the Sisters of Bon Secours in the USA. She was the chair of the Bon Secours International Formation Committee. Sr. Elaine joined the Sisters of Bon Secours in 1964 and professed final vows in 1975. She received a Registered Nurse diploma in 1970 at Bon Secours School of Nursing (Baltimore, Maryland), a Bachelor of Science from Regents College of the University of the State of New York (Albany, New York), and Master of Science in Pastoral Counselling from Loyola University (Baltimore, Maryland). Also, she earned a Certificate as a Family Nurse Practitioner at the University of Virginia (Charlottesville, VA). She served on several boards for Bon Secours Health System as well as for the Religious Formation Conference. Most of her ministerial life has been working as a registered nurse and family nurse practitioner, caring for people who do not have health insurance and are economically poor. This calling had put her on a mobile health unit in rural and inner-city areas, in Appalachia, with migrant farmworkers in Florida, and even in South Africa for several months. She worked as a nurse in Methuen, Massachusetts; Baltimore, Maryland; and rural areas around Richmond, Virginia and at Bon Secours Maryview Hospital in Portsmouth, Virginia, where she started the Elm Avenue Center for Health. Sr. Elaine also opened the Clínica de Ayuda in Arcadia, Florida, caring for migrant farmworkers. After 48 years of practice, she retired in 2018 from nursing. Fun and meaningful activities for her when not in ministry are playing the French horn, gardening, and, during COVID-19 shut down, she has been teaching herself to play the keyboard.



**Sr. Patricia Eck, CBS**

*(Term: September 1, 2018 - December 31, 2023)*

Sr. Patricia Eck is the immediate past Congregational Leader for the Congregation of the Sisters of Bon Secours of Paris (December 2009 - December 2019) and the Chair of Bon Secours Mercy Ministries and also sits on the Bon Secours Mercy Health Board of Directors. Sr. Patricia entered the Sisters of Bon Secours in 1966 and has since built a fifty-year health care career with positions in nursing, management, and sponsorship for Bon Secours Health System before its merger with Mercy Health (becoming Bon Secours Mercy Health). She has served on the Leadership Team of the Sisters of Bon Secours in the USA for several terms. Sr. Patricia is a recognized leader in the Catholic health care field and is a past chairperson of The Catholic Health Association of the United States (CHA) Board of Trustees in 2002–2003. She has served on several boards, including Mercy Housing, Catholic Medical Mission Board, Leadership Conference of Women Religious, a Member of Friends in Solidarity, and currently sits on the Resource Center for Religious Institutes' Board. Sr. Patricia has a Master of Science in Nursing from The Catholic University of America (Washington, District of Columbia) and a Master of Health Administration from the Medical College of Virginia Commonwealth University (Richmond, Virginia). In 2007, Sr. Patricia received the Sister Mary Concilia Moran Award from CHA for visionary leadership and commitment to Catholic health care. In 2011, Sr. Patricia received the Holy See's *Pro Ecclesia et Pontifice* cross medal, the highest honor given to a member of a religious community by the Vatican. Sr. Patricia received an honorary Doctorate in Humane Letters from the University of Scranton in 2012 and an honorary Doctor of Science from Fairfield University in 2017.



**Sr. Doris Gottemoeller, RSM**

(Term: September 1, 2018 - December 31, 2021)  
 Sr. Doris Gottemoeller is the Vice-Chair of Bon Secours Mercy Ministries and sits on the Bon Secours Mercy Health Board of Directors. Sr. Doris will serve as Chair of Bon Secours Mercy Ministries, effective January 1, 2021. Sr. Doris served as Senior Vice President of Mission and Values Integration at Mercy Health from 2000–2013. Following her retirement from Mercy Health, Sr. Doris served as President of Mercy Education Collaborative of Cincinnati. Sr. Doris joined Mercy Health in 2000 after concluding an eight-year term as the first President of the Sisters of Mercy of the Americas. She served on the Mercy Health Board of Trustees in 1999 – 2000. Sr. Doris has also served in leadership roles with the Leadership Conference of Women Religious, the International Union of Superiors General, the International Policy Committee of the United States Conference of Catholic Bishops, and the Catholic Common Ground Initiative’s advisory committee. She served as Chair of the Board of Trustees of The Catholic Health Association of the United States (CHA) in 1998–1999, Chair of the Board of the Sisters of Charity of Leavenworth Health System, Chair of the members of the Mercy International Association, and in other governance roles for health care, educational and religious organizations. Sr. Doris earned her Bachelor of Arts in Chemistry from Edgecliff College (Cincinnati, Ohio), a Master of Science in Chemistry from the University of Notre Dame (Notre Dame, Indiana), and a Master of Arts and Ph.D. in Theology from Fordham University (The Bronx, New York). In 2008, Sr. Doris received the CHA’s Sister Mary Concilia Moran Award for visionary leaders and has received numerous honorary degrees.



**Sr. Rose Marie Jasinski, CBS**

(Term: September 1, 2018 - December 31, 2022)  
 Sr. Rose Marie Jasinski is the Congregation Leader for the Congregation of the Sisters of Bon Secours of Paris. She entered the Sisters of Bon Secours in 1965 and professed final vows in 1977. For over forty years, she served in leadership positions on more than ten health care boards within Bon Secours Health System. Sr. Rose Marie has served as a health care professional for more than fifty years, holding various positions in direct health care service, including hospice home care, medical/surgical nursing, management, governance, and administration. A registered nurse, Sr. Rose Marie obtained her diploma in nursing from the Bon Secours Hospital School of Nursing (Baltimore, Maryland) and her Bachelor of Science in Nursing from the Virginia Commonwealth University (Richmond, Virginia). She later received a Master of Arts in Christian Spirituality at Creighton University (Omaha, Nebraska). In the past, Sr. Rose Marie helped to establish the first home health service at St. Mary’s Hospital, Richmond, VA. She served as the formation and novitiate director for the Sisters of Bon Secours in the USA for twelve years and director of the Bon Secours Associates for seven years. Currently, she is a member of the Mercy Housing National Board of Directors and is the chair of the Corporate Member Group. She also serves as a representative of Bon Secours Mercy Health at co-sponsor meetings for Bon Secours Charity Health System. Also, she is a Member of Friends in Solidarity. She is a former member of the board of the Leadership Conference of Women Religious. Sr. Rose Marie had several articles published in *Review for Religious* and *Horizon* on the relationship of Associates and Religious within women’s religious congregations. Currently, she is a member of the Baltimore (Maryland) Black Lives Matter Interfaith Coalition.



**Sr. Marie Ryan, CBS**

*(Term: November 1, 2019 - December 31, 2022)*

Sr Marie is presently a Director of Bon Secours Mercy Ministries and sits at the Board of Bon Secours Mercy Health meetings. She is a Sponsor Director of Bon Secours Health System CLG in Ireland. Sr. Marie Ryan entered the Congregation of Sisters of Bon Secours of Paris in 1963. A state registered nurse, Sr. Marie held various positions within the Bon Secours acute health care services in Ireland from 1970–1984. She was awarded diplomas in catechetics, theology, and counseling in addition to post-graduate diplomas in chaplaincy studies and pastoral leadership. Sr. Marie served as chaplain to hospital staff at Bon Secours Hospital in Cork, Ireland for six years and as mission coordinator at Bon Secours Health System CLG in Ireland from 2000-2009. In this capacity, she attended board meetings of Bon Secours Health System as a Trustee/Sponsor. From 2010–2019, Sr. Marie served as a member of the Congregation Leadership Team for the Sisters of Bon Secours internationally. She was the Area Leader for Sisters of Bon Secours in Ireland and Great Britain. During this time, Sr. Marie was a member of the Congregation’s International Investment Committee. Previously, Sr. Marie served on the Leadership Team of the Sisters of Bon Secours in Ireland from 1989-1992 and 2000-2009. From July 2009–June 2019, Sr. Marie was Chairperson of Bon Secours Ireland, the canonical sponsor and governance entity of Bon Secours Health System CLG in Ireland.



**Colleen Scanlon**

*(Term: September 1, 2018 - December 31, 2022)*

Colleen Scanlon is the former (retired July 2020) Executive Vice President, Chief Advocacy Officer at CommonSpirit Health in Englewood, Colorado, where she led a comprehensive, multi-faceted advocacy program within the largest Catholic health care system in the United States. Previously, she was director of the American Nurses Association Center for Ethics and Human Rights in Washington, DC, and a clinical scholar in the Center for Clinical Bioethics at Georgetown University Medical Center. Colleen has published multiple articles and book chapters. Colleen serves on several boards and is involved in a variety of professional associations. She served as Chair of the Board of Trustees of The Catholic Health Association of the United States (CHA) from 2009-2010 and on the Catholic Medical Mission Board. She is presently on the Board of Advisors of Georgetown University School of Nursing and Health Studies. Colleen received her Bachelor of Science in Nursing from Georgetown University (Washington, District of Columbia), Master of Science in Gerontology from the College of New Rochelle (New Rochelle, New York), and a Juris Doctorate with a health law and policy certificate from Pace University School of Law (White Plains, New York). Colleen has received numerous awards, including the CHA’s Sister Mary Concilia Moran Award for visionary leadership in 2018. She has also received several awards from Georgetown University: the John Carroll Medal (the highest alumnae award), an honorary Doctorate in Humane Letters, the Nursing and Health Studies School’s Values-Based Health Care Award, and the Distinguished Alumnae Award.



**Sr. Carol Anne Smith, HM**

*(Term: September 1, 2018 - December 31, 2023)*

Sr. Carol Anne Smith serves on Bon Secours Mercy Ministries and the Bon Secours Mercy Health Board of Directors. She is a member of the Leadership Team of her congregation, the Sisters of the Humility of Mary, serving as Congregational Treasurer. A certified spiritual director, Sr. Carol Anne also worked as adjunct project coordinator for the University of Notre Dame Alliance for Catholic Education. Sr. Carol Anne served as President of Magnificat High School, Ohio's largest all-girl Catholic school, where she had previously served as Principal. One of the six-member senior staff of the Bishop of Cleveland, she was Secretary for Education and Catechesis and concurrently Superintendent of the Catholic Schools. Sr. Carol Anne led the Diocese of Cleveland's engagement in the Cleveland Scholarship and Tutoring (Voucher) Program from participating in formulating its writing to its victory in the United States Supreme Court. She served as Executive Director of the Catholic Diocese of Cleveland Foundation and Director of Development for her Congregation. Her service in Catholic health care governance began in 1986 with membership on the Sponsorship Board of the Sisters of the Humility of Mary Health Care System, Board of Trustees of St. Joseph Hospital in Lorain, Lorain Community/St. Joseph Medical Center, and as chairperson of the Lorain Mercy Health Partners Board of Trustees from 2008-2011. Additionally, she has served on numerous boards in Catholic education and for various foundations. Sr. Carol Anne previously served two terms on the Sisters of the Humility of Mary leadership council (1985-1993), as well as on the National Catholic Education Association Chief Administrators of Catholic Education (CACE) Executive Committee and CACE Research Board. She is a 1993 Leadership Cleveland alumna. Sr. Carol Anne earned a Master of Administration and Supervision Degree from John Carroll University (Cleveland, Ohio) and a Bachelor of Arts Degree from Ursuline College (Pepper Pike, Ohio).



**Sr. Mary Stanton, RSM**

*(Term: September 1, 2018 - December 31, 2021)*

Sr. Mary Stanton has served as Executive Director of Bethany House Services since 1984, when she co-founded the Cincinnati-based (Ohio) social service agency. Sr. Mary now serves as executive coordinator/mission director for Mercy Neighborhood Ministries, a Sisters of Mercy sponsored ministry focused on educational initiatives, workforce development, and senior and supportive services/home health care for those in need. Sr. Mary's most significant accomplishment has included establishing an emergency shelter that serves 500 women and children annually as well as transitional and permanent housing options for another 150 families each year. She also partnered with the former Provident Bank and the City of Cincinnati to create Bethany Homes, a 24-unit apartment building that provides safe, affordable housing. Each year, Sr. Mary secured more than \$2.5 million in operational funding for the agency. Before she began leading Bethany House, she was assistant director of programs in peace and justice at Xavier University (Cincinnati, Ohio). Sr. Mary earned a Master of Arts in Religious Education/Pastoral Counseling from the Aquinas Institute of Theology (St. Louis, Missouri) and a Bachelor of Arts in Education and Music from Mercyhurst College (Erie, Pennsylvania). She is a licensed social worker in the state of Ohio. Currently, Sr. Mary chairs the Sisters of Mercy Institute chapter planning committee and provides *pro-bono* consultation with Cincinnati-based non-profit organizations. Previously, she served on the board of Mercy Health. In 1999, Sr. Mary was named the Cincinnati Enquirer Woman of the Year, and in 2012, she received the Greater Cincinnati Coalition for the Homeless Lifetime Achievement Award.



I AM CARING

Mercy Lorain  
LAB



## CHAPTER TWO

# BON SECOURS MERCY MINISTRIES ACTIVITIES

The *Canonical Statutes for Bon Secours Mercy Ministries* (BSMM) specify that “[a]n annual report of the activities of *Bon Secours Mercy Ministries*, including an external audit, shall be submitted to the *Holy See* by the Members, giving evidence that the integrity of faith and morals is preserved and that the use of the temporal goods and the apostolic activity of *Bon Secours Mercy Ministries* are in accord with its purposes.”<sup>1</sup>

Bon Secours Mercy Ministries (BSMM) held regular meetings throughout 2020. In addition to approving meeting minutes, BSMM made the following actions and decisions during 2020 and received significant updates on the ministry.

### ACTIONS, DECISIONS, AND UPDATES

#### Actions: Approval of Resolutions

- Alienation of Property at 3131 Queen City Avenue, Cincinnati, Ohio: The property was the site of the Mercy Western Hills Hospital that had been demolished, and the property remained designated as stable patrimony. The City of Cincinnati, Ohio, sought to acquire the property to use for a community park. The assessed value of the property fell below the monetary threshold that would require requesting alienation from the Congregation for Institutes for Consecrated Life and Societies of Apostolic Life, thereby allowing BSMM to alienate the property.
- Approval of the Bon Secours Mercy Health (BSMH) Retirement Plan Committee: The BSMH Human Resources Committee recommended the approval of the updated committee membership for 2020 for the BSMH Retirement Plan Committee. At a later meeting, the 2021 Retirement Plan Committee Membership was approved.
- Acceptance of the BSMM 2019 Annual Report: Members reviewed and provided feedback and recommended edits to the report before the final version. The final approved report was submitted to CICLSAL.
- Appointments and Reappointments of Board Sponsor Directors: All local market boards and foundation boards in BSMH local markets have sponsor directors, appointed by BSMM.

- Approval of the Statement of Common Values: The Statement of Common Values, based on the *Ethical and Religious Directives for Catholic Health Care Services*, is used with other-than-Catholic entities to ensure there is a consistent ethical practice.
- Selection of Canonical Advisor: Fr. Francis Morrissey, OMI, had served as the canonical advisor for BSMM. With Fr. Morrissey’s illness, Sr. Peggy Martin, OP, a canon lawyer who studied under Fr. Morrissey and retired from CommonSpirit in June 2020, was appointed as BSMM canonical advisor.
- Approval of 2021 BSMM Budget: Annually, BSMM prepares a budget for the next fiscal year to provide the resources needed for its role as canonical sponsor of BSMH.
- Approval of Sponsor Director Responsibilities: The document summarizes the board sponsor director’s responsibilities.
- Appointment of Bon Secours Charity Health System Delegation of Authority Members: Bon

### BON SECOURS MERCY MINISTRIES 2020 GOALS

- **Come to a shared understanding and commitment regarding BSMH sponsorship and mission structure**
- **Regular updates on the integration process of the ministry in Ireland**
- **Annual presentation and update on the following areas: advocacy, ministry formation, and mission integration**
- **How we are carrying out the values in concrete ways**

<sup>1</sup>Canonical Statutes, Bon Secours Mercy Ministries, Article V, Section 2

## **Board Sponsor Director Responsibilities** **Approved, August 20, 2020**

While these responsibilities are collaboratively shared with all Board members, the Sponsor Director models and reinforces these key responsibilities in ensuring strong Mission alignment with all decisions.

- Supports the integration of Catholic identity, mission, and values into board discussion and decisions.
- Promotes special emphasis on addressing the needs of persons who are poor and vulnerable, and where appropriate, the care of the dying.
- Supports access to high quality, affordable, holistic health care for all.
- Advocates for justice in the workplace, including just compensation, employee voice, diversity and inclusion, and special concern for poor and vulnerable employees.
- Contributes to the ministry's prophetic voice in advocating for just social structures, public policy, environmental responsibility, and community engagement.
- Supports ongoing ministry formation within the market and the Board, including utilization of prayer and formation resources provided by Bon Secours Mercy Health.
- Brings to the Board's attention and encourages support for social justice advocacy positions of Bon Secours Mercy Health, Bon Secours Mercy Ministries and the founding congregations.
- Ensures the application of the reserved powers of Bon Secours Mercy Ministries, as appropriate.
- As a participant in the Board's self-evaluation processes, stresses mission alignment as the major lens through which Board decisions and functioning are viewed.

Secours Charity Health System has three Members. The Class A Member is BSMH. The Class B Member is the Sisters of Charity of Saint Elizabeth of Convent Station. In May 2015, WMC Health-Network-Rockland, Inc. was admitted as the Class C Member. Under the Bon Secours Charity Bylaws, the Members have certain reserved powers concerning Bon Secours Charity and its subsidiaries.

- Approval of 2021 BSMM Goals and Priorities: Members identified goals and priorities for 2021.
- Approval of Closure of Bon Secours DePaul Medical Center: Based on the BSMH Board recommendation and the ongoing operational and economic hurdles to maintaining DePaul Medical Center as a viable provider, Members approved the resolution to close DePaul Medical Center.
- Approval of Post-Acute Strategy: Based on the BSMH Board recommendation and after numerous discussions on the best approach to serve the skilled nursing, assisted living, and independent living needs in BSMH, the Members approved the resolution to close post-acute locations in the United States.

### **Decisions**

- Send a message of support and prayer to associates and board members during the COVID-19 pandemic in gratitude for their service and commitment.
- Transition BSMM meetings to virtual during 2020 until re-assessment made in light of COVID-19. Also, members postponed the Spiritual Retreat 2020 until 2021.
- Have an Enterprise Risk Management update at each BSMM meeting regarding reputation risk, which is overseen jointly by BSMM and the BSMH Board Executive & Governance Committee.
- Members discussed that it might be appropriate from time to time for BSMM to make a joint public statement with management and/or the BSMH Board. The Members identified a need to identify a process to enable such statements.
- Support of Sponsorship-Mission structure model for 2021 presented by John Starcher and Sr. Anne Lutz.
- BSMM agreed to be added to the Socially Responsible Investing governance chart.
- Add a second day long BSMM meeting in the Springtime to accommodate the various ministry updates.
- Request BSMH mission department to design a process for education, evaluation, and measurement of values for all associates.



## Updates

- Updates on COVID-19: Members received regular updates from the BSMH CEO on issues related to COVID-19.
- Update on access criteria for critical resources during COVID-19: The recent COVID-19 pandemic has placed a higher demand on BSMH facilities on many levels, including access to needed equipment resulting in possible shortages as well as decisions on how best to allocate critical resources. The “Modified Access Criteria for Allocation of Critical Resources” policy provides guidance and direction for responding to these concerns within BSMH. The ministry in Ireland also has a version of the policy that needed to be aligned with government regulations, called “BSHS Guideline on the Access Criteria for the Allocation of Critical Resources during the COVID-19 Pandemic.”
- Update on Catholic Health Association (CHA) Sponsor Competencies document: BSMM members engaged in conversation about the draft document from CHA and provided specific recommendations for improvement.
- Update on the three hospitals in Virginia that became part of BSMH in January 2020: Bishop Knestout of the Diocese of Richmond designated the three facilities as Catholic hospitals.
- Update on BSHS-Ireland: The Members reviewed the integration of BSHS-Ireland into BSMH.
- Updates on BSMH ministry areas: Team leaders from Mission, the Center for Ministry Formation, Advocacy, and Socially Responsible Investing met with BSMM to provide an update on their ministry areas.
- Update on BSMM 2020 Goals: Members engaged in an end-of-year review and discussion based on the 2020 goals.

## MINISTRY TRANSITIONS

In 2019, BSMM approved the closing of the ministry at Our Lady of Bellefonte Hospital in Russell, Kentucky. Also, as noted above in the actions of BSMM, two additional significant ministry transitions began in 2020: the closing of acute care services at Bon Secours DePaul Medical Center in Norfolk, Virginia, and the decision to approve a full divestiture and sale of the operations and facilities involving skilled nursing, assisted living, and independent living in the Ohio, Virginia, and Florida ministry locations. All of these decisions, while necessary ones, were difficult decisions because of the commitment of BSMM and BSMH to serve in those communities.

## Our Lady of Bellefonte Hospital

In response to numerous requests from residents in Kentucky, the Franciscan Sisters of the Poor opened Our Lady of Bellefonte Hospital in 1953 in Russell, Kentucky, near Ashland, Kentucky. At the time of its opening, the hospital had 92 beds and 40 bassinets. The Franciscan Sisters of the Poor served the Russell and Ashland communities until they decided to withdraw from the health care ministry. In 2000, Our Lady of Bellefonte Hospital was purchased by the Bon Secours Health System, later to become Bon Secours Mercy Health.

After almost 67 years in the community, BSMH announced in January 2020 the decision of the Board and BSMM to close Our Lady of Bellefonte Hospital. The original plan was to close the hospital by September 2020. More than 20 job fairs were hosted at the hospital and in the region to help the close to 1,000 OLBH employees find new jobs and opportunities. Because many employees accepted positions in other area hospitals, BSMH officially closed OLBH on April 30, 2020, due to staff availability. The campus remained empty for the remainder of 2020.

## Bon Secours DePaul Medical Center

The Daughters of Charity came to the Norfolk, Virginia area in 1839 to take charge of St. Mary’s Orphan Asylum. In response to a yellow fever epidemic, the Daughters of Charity opened St. Vincent Hospital in 1856. Following a fire that burned the hospital to the ground, the Daughters rebuilt the hospital in the same location and opened it on April 18, 1901.

The Daughters of Charity invited the Sisters of Bon Secours to purchase St. Vincent Hospital, now known as DePaul Medical Center, in 1996, and the hospital continued the good work that began with the Daughters. Bon Secours DePaul Medical Center thrived for many years through the hard work and dedication of its medical staff and employees. DePaul opened the first intensive care unit in the region, and DePaul performed the first ankle replacement. Being true to its mission of caring for the community, especially those who are poor and dying, the hospital struggled financially through the years. The ongoing operational and economic hurdles to maintaining DePaul as a viable provider has made it advisable to question whether continuing to sustain DePaul as an acute care facility is a prudent use of ministry resources.

The local ministry Board of Directors in Norfolk, guided by prayer, BSMH's mission and values, Catholic social teaching, the CHA's *Shared Statement of Identity for the Catholic Health Ministry*, as well as community need, operational and financial information about DePaul, conducted deliberations and discernment concerning DePaul's status. After due deliberation, the Board determined that the best course of action for both the Hampton Roads Market and BSMH as a whole is to close DePaul and made this recommendation to the BSMH Board of Directors and BSMM.

Following the recommendation of the BSMH Board of Directors, BSMM approved the resolution to close DePaul Hospital and transfer acute care services to another ministry location in Bon Secours Hampton Roads. The hospital closure will take place in 2021. Bon Secours DePaul Medical Center is stable patrimony, and BSMM will submit a petition for alienation when it has determined the future use of the hospital building.

### **Post-Acute Strategy**

For several years, and recently during the COVID-19 pandemic, BSMH has been exploring the best approach to serving skilled nursing, assisted living, and independent living needs in our Florida, Virginia, and Ohio markets to ensure the most appropriate level of care to those communities. All of the ministry locations, particularly the long-term care facilities, share an extensive history with all three congregations which are the participating entities of BSMM (Sisters of Bon Secours, Sisters of the Humility of Mary, and Sisters of Mercy), as well as other religious institutes and dioceses who transferred sponsorship over the years to BSMM (Bernardine Franciscan Sisters, Franciscan Sisters of the Poor, Diocese of Richmond, and the Diocese of St. Petersburg).

After extended review and consultation, the BSMH Board and BSMM engaged in prayerful discernment and decided to approve a full divestiture and sale of the operations and facilities involving skilled nursing, assisted living, and independent living in the Ohio, Virginia, and Florida markets of BSMH. Post-Acute Care does not always receive the attention or support it requires, and there is no overall Post-Acute Care business strategy nor dedicated System leadership. Additionally, reimbursement pressures are expected to increase, and BSMH's approach to Post-Acute Care varies widely across these markets and service lines.

Executive leadership is engaged in the review and due diligence of prospective new owners who will continue to operate the facilities according to the priorities and practices aligned to BSMH's mission and values. Eight of the long-term care facilities are stable patrimony, and BSMM will submit a petition for alienation when the new owner(s) is finalized.

### **MINISTRY COLLABORATION WITH OTHER CANONICAL SPONSORS**

BSMM collaborates in one ministry setting with another canonical sponsor. Representatives of BSMM meet annually with the representatives of the collaborating sponsors to foster the shared commitment to the ministry in the communities served and take appropriate actions reserved to them.

#### **Sisters of Charity of Saint Elizabeth**

The Sisters of Charity of Saint Elizabeth (Convent Station, New Jersey) are the canonical sponsor of Good Samaritan Hospital (Suffern, New York) and co-sponsor of Bon Secours Charity Health System (BSCHS). On November 23, 2020, the designated representatives of BSMH (Sr. Rose Marie Jasinski, CBS and Sr. Anne Lutz, CBS) and a member of the BSMH sponsorship leaders' team (John Wallenhorst) met with the Sisters of Charity leadership team virtually to discuss the ministry in BSCHS in New York. Dr. Mary Leahy, CEO of BSCHS, joined the meeting and provided an update on the ministry, noting the significant impact of COVID-19 on the ministry. Dr. Leahy pointed out that spiritual care had been a priority. The spiritual care team is creative in providing and helping others provide compassionate care, emotional and mental health support, special outreach to front-line providers, and offering special memorial services. She also noted that the staff is very committed and taking protocols seriously. The meeting participants also celebrated the 160<sup>th</sup> anniversary of the Sisters of Charity of Saint Elizabeth.

#### **Ministerial Juridic Person Collaborative**

Additionally, leadership from BSMM participated in the meetings of the Ministerial Juridic Person (MJP) Collaborative. This collaborative represents the current public and private juridic persons in the United States that are focused on Catholic health care. The purpose of the collaborative is to provide a forum for information sharing and support to each other.

In 2020, the MJP Collaborative met twice. The first gathering, held in person on February 11, 2020,



focused on relationships with the bishops in the United States. Fr. Michael Fuller, executive director of the USCCB’s Secretariat of Doctrine and Canonical Affairs, engaged members in a conversation regarding the proposed revision of the “The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry.” The second gathering held virtually on December 2, 2020, focused on sponsorship competencies and formation opportunities for MJPs, especially newly formed ones.

### **MINISTRY COLLABORATION WITH LOCAL BISHOPS**

BSMM considers a good working relationship with the local bishop to be very important in each diocese where BSMH serves. To that end, BSMH has a structure that includes executive leaders in sponsorship or mission who meet regularly (at a minimum, annually) with the local diocesan bishops. These executive leaders work collaboratively with the local bishop (or his designee) and keep him informed of all important matters regarding Catholic health care in the diocese.

The relationships with the local bishops are favorable. There is honest and frank conversation between all involved and matters of concern are addressed quickly. Many of the local bishops make pastoral visits to the BSMH ministries in their dioceses.

### **FORMATION OF MEMBERS**

BSMM sponsored and/or participated in various ministry formation opportunities throughout the year.

#### **Creating a Legacy**

Creating a Legacy is a ministry formation session for BSMH sponsors and board members at the beginning of their meetings. In 2020, the program sessions focused on Catholic social teaching, with presentations on human dignity and the common good, solidarity, the preferential option for those who are poor, and care for creation. Using Catholic social teaching as a springboard for their reflection, sponsors and board members reflected and shared how they uphold human dignity and pursue the common good through their decision-making at the governance level.

#### **CHA Sponsor Formation Program**

BSMM is a participant in the CHA Sponsor Formation Program, provides services on the program’s steering committee, and is also part of the faculty. This formation program is a follow-up to the previous two independent sponsor formation programs that agreed to come together under the leadership of CHA to better integrate and respond to the formation needs of some of the public juridic persons in health care in the United States. The program consists of a series of four-weekend sessions in the fall and spring. Gatherings focus on developing and enhancing critical competencies for

## Bon Secours Community Works: Baltimore, Maryland

The 2019 Annual Report noted the transition of Bon Secours Hospital in Baltimore to LifeBridge Health, Inc., a charitable organization that operates three hospitals and provides other health care services to the Baltimore, Maryland area. However, Bon Secours Mercy Health did not leave West Baltimore and continued its commitment of service there through Bon Secours Community Works. Over the last year, both organizations have consistently collaborated in community engagement. The goal is to enhance community services and not duplicate efforts.

### Career Development

- *Youth Employment and Entrepreneurship Program* provides career exploration and paid work internships to thirty young people each summer.
- *Clean and Green* neighborhood revitalization program teaches trainees about urban landscaping and farming. Trainees harvest fresh produce from Community Works' urban farm and supplement it with milk, eggs, meat, non-perishables, and cleaning essentials for delivery to local families.
- *Community Job Hub Computer Lab* is open to the public to search and apply for jobs and take online classes.

### Family Support

- Community Works offers parenting skills training, family literacy education, health education, and support groups to young, at-risk families. The staff works with parents on child development and modeling best practices for raising children.

### Education

- Community Works partners with six neighborhood schools to support academic excellence and social-emotional wellness in six historically under-resourced and poorly performing West Baltimore schools.

### Financial Education and Services

- *Our Money Place* services include evaluating a clients' household income and assets, eligibility for public benefits, and financial coaching.
- Budget and credit workshops help participants gain vital knowledge about budgeting, saving, the purpose of credit, credit repair, debt reduction, and taxes.
- Community Works is an alternative for quality, low-cost tax preparation services with licensed tax professionals.

### Affordable Housing and Community Development

- The Baltimore ministry has made a \$102 million investment in affordable housing in 12 locations in West Baltimore since the first property in 1988. This amounts to 802 affordable housing units with 1,072 residents (mainly disabled, formerly homeless), 70% of whom are at 30-40% of area median income
- Community Works has invested in various parks, playgrounds, and open space enhancements.

### COVID-19 Relief

- Corporations, foundations, and individuals donated over \$500,000 since March 2020 to support COVID-19 relief efforts in West Baltimore. These donations have helped in numerous initiatives, including eviction prevention, healthy food access, housing resident support services (including providing internet access equipment to more than 1,000 apartment residents), and coordinating safe rides for neighbors – mainly seniors – to ensure access to essential in-person needs (banking, doctor visits, prescriptions, and food).

sponsorship through a combination of reflection, participant involvement, group interaction, and presentations by nationally recognized ministry leaders and speakers. Also, preparatory and follow-up materials allow for additional learning integration. BSMM has four participants in the current program as well as one faculty member.

### **Other Learning Opportunities**

In addition to the offerings noted above, members of BSMM participated in various learning opportunities provided by other organizations.

*Sponsorship Institute (CHA).* BSMM members attended the CHA Sponsorship Institute and had the opportunity to engage with other sponsors across the ministry and had time together to reflect on how BSMM can apply the insights. The focus for the 2020 gathering was Catholic Healthcare: Disruptor and Innovator. The first presentation and dialogue session examined how Catholic health care has always been disruptive and innovative. The boldness and entrepreneurial spirit of the founders and foundresses and their belief that they were doing God's will have resulted in over 150 years of innovation in health care. The table process that followed allowed participants to share how their heritage empowers them to continue this innovation. Three short presentations demonstrating how Catholic health systems collaborate to innovate and create solutions for today's challenges followed the first presentation. The final session focused on strengthening Catholic Identity and Church relationships and collaborating with our bishops in the healing ministry.

*Annual Member Assembly (CHA).* Due to the COVID-19 pandemic, CHA held the annual Assembly of members in a virtual format. The keynote message of the Assembly, given by Jamie Metzl, a health care and technology futurist, was the call for Catholic health care to advocate rebuilding a world for the better in the name of the common good. Metzl noted that the pre-pandemic world was replete with inequity and injustice, and society's most vulnerable were not protected. The nation and the world can come back from the pandemic with a much better system that protects everyone, not just the advantaged.

## **SPONSORSHIP AND MISSION STRUCTURE**

BSMM supports the ministry of BSMH in a variety of ways. In the day-to-day functioning of the

ministry, BSMM has three resources: sponsor directors in governance, sponsorship leaders in System leadership, and mission leaders in System and local ministry leadership.

### **Sponsor Directors on Boards**

BSMM appoints sponsor directors to serve on local ministry boards to support the integration of Catholic identity, mission, and values into board discussions and decisions. In addition to advocating for justice in the workplace on the governance level, these sponsor directors (usually two directors appointed for local market boards) advocate for just social structures, public policy, environmental responsibility, and community engagement. As board members, they support the other board members in stressing mission alignment as the major lens for board decisions and functioning.

### **Sponsorship Leaders**

BSMH has a model for supporting sponsorship in the day-to-day functioning of the ministry. The BSMH sponsorship leader model has three different sponsorship leader roles within the ministry:

- The Chief Sponsorship and Mission Officer, a member of the BSMH Executive Leadership Council, has the primary oversight and direction of the day to day sponsorship and mission functions within BSMH assessing program implementation to assure the development of and to promote a culture of collaboration, mutual respect, and accountability throughout the ministry. The sponsorship leaders and the Chief Mission Officer have a direct reporting relationship to the Chief Sponsorship and Mission Officer.
- The Chief Sponsorship and Theology Officer, also a member of the BSMH Executive Leadership Council, has three significant areas of responsibility: BSMH executive leadership/theologian responsibilities, executive leader to support BSMM, and oversight of the ministry formation department and the spirituality in the workplace function.
- The Group Chief Sponsorship Officers, Group Chief Sponsorship and Mission Officer (Bon Secours Health System-Ireland), and Vice Presidents of Sponsorship work directly with the BSMH Groups (as a member of the Group executive team) and other shared service functions to foster the mission and the ministry interests of BSMM, safeguard the reserved

powers of BSMM, oversee the implementation of related policies, and assess program implementation.

During 2020, BSMM engaged in conversation regarding the sponsorship model in place within BSMH. In November 2020, BSMM agreed to the recommendation to align the sponsorship team directly under BSMM and keep the mission team under BSMH operations, effective January 1, 2021.

### **Mission Leaders**

BSMH has a System mission office, led by the Chief Mission Officer, a member of the BSMH Executive Leadership Council, and who reports to the Chief Sponsorship and Mission Officer. The Chief Mission Officer is responsible for System-wide executive leadership of mission integration, ethics, and spiritual care.

Mission leaders are appointed to serve in each local market within BSMH. System and local market leaders collaboratively determine the number of mission leaders in light of local market services and needs. There are 35 mission leaders throughout BSMH, with at least one full-time mission leader in every local market.

The principal responsibility of the mission leader is to ensure that the policies, procedures, programs, and practices of the local market are consistent with Catholic identity, policies of BSMM, and BSMH mission, vision, values, and policies. The mission leader coordinates local market activities with those of BSMH and assists local leaders and departments in the integration of mission and values into all aspects of planning, program development, and other related activities.

## **ON-GOING SUPPORT TO FORMER MINISTRY SITE ARCHDIOCESE OF NEW YORK**

In 2017, the former Bon Secours Health System withdrew from Schervier Nursing Care Center (369 beds) and Schervier Apartments (155 units) in the Bronx, New York. To continue serving that community, BSHSI committed to supporting two forms of ongoing ministry for a total of ten years: \$350,000 annually to ArchCare, the continuing care ministry of the Archdiocese of New York, and \$250,000 annually to Riverdale Senior Services.

The annual contribution to ArchCare has enabled them to provide sacramental and pastoral care to the residents of Schervier Nursing Care Center and other health care facilities in New York. During the past year, they added two hospitals and eleven nursing homes to the number of facilities supported by their chaplaincy services. They established a "one number paging" service for on-call chaplains. In addition to providing full-time chaplain services at Schervier Nursing Care Center, this support has enabled ArchCare to improve chaplain competencies and coverage at multiple facilities, especially through a new Clinical Pastoral Education program at Terence Cardinal Cooke Nursing Care Center. Through the end of 2020, BSMH has provided \$1,400,000 to ArchCare.

The annual contribution to Riverdale Senior Services, a large senior day center in the community, has enabled them to continue outreach ministries that Schervier Nursing Care Center originally began to address the social determinants of health of frail seniors and others. This support has helped them address a shortage of healthy food options by developing and improving nine community gardens and establishing a "food access hub," a consortium of food pantries and soup kitchens in the community. During the pandemic, they have continued their advocacy and socialization services through electronic means and delivered over 1,700 food supply baskets to home-bound seniors. Through the end of 2020, BSMH has provided nearly \$1,000,000 for the outreach ministries of Riverdale Senior Services.

## CHAPTER THREE

# HEALTH CARE 2020

In a matter of weeks, the COVID-19 pandemic changed every aspect of our lives. The impact on health care delivery has been incredible. As the virus continued to spread, Bon Secours Mercy Health (BSMH) and Bon Secours Health System in Ireland (BSHS-Ireland) faced new challenges as we strived to provide safe, high-quality care for patients and residents, work to safeguard and support our associates, and focus on the needs of the communities we serve.

To provide context about our health care ministries, the following is a short overview of the health care models in both Ireland and the United States (each very different from the other), some comments on the emergence of the 2019 novel coronavirus outbreak (to be named COVID-19), and some implications for the ministry of BSMH and BSHS-Ireland.

### HEALTH CARE IN IRELAND

Health care in Ireland is delivered through public and private health care. The public health care system is governed by the Health Act 2004, which established a new body responsible for providing health and personal social services to everyone living in Ireland: the Health Service Executive (HSE). Individuals who are residents in Ireland for at least one year are entitled to receive health care through the public health care system.

The public health care system is heavily funded by the Irish Government, with the deficit paid through voluntary health care payments and household spending. A large proportion of expenditure goes towards hospitals and ambulatory health care providers, of which curative and rehabilitative care and long-term care receive the largest financial support.

#### Medical Card

Although the Irish Government largely finances the public health care system, individuals may be required to pay certain health care services fees. The Irish Government introduced a Medical Card system to enable people who otherwise cannot afford health care treatment. The Medical Card, available to those receiving welfare payments, low earners, many retirees, and in certain other cases, entitles individuals (approximately 32% of the population) to access a range of health services free of charge: free

hospital care, General Practitioner visits, dental services, optical services, aural services, prescription drugs, and medical appliances.

People who are not entitled to a Medical Card must pay fees for certain health care services. Hospital charges (for inpatients) are a flat fee. If a person cannot afford to pay hospital charges, the HSE will provide the services free of charge. A subsequent system in place is the General Practitioner Visit Card scheme which allows individuals and families to visit their General Practitioner for free. Another system in place, which residents may apply for, is the Drugs Payment Scheme, which caps the amount that an individual or family has to pay per month for approved prescribed medication.

#### Private health insurance

Private health insurance is available for those who can afford it. The regulatory body for private health insurance is the Health Insurance Authority. The United States health insurance market is the largest non-life insurance market in Ireland. As of March 2020, 46.2% of the population were enrolled in private health insurance, which is fairly high for supplemental insurance for any European country. Access to a greater choice of facilities, guaranteed consultant delivered care, shorter waiting times, and higher standards of accommodation during treatment (e.g., en suite or single rooms) are significant perceived benefits of private health insurance ownership. This high membership level reflects the negative sentiment to public health care which has experienced long and growing waiting lists for elective treatment and is increasingly overwhelmed by the growing demand for emergency care reflected in Emergency Department overcrowding.

#### Other payments

Those and their dependents without a Medical Card



or private health insurance can receive medical services free or at a subsidized rate from the Treatment Benefit Scheme, which considers the compulsory Social Insurance Fund contributions they have made. People can also claim tax relief on medical expenses not covered by the government or private health insurance. Those with private health insurance are provided with tax credits, which are passed directly to the insurance company and lower the customer's premium.

### Hospitals

Many hospitals are operated directly by the HSE. There are also hospitals run by organizations that receive public funding but operate with some degree of autonomy, such as teaching hospitals and hospitals with a long-standing religious ethos. There are also many private hospitals. Ireland's 48 public hospitals deliver the majority of care (approximately 84%). In addition to these public hospitals, 19 private hospitals are having over 400,000 discharged patients per year.

The number of hospitals in operation in Ireland has decreased in recent years, with the resulting impact on the number of hospital beds available also decreasing. Public health care has experienced long and growing waiting lists for elective treatment and is increasingly overwhelmed by the growing demand for emergency care reflected in Emergency Department overcrowding. A lack of bed capacity in

public hospitals results in patients often waiting for substantial periods in corridors while being temporarily treated on trolleys as they await treatment.

Irish Government policy towards the acute sector has therefore acknowledged the severe capacity constraints and the impending demand for growth. A cross-party policy document entitled *Sláintecare*, released in May 2017, outlined a long-term vision for public acute care in which capacity is achieved for public patients by phasing out all private treatment in public hospitals over five years. In addition, the National Treatment Purchase Fund further aims to address the capacity issues described.

### Sláintecare

*Sláintecare* is a ten-year program to transform the public health care system. *Sláintecare* aims to provide access to health care for all through the public system. One of the critical pillars of the *Sláintecare* health care reform report is the separation of public and private health care provision and the delivery of a single-tier public hospital system. *Sláintecare* proposes that private health insurance holders will ultimately purchase care from private health care providers only. The complexity of delivering such radical reform has support across all political parties, and the recently published program for government commits to accelerating the implementation of *Sláintecare*.



### **National Treatment Purchase Fund**

The Irish Government set up the National Treatment Purchase Fund in 2002 for those who have been on public hospital waiting lists for the greatest length of time. The Minister for Health has given special funding to the National Treatment Purchase Fund for the specific purpose to reduce the waiting time for public patients. Treatment is arranged in private hospitals in Ireland, Northern Ireland, or Great Britain. The National Treatment Purchase Fund has reduced waiting times for procedures to an average of between two and five months, compared to between two and five years in 2002.

## **HEALTH CARE IN THE UNITED STATES**

The United States is among the wealthiest nations in the world, but it is far from the healthiest. The health system is a highly complex, confusing, and costly mix of public and private, for-profit, and nonprofit insurers and health care providers. The federal government provides funding for the national Medicare program for adults 65 and older and some people with disabilities and various programs for veterans and low-income people, including Medicaid and the Children's Health Insurance Program. States manage and pay for aspects of local coverage and the safety net. Private insurance, the dominant form of coverage, is usually provided by employers. Insurers set their benefit options and cost-sharing structures within federal and state regulations.

### **Medicare**

Medicare is the federal health insurance program created in 1965 for people ages 65 and over, regardless of income, medical history, or health status. The program was expanded in 1972 to cover certain people under age 65 who have a long-term disability. The United States Centers for Medicare and Medicaid Services administers the Medicare program. Medicare plays a crucial role in providing health and financial security to 60 million older people and younger people with disabilities. The program helps to pay for many medical care services, including hospitalizations, physician visits, prescription drugs, preventive services, skilled nursing facility, home health care, and hospice care.

### **Medicaid**

Medicaid is a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care. Medicaid also offers benefits not usually covered by Medicare, including nursing home care and personal care

services. The main difference between the two programs is that Medicaid covers health care costs for low-income people while Medicare provides health coverage for the elderly and younger people with disabilities. There are also dual health plans for people who have both Medicaid and Medicare. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. Medicaid programs vary from state to state.

### **Children's Health Insurance Program**

The Children's Health Insurance Program, enacted in 1997, provides medical coverage for individuals under age 19 whose parents earn too much income to qualify for Medicaid but not enough to pay for private coverage.

### **Private Health Insurance**

In the United States, unlike European health insurance plans, a private employment-based system for health insurance became prominent in the 1940s. Employers, unable to provide higher salaries to attract or retain employees, began to offer insurance plans, including health care packages, as a fringe benefit, thereby starting the practice of employer-sponsored health insurance.

A variety of private and public entities own hospitals, clinics, doctors' offices, and other health care facilities. Health insurance providers are generally separate companies from these and deal with many different health care providers. Patients pay monthly health insurance fees to ensure that they will be covered when they need to go to the doctor, clinic, or hospital. Insurance providers cover thousands of patients, so they can negotiate with health care providers for reduced fees and then pay for services. Insurance providers generally have a network of doctors that they have agreements with, and patients are covered for visits to doctors within that network but may not be covered, or fully covered, for visits to doctors out of their network. Insurance providers will usually cover services considered necessary by doctors, but often will not cover services that are considered "elective." Insurance companies aim to keep their costs down while still covering essential health care.

### **Affordable Care Act**

The Patient Protection and Affordable Care Act, commonly referred to as the Affordable Care Act, is the name for the comprehensive health care reform law and its amendments enacted in March 2010. Since insurance companies are private, for-profit

companies, many Americans had been left uninsured because they could not afford or did not want health insurance, or because they were rejected because of pre-existing conditions. The law expands access to insurance, increases consumer protections, emphasizes prevention and wellness, improves quality and system performance, expands the health workforce, and curbs rising health care costs. In general, the Affordable Care Act has three primary goals: make affordable health insurance available to more people by providing subsidies that lower costs for households with incomes between 100% and 400% of the federal poverty level, expand the Medicaid program to cover all adults with income below 138% of the federal poverty level (though not all states have expanded their Medicaid programs), and support innovative medical care delivery methods designed to lower the costs of health care generally.

### **Hospitals**

Hospitals in the United States are primarily nonprofit entities, with the remainder public (federal, state, county, and city governments) or for profit. In 2020, there were 5,250 acute care and critical access hospitals in the United States. In the last decade, dozens of hospitals in rural areas have closed, particularly in the Southeast region. Integrated delivery systems, where the provider and the insurer share the risk of providing value-based health care, have grown in popularity.

Hospitals primarily exist to provide inpatient care, though they do provide some outpatient care in their emergency rooms and specialty clinics. Additionally, there is a network of registered free clinics that provide limited medical services. They are considered to be part of the social safety net for those who lack health insurance.

### **COVID-19 PANDEMIC**

On December 31, 2019, the World Health Organization (WHO) learned about several cases of pneumonia of unknown origin in Wuhan City, in the Hubei Province of China. On January 7, 2020, Chinese authorities identified the cause as a novel (new) coronavirus (2019-nCoV), a member of the coronavirus family that had never been encountered before.

Common human coronaviruses usually cause mild to moderate upper-respiratory tract illnesses, like the common cold, with symptoms that last only a short time. However, two other human coronaviruses,

MERS-CoV and SARS-CoV, have been known to cause severe symptoms and even death. Symptoms of the 2019 novel coronavirus included fever, cough, and shortness of breath. On January 11, 2020, Chinese state media reported the first death from the 2019 novel coronavirus, a 61-year-old man who had visited the live animal market in Wuhan.

For the sixth time in history, the WHO declared the 2019 novel coronavirus outbreak a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020. On February 11, 2020, the WHO announced that the 2019 novel coronavirus is named COVID-19: "Co" stands for coronavirus, "Vi" is for virus, "D" is for disease, and "19" for 2019. On April 2, 2020, WHO reported more than one million people worldwide were diagnosed with COVID-19. Given testing shortages, undiagnosed cases, and suspicions about governments obscuring the scope of their respective outbreaks, the actual number of people sickened was believed to be much higher.

Throughout the rest of 2020 and into 2021, the world community grappled with the impact of the COVID-19 pandemic, including tracking the pandemic; advising on critical interventions; distributing vital medical supplies to those in need; preventive strategies such as handwashing and sanitizing, mask-wearing, social distancing; lockdown measures; vocal deniers of the virus; border closings; development of vaccines and systems to implement vaccine distribution; infection surges (at least three global surges in 2020); personal protective equipment (PPE) availability and distribution; hospital capacity and impact on workers and families; and an increased number of people who died from COVID-19. Through December 31, 2020, the WHO reported 82,464,571 confirmed COVID-19 cases and 1,803,267 COVID-19 related deaths globally.

### **Ireland and Bon Secours Health System**

In Ireland, the WHO reported that during 2020 there were 90,157 confirmed COVID-19 cases and 2,226 COVID-related deaths. As of December 31, 2020, Bon Secours Health System-Ireland (BSHS-Ireland) recorded 53 acute care confirmed COVID-19 cases and one death in BSHS-Ireland acute care locations. During 2020, there were no confirmed COVID-19 cases or deaths in BSHS-Ireland long-term care facility. Vaccinations against COVID-19 in Ireland began on December 29, 2020.

On February 28, 2020, BSHS-Ireland had its first COVID-19 Response Team meeting, just before the announcement of the first confirmed case of COVID-19 in Ireland on March 1, 2020. The first COVID-19 patient death in Ireland was on March 12, 2020.

The Irish government announced a public-private hospital partnership agreement on March 30, 2020, during the COVID-19 pandemic. The HSE temporarily used private hospitals as part of the public health system to provide essential services and expand the public health services to treat COVID-19. There are 19 private hospitals in Ireland with an estimated bed capacity of just under 2,000 in-patient beds, 600-day beds, 47 ICU beds, and 54 high dependency unit beds. This amounts to an approximately 17% increase in the capacity of the public health system. Of the under 2,000 in-patient beds, about 1,000 are single-patient in-patient rooms which were very helpful for the isolation of patients. Private hospitals also had 194 ventilators.

Under the agreement, HSE secured the full capacity of private hospitals, the private hospitals operated as public hospitals for the duration, they treated both COVID-19 and other patients, and all patients treated in private hospitals were public patients. BSHS-Ireland participated in the partnership, requiring significant work and organization by Hospital CEOs, Directors of Nursing, and their teams in agreeing on pathways, bed allocation, and the delegation of staff to care for admitted patients. Across BSHS-Ireland, 122 Consultants signed a contract with the HSE, representing 73% of BSHS Consultants. The agreement ended in July 2020. Bridging agreements were made locally between HSE and individual sites during September-October 2020.

During this time of crisis, there was continued dialogue between BSHS-Ireland and the HSE about

evolving capacity needs to ensure that both were collectively best prepared to meet the demands of this continued crisis. BSHS-Ireland stands ready to support the national response to the pandemic, reflected in continued local agreements with respective public hospitals. Clearly, the public and private health care sectors worked together for the common good.

### **The United States and Bon Secours Mercy Health**

In the United States, the WHO reported that during 2020, there were 19,346,790 confirmed COVID-19 cases and 335,789 COVID-related deaths. As of December 31, 2020, Bon Secours Mercy Health in the United States (BSMH) recorded 51,520 acute care confirmed COVID-19 cases and 1,849 COVID-related deaths in BSMH acute care locations. There were 502 confirmed COVID-19 cases and 98 COVID-related deaths in BSMH long-term care and assisted living facilities. Vaccinations against COVID-19 in the United States began on December 14, 2020.

On January 27, 2020, BSMH established a BSMH Command Center for project management and communication plans related to COVID-19. In late February-early March, BSMH formed a COVID-19 Executive Task Force to oversee decisions that would have the potential to significantly impact our service delivery. Additionally, a multi-disciplinary COVID-19 Clinical Consultant Group was formed to provide guidance on critical clinical decisions as well as local market COVID-19 Response Teams to enable an agile response to rapidly changing information. To ensure continued support for clinical teams as they provide continuity of care and minimize exposure risk, all shared services and administrative services associates began work remotely.

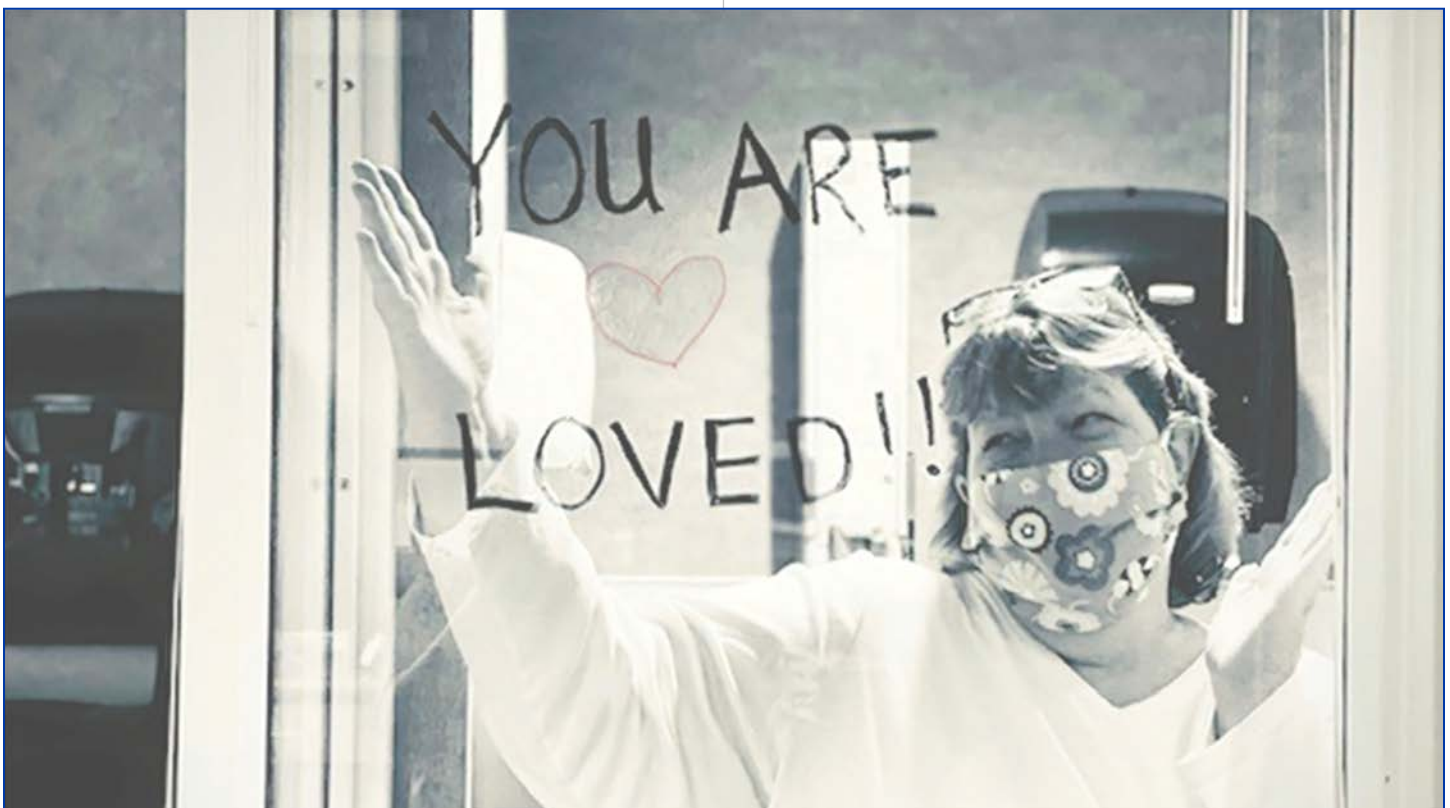


On March 13, 2020, President Trump declared a National State of Emergency for the United States, requiring all hospitals and health care systems to initiate emergency plans. BSMH was well-prepared for this step and had established emergency preparedness plans, which it began implementing immediately. BSMH launched 24 hour/7 days a week Incident Command Center set to monitor and track COVID-19 response activities and identify changes that may be needed to anticipate clinical or societal changes affecting BSMH, its patients, and the communities it serves.

In 2020, the United States Federal Government provided three phases of emergency funding to support COVID-19 efforts. The first phase (the Coronavirus Preparedness and Response Supplemental Appropriations Act), enacted on March 6, 2020, was an \$8.3 billion bill spurring coronavirus vaccine research and development and provided emergency funding relief for domestic and global efforts. On March 17, 2020, all 50 states reported the presence of the Coronavirus, and more federal resources were needed to address the pandemic. The second phase (the Families First Coronavirus Response Act), enacted on March 18, 2020, was a \$104 billion package largely focused on paid sick leave and unemployment benefits for workers and families, as well as funding for free coronavirus testing, and increased funding for food stamps.

The third phase (the Coronavirus Aid, Relief, and Economic Security Act or the CARES Act), enacted on March 27, 2020, was a \$2.2 trillion economic stimulus package that included one-time cash payments to individual people who submit a tax return in the United States (most adults receiving \$1,200 each and families with children receiving more), increased unemployment benefits, forgivable loans to small businesses, loans for corporations, and funds to state and local governments. Concerning health care, the bill provided additional funding for the prevention, diagnosis, and treatment of COVID-19, increased reimbursement, waived certain restraints, such as those associated with telehealth, and other emergency funds, and provided for emergency revisions to national procedures.

BSMH frontline caregivers and those who support them have shown true courage and dedication in providing compassionate, expert care for patients and residents despite risks to themselves. Caregivers from across the ministry have found ways to connect isolated patients and residents with loved ones and demonstrated true compassion to those who were seriously ill and/or dying. In this most trying of times, our associates have shown the heart and power of our compassionate healing ministry.



## CHAPTER FOUR

### MINISTRY OVERSIGHT

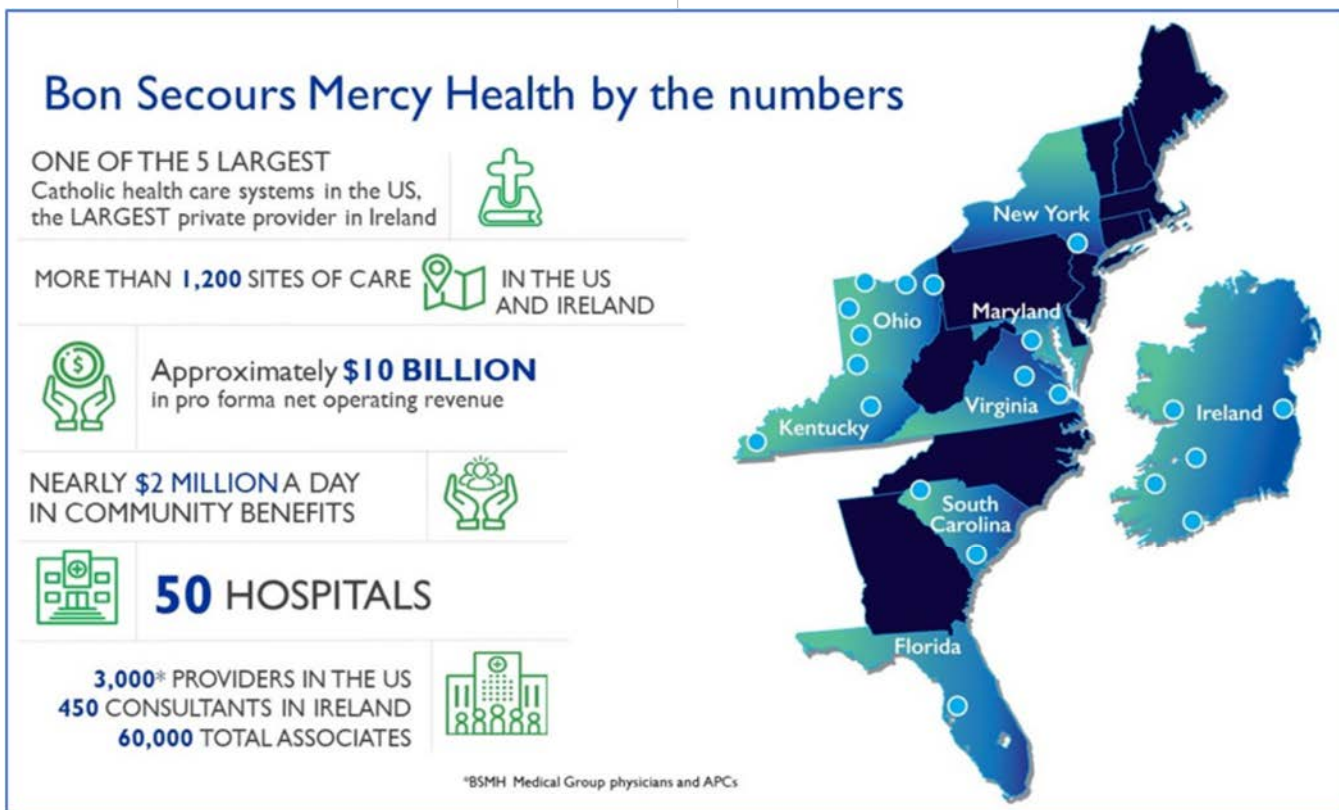
**B**on Secours Mercy Health (BSMH) is one of the 20 largest health systems and the fifth largest Catholic health system in the United States, and the largest not for profit private health care provider in the Republic of Ireland. The ministry’s quality and compassionate care is provided by more than 60,000 associates serving communities in Florida, Kentucky, Maryland, New York, Ohio, South Carolina, and Virginia in the United States and throughout Ireland in Cork, Dublin, Galway, Limerick, and Tralee.

Because of the number of ministry locations in various sites, BSMH established four groups: Atlantic (Eastern United States), European (Ireland), Great Lakes (Northern Ohio), and Mid-American (Southern Ohio and Kentucky), plus St. Petersburg, Florida (stand-alone long-term care facility). BSMH modified the group structure in November 2020 to Providence (Virginia, Southern Ohio, and Kentucky), Samaritan (South Carolina and Northern Ohio), and European (Ireland) groups, plus St. Petersburg, Florida.

BSMH provided more than 11 million patient encounters in 2020 through its network of more than 1,200 care sites, which includes 50 hospitals, as well

as home health agencies, hospice, skilled nursing, and assisted living facilities. Consistent with its commitment to serve each patient with dignity, BSMH provides approximately \$2 million per day in community benefit.

BSMH continues the mission of the Sisters of Bon Secours, the Sisters of the Humility of Mary, and the Sisters of Mercy. Each of these congregations’ mission is a participation in the compassionate and healing ministry of Jesus. Today BSMH is committed to ensuring that the healing ministry it conducts remains an embodiment of Gospel values and is connected to the broader ministry of the Church through compassion and service.



## Mission, Vision, and Values: Why the Difference?

The Mission, Vision, and Values of Bon Secours Mercy Health and Bon Secours Health System in Ireland are fully aligned. At the time of the merger in 2019, Bon Secours Health System in Ireland did not change its Mission and Values because of several factors, including:

- Merger timetable: The merger was completed in six months.
- Bon Secours Health System in Ireland's charitable status: Changes to the governance documents might also need to be reflected in other legal documents, which would have caused a delay in the merger completion.

As a sign of the successful integration process, Bon Secours Health System in Ireland will commence this transition to the Bon Secours Mercy Health mission, vision, and values in 2021.

### Bon Secours Mercy Health

#### Mission

Bon Secours Mercy Health extends the compassionate ministry of Jesus by improving the health and well-being of our communities and brings good help to those in need, especially people who are poor, dying, and underserved.

#### Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness, and communities thrive.

#### Values

- Human Dignity: We commit to uphold the sacredness of life and to be respectful and inclusive of everyone.
- Integrity: We commit to act ethically and to model right relationships in all of our individual and organizational encounters.
- Compassion: We commit to accompany those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."
- Stewardship: We commit to promote the responsible use of all human and financial resources, including Earth itself.
- Service: We commit to provide the highest quality in every dimension of our ministry.

### Bon Secours Health System Ireland

#### Mission

Founded by the Sisters of Bon Secours, our hospitals have as their mission, care for the sick, the dying and their families within a Catholic Ethos.

Inspired by the Gospel and sharing in the healing mission of Jesus, we recognise the dignity and uniqueness of each person, seeking to provide high quality, holistic care which is characterised by compassion, respect, justice and hope.

#### Vision

Within a Catholic Ethos, Bon Secours Health System will:

- be a leader in Healthcare in Ireland,
  - empower staff to reach their full potential,
  - reach out compassionately to the community,
  - be innovative and responsive to new developments in Healthcare,
- while maintaining our patient friendly environment in all our hospitals and facilities.

#### Values

- Respect: We treat all people with respect, because we believe in the dignity of each individual
- Justice: We support, protect and promote the rights of all individuals
- Integrity: We are honest in our dealings. Our behaviour is consistent with our thoughts, feelings and values
- Stewardship: We use all of Bon Secours resources in a responsible way
- Innovation: We look for new ways to meet people's needs and improve our Services
- Compassion: We experience and express empathy with the life situations of others, especially the poor
- Quality: We strive to meet and exceed the Standards of good service

## MISSION SERVICES

### Mission Leaders

Mission leaders ensure the integration of the mission into every aspect of a health care organization and assist the ministry and its leaders in sustaining, deepening the awareness of, and fully realizing the local ministry's identity as a healing ministry of the Catholic Church. Mission leaders serve alongside other colleagues on the local ministry leadership team and assist by identifying theological, ethical, and moral issues embedded in day-to-day operations. The mission leader translates these issues to engage the leadership team's energy, talent, and imagination to identify directions and solutions for the local ministry.

Throughout BSMH, 35 mission leaders serve the local ministries in the United States and Ireland to ensure the integration of mission, vision, and values within the local ministry. Supporting the local mission leaders is a System-level mission team led by mission executives with specific areas of responsibility, such as ethics and spiritual care. At the group level, there are Chief Mission Officers who provide direct support to the mission leaders within the group. All mission leaders throughout BSMH – local, group, and system levels – have completed academic study and degrees in Catholic theology.

The mission leaders strive to create a unified culture that supports BSMH associates in fulfilling Jesus' compassionate ministry: a culture in which BSMH leaders are active partners in mission integration. To that end, the mission team developed a three-year strategic plan to ensure the continued integration of mission, vision, and values into BSMH's daily activities and its associates' actions. See Appendix B for the *2020-2022 Bon Secours Mercy Health Mission Services Strategic Plan*.

### Bon Secours Mercy Health Mission Services Statement of Purpose

To extend the compassionate ministry of Jesus, we strengthen the presence and influence of the Mission in all our locations, services, and activities. We ensure the integration of our Catholic identity — spirituality, values, and ethics — across the ministry.

### Ethics

The 2019 ethics section of the BSMM Annual Report focused on merging two Catholic health systems to create ethics structures and processes for one ministry. The 2020 report focuses on how those structures and processes have supported continued ministry growth, daily ethics consultation and education, and response to the COVID-19 pandemic. Additionally, the ministry in Ireland continues to be integrated with BSMH ethics structures.

### Ministry Growth

The BSMH Ethics team assisted with the onboarding of three newly acquired, non-faith-based hospitals in the United States to become fully Catholic facilities. Pre and post onboarding assessments provided areas for focus and ensured accountability for benchmarks. Within nine months of acquisition, the facilities are fully compliant with the *Ethical and Religious Directives for Catholic Health Care Services* (ERD). They receive ongoing support of clinical ethics processes and their Catholic identity. Ethics committees at the new hospitals follow the BSMH Quality Standards, and consultation processes were developed and rolled out. This new acquisition onboarding process will serve as a template and standard for future ministry growth.

### Ethics Consultation and Education

#### Ethics Strategy Council

The meeting of the Ethics Strategy Council on September 30, 2020 included ten system stakeholders from Mission, Ethics, and Community Health. Key themes included: Allocation of Scarce Resource Policy, Mission and Ethics onboarding for newly acquired facilities, and harmonizing electronic medical records platforms.

*Ireland Ethics Organizational Structure:* The BSMH Vice President of Ethics and the Group Chief Sponsorship and Mission Officer for BSHS-Ireland collaborated to assess Ireland's ethics activities and recommend strategies for committee and consultation support, organizational ethics leadership development, and succession planning.

*Clinical Ethics Committee (Ireland):* In Ireland, the Clinical Ethics Committee is a BSHS-Ireland Board sub-committee. The Clinical Ethics Committee is available to patients and residents, their families, and health care professionals to help them identify, understand and resolve difficult health care ethics questions. It accepts referrals from consultants, staff, volunteers, families and patients, and residents where

an ethical issue or dilemma regarding patient and resident care exists.

*Ethics Learning Community:* The Ethics Learning Community includes Ethics Committee members and Mission Leaders by region and promotes collaboration while growing the foundation for ongoing system ethics integration. The Ethics Learning Community enables a culture of ethical behavior and a framework to promote Catholic identity across BSMH. The quarterly meetings covered a range of topics related to each local system’s perceived ethical needs and different ways to educate staff on ethical issues.

*Research:* This was an ongoing discussion in BSHS-Ireland with the Department of Health regarding their pre-screening and retrospective chart review regulations. The Research Subcommittee of the BSHS-Ireland Clinical Ethics Committee was briefed on the establishment of a National Research Ethics Committee for Clinical Trials and Medical Devices and what the implications would be for BSHS-Ireland. It also discussed the European Directive on Clinical Trials.

*Ethics Competency Calls:* These System-wide didactic education experiences address the various competencies set forth by the Catholic Health Association (CHA), American Society for Bioethics and Humanities, and BSMH for ethics consultants and ethics committees baseline knowledge and skills. There were four calls in 2020: Professional Roles and Codes of Conduct; Policy Development Influencers; Admissions, Discharges and Transfer Process; and Terms of Anatomy of Common Problems. Attendees included Mission Leaders, Ethics Committee members, consultants, and other staff as appropriate.

*Eradicating Racism:* In response to the murder of George Floyd in the

United States and support of racial equity, the Vice President of Ethics participated as a panel member with a diverse group of leaders for the Bon Secours Richmond market live virtual discussion “Difference is Dialog” that was attended by more than 400 associates and very well received.

*Ethics Committees:* Agendas of ethics committee meetings reflected local educational needs and consultation mix. Group and System-level ethicists supported local systems with committee organization and education on matters related to the ERDs, compliance, case consultations, Catholic identity, and policies.

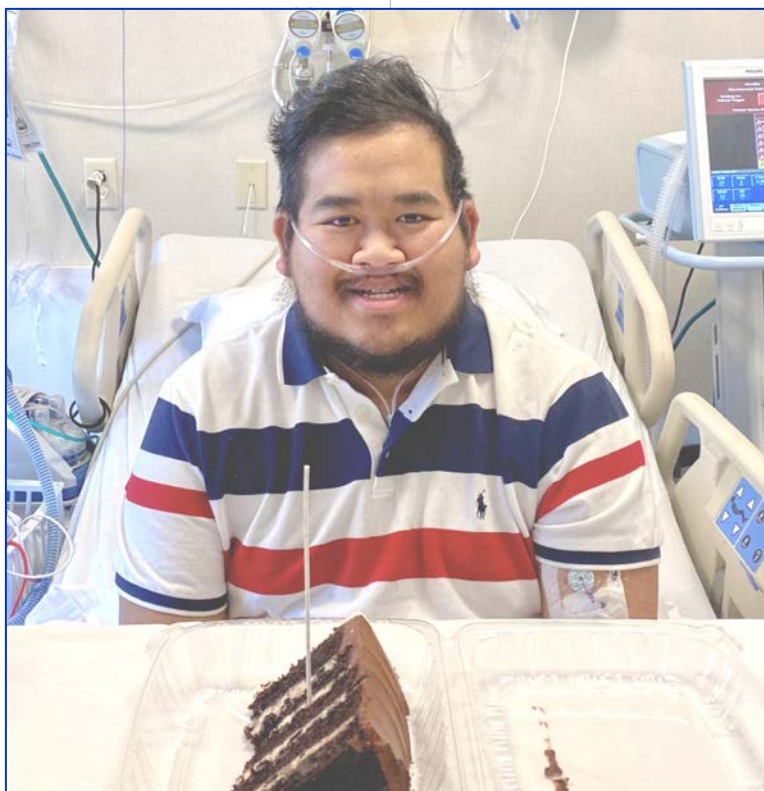
*Ethical and Religious Directives for Catholic Health Care Services Education:* In support of the BSMH Mission Strategic Plan, leaders in Mission, Ethics, and Nursing Development created and implemented education and communications for front-line staff to make the ERDs more relevant and accessible in their work.

*Core Ethical Principles:* In 2018, the Roman Catholic Bishops of Ireland issued a document entitled “Code of Ethical Standards for Healthcare.” BSHS-Ireland updated its Core Ethical Principles to correspond to the bishop’s document.

### **COVID-19 Pandemic Response**

The BSMH Ethics team responded to the many ethical concerns related to the COVID-19 pandemic with internal organizational, community-based, and jurisdictional collaborations.

*Allocation of Scarce Resources:* The BSMH Vice President of Ethics participated in Virginia and Ohio state policy development and led system policy development to meet critical care needs that may exceed resources for communities experiencing overwhelming illness and fear. The greatest challenge was to avoid





compounding existing health disparities and to create policies and processes that protect vulnerable persons, especially minorities, immigrants, and those with disabilities. Also, market-level mission and ethics executives in Mercy Health Toledo (Ohio) and Bon Secours St Francis (Greenville, South Carolina) collaborated locally with state officials and partner health systems to ensure resource sharing and policy alignment.

In Ireland, a subcommittee of the Clinical Ethics Committee was formed to draft guidance for clinicians in ethical decision-making during this pandemic. The Irish Department of Health's Pandemic Ethics Advisory Group appointed the ethical advisor to BSHS-Ireland to the group. This advisory group produced several important documents on the allocation of resources during a pandemic and the ethical principles for decision-making during a pandemic. The subcommittee produced their own document entitled "BSHS Guideline on the Access Criteria for the Allocation of Critical Resources during the COVID-19 Pandemic," utilizing both Health Service Executive guidance and the equivalent BSMH policy.

*Advance Care Planning:* The BSMH Director of Ethics participated in a System-wide workgroup creating spiritual care expectations related to acute care advance care planning. This group assessed the current state of advance care planning activity, established expectations for all chaplains, and will establish education related to the new expectations. Additionally, the BSMH Vice President of Ethics assisted with education and processes related to long-term care and advance care planning. BSHS-Ireland follow the Ethical Principles of the Irish Medical Council concerning advance care planning and has run some training sessions with the health care professions on this topic.

*Vaccine Planning and Distribution:* System and market ethics leaders participated in ongoing system vaccine planning and distribution workgroups for leaders. These workgroups ensure adherence to research standards for emergency use authorization, promote equitable distribution for associates and vulnerable populations, and increase public information access and trust. The Clinical Ethics Committee in BSHS-Ireland circulated the Statement from the Congregation for the Doctrine of the Faith and the Statements from the Irish and English Catholic Bishops to the hospital management to address ethical issues staff and patients might raise.

*Moral Distress:* BSMH mission and ethics leaders collaborated with Nursing Development to survey and interview facility-based staff about their experiences with moral distress. The plan is to partner with Employee Well-being to develop a strategic approach to this important matter. BSHS-Ireland set up an independent counseling service for the staff experiencing moral distress due to COVID-19. The staff has also participated in several research projects on moral distress. On-line programs developed by the Royal College of Surgeons in Ireland have also been made available to the staff.

*COVID-19 Resource Sharing in Catholic Healthcare:* The BSMH Vice President of Ethics contributed to regular ethics resource-sharing leadership groups with multiple Catholic health systems.

### **Spiritual Care**

Spiritual care is integral to the care provided throughout BSMH. Health professionals work in teams to identify and monitor patients' conditions. Spiritual care also has this interdisciplinary focus. As health professionals encounter patients experiencing spiritual issues, they look for help from board-certified professional chaplains. Chaplains are a diverse group of Catholic professionals that include lay, religious, and clergy. Clergy join this Catholic staff from other denominations and faith traditions to ensure that we meet the spiritual needs of BSMH's diverse patient population. After receiving graduate degrees in theology, professional chaplains undertake a formation program in clinical pastoral education, where they learn to work collaboratively with other health care professionals. To ensure that BSMH continues to provide the best spiritual care for its patients and residents, BSMH has committed to working with all of its chaplains to move towards board certification.

In Ireland, Bon Secours Hospital in Dublin launched an exciting new program in partnership with the Pontifical University at Maynooth and the Irish Healthcare Chaplaincy Board. Bon Secours Hospital in Dublin is now one of two hospitals in Ireland where students undertaking the Higher Diploma or Masters program in Pastoral Theology (Healthcare Chaplaincy) can fulfill their course's clinical placement requirement. Bon Secours Hospital in Dublin is the first private hospital in Ireland to partner with a university for this purpose.

BSMH has approximately 300 chaplains across the ministry. Their focus is providing high-quality, compassionate pastoral care to patients, residents, families, loved ones, and associates. While chaplains are highly skilled at journeying with people throughout times of personal crisis due to injury, illness, life changes, or distress, 2020 brought new challenges with the heightened stress and effects of the COVID-19 pandemic.

Throughout our ministry in the United States and Ireland, chaplains responded to the emotional and spiritual needs of patients, families, and health care workers, adjusting to evolving infection control guidelines and situations. This continues to prove challenging, with a particular focus on supporting families emerging as a priority area of response, especially with the ongoing reality of continued visitor restrictions. BSMH chaplains remained essential to the interdisciplinary team and worked to learn and respond to the changing safety precautions and needs. New pastoral care policies and practices were developed for safely providing care to patients and families during COVID-19 while maintaining compassion and respect.

Key priorities in 2020 were:

- Providing spiritual care to our patients and their loved ones: virtual, telephonic, and in-person ministry (with proper personal protective equipment). Chaplains were often a reassuring link to families at home unable to visit their loved ones in our facilities.
- Addressing sacramental needs: staying current with diocesan guidelines and communicating with clergy.
- Liturgical celebrations: regular celebrations in line with current COVID-19 guidelines were offered.
- Tending to the health care teams: offering prayers, a listening ear, and encouragement. Chaplains rounded on units to check on the care teams, being attentive to those under stress.
- Facilitating advance care planning discussions: helping to clarify and document end-of-life wishes of individuals. In Ireland, a new End of Life Companion Care checklist used by the pastoral care staff ensures our mission and values are central to patient care during end of life and at death.

### **November Masses**

Every November, the spiritual care leaders in Ireland coordinate Remembrance Masses in the BSMS-

Ireland hospitals for those who have died over the past 12 months. This has always been a much-appreciated tradition for our communities. Due to COVID-19, this year's Masses needed to be held virtually. Moving to virtual platforms, these Masses are essential support for families whose loved ones died in our care in 2020, and for our staff who have had bereavements in this time. For example, the November Mass at Bon Secours Hospital Cork had over 800 viewers on YouTube, which does not include those who participated through other virtual platforms.

### **COMMUNITY HEALTH**

BSMH Community Health leaders have continued a legacy of successful community education, preventive health, social advocacy programs, and mobilizing community partnerships and coalitions to support healthy living. Many of our markets have positively impacted communities as leaders in innovative approaches to addressing social determinants of health like housing and food insecurity. These investments have sometimes gained national attention and become models for the work of other health systems. This work is grounded in long-term, collaborative relationships in which service organizations engage and empower members of a defined geographic community and support them in improving their quality of life and holistic health.

BSMH has community health initiatives in each of its local ministries in the United States. Leaders are working to actively engage diverse individuals and organizations to create a common vision of health and well-being to which all can contribute and identify priorities for improving quality of life. The BSMH Community Health department has continued to make formation of and high-level participation in coalitions across multiple organizational entities, especially in local systems, part of the system-wide goals. These coalitions have identified significant social and health issues that will require the engagement of diverse and expansive networks to make a collective impact and often helped organize and implement solutions.

In addition to the traditional community-based work typically performed, BSMH Community Health has also been an active part of BSMH's response to COVID-19. This pandemic has wreaked havoc on communities, with implications for health and well-being outcomes. Throughout BSMH, community health leaders have worked with internal and external



partners to address the ever-changing needs of the communities we serve.

### **Anchor Strategy**

BSMH is aligning our presence in the communities we serve by using an “Anchor Strategy” model, embraced by senior leaders and based on the framework of the Healthcare Anchor Network. BSMH is a long-standing member of the Healthcare Anchor Network, a leadership group of 50+ United States health systems making unprecedented investments to address the economic, racial, and environmental disparities in our communities. The Anchor Strategy encourages BSMH leaders to target hiring, purchasing, and place-based investment for equitable, local economic impact, designed to build more inclusive and sustainable local economies.

This means creating community-driven, evidence-based initiatives that will not only impact the work of the BSMH Community Health team, but also our leaders in other departments within the system and local markets. In 2020, BSMH Community Health began creating the Anchor Strategy infrastructure within its markets, headed by market Community Health leads.

In addition to the traditional programs and services currently in place, initiatives will focus on new opportunities for local hiring, local supply chain sourcing, and place-based investing to address social

determinants\influencers of health, such as affordable housing, transportation, education, advocacy, and food insecurity.

### **Community Health Needs Assessments**

The Community Health Needs Assessment (CHNA), collected about every three years in the United States, reflects the perspective of multiple stakeholders in the local community, including BSMH local systems and their partners. Ongoing community engagement complements this process to allow the system to align its strategies with the root causes of disparities in health outcomes, improving the potential impact of programs.

BSMH completed its third cycle of CHNAs in 2019, emphasizing collaboration among health providers and organizations that share their respective communities’ overall health. BSMH completed the corresponding implementation plans in 2020. During this process, communities prioritized mental health and substance abuse in all markets. They also identified health education, access to care, obesity, and chronic conditions as concerns.

Also, CHNAs identified several social conditions that impact and influence the overall health of our communities. These included housing, jobs with fair wages, transportation, crime and safety, services for homeless populations, and improved primary education.

Collaborations and more formal partnerships continue to be the best way to maximize resources. Community Health local leaders have shared the reports on communities' current needs and how BSMH institutions and their partners will address them.

The health system is in the beginning stages of the fourth cycle of the CHNAs. This cycle is due to be completed at the end of 2022, with the corresponding implementation completed by mid-2023.

COVID-19 deeply impacted BSMH's ability to safely provide outreach in the community, including donations, outreach events, free screenings, and more. This is especially true when it comes to vulnerable populations. However, BSMH has been able to impact many areas this year, either virtually or safely in person.

In BSMH's collaborative environment, the community-identified needs in the CHNA are not just used to drive initiatives of the BSMH Community Health department but are shared internally and externally to inform other community-based initiatives. Internally, that includes advocacy, place-based investments, population health, human resources, and even supply chain.

In 2020, achievements in response to prioritized community needs, including the COVID-19 pandemic, included:

- Bon Secours St. Francis' (Greenville, South Carolina) Community Wellness Outreach team members (in collaboration with the Healthy Community Navigator) offered services through activities, screenings, outreach efforts, and individual consultations (in-person/telephonic). For 2020, their team had approximately 5,175 contacts with community members and offered 44 total events/screenings in the community. Wellness Outreach delivered more than 3,000 masks to communities during the pandemic, and education was provided to residents on COVID-19 prevention in neighborhoods where residents were coming to churches for food.
- In Mercy Health Toledo (Ohio), BSMH engaged with neighborhood residents to identify their most pressing needs, noting improving economic stability as significant. Mercy Health Toledo, therefore, partnered with both Local Initiatives Support Corporation and NeighborWorks to create a Financial Opportunity Center at the Franklin Avenue Medical Center. Key outcomes for the 63 clients served in the last quarter of

2020 include: 39% of clients increasing their credit score by 42 points, 48% increased their monthly income by an average of \$503.10 per month, and 41% increased their net worth by an average of \$6,235.64.

- Bon Secours Hampton Roads (Virginia) delivered over \$500,000 of free and comprehensive primary care services to Care-A-Van patients in the Tidewater, Virginia region.
- Bon Secours Baltimore (Maryland) delivered fresh food and essential household supplies (toilet paper, diapers, and cleaning supplies) to 145 families weekly in West Baltimore, Maryland, during the onset of the pandemic and continues to deliver fresh food to 75 families, totally over 3,382 pounds of food.
- Mercy Health Marcum and Wallace (Irvine, Kentucky) implemented the HELP (Healing, Empowering, Living Program) Team. The HELP Team, also known as the Quick Response Team, has been developed with funding from the Bureau of Justice Assistance. The HELP Team aims to provide a coordinated response to the opioid crisis in Estill County, Kentucky. A peer support specialist, community paramedic, and behavioral health consultant make up the HELP Team. The team's goal is to build respectful relationships and work hand in hand with people to get the help they need. Team members can distribute and train family and community members as well as first responders in how to administer Naloxone, which reverses the lethal effects of opioids.
- Mercy Health Youngstown's (Ohio) Hispanic Health Program responded to the immigrant community's needs due to COVID-19. Many in the immigrant community lost their jobs or had fewer work hours, leading to many facing food insecurity. The Hispanic Health Program provided 767 immigrants in three surrounding counties with food supplies, face masks, and health toiletries from April thru December 2020.
- Mercy Health Lorain (Ohio) provided a COVID-19 box filled with essentials to worship safely: cleaning supplies, masks, gloves, six-foot signs, to name a few. They delivered the boxes to local churches. They then empowered the local churches and congregations to consider chronic disease measurement screenings that we provide for individuals who have stayed away from their doctor and the hospital during the pandemic. Since the start of the pandemic, Mercy Health Lorain safely provided 22 health care screenings in the county to ensure all had access

<b>Community Benefit Services</b>	
<b>Fiscal Year Ended December 31, 2020</b>	
<b>(Thousands of Dollars)</b>	
<b>Charity Care – net expense</b>	<b>\$ 123,402</b>
<b>Government Sponsored Health Care – net expense</b>	<b>\$ 447,003</b>
<b>All Other Community Benefit Services – net expense</b>	
Community Health Improvement Services and Community Benefit Operations	\$ 32,500
Health Professions Education	\$ 64,947
Research	\$ 181
Subsidized Health Services	\$ 7,339
Cash and In-Kind Contributions	\$ 6,042
<b>Total for All Other Community Benefit Services</b>	<b>\$ 111,009</b>
<b>Community Building Activities</b>	
Physical Improvements/Housing	\$ 3,896
Economic Development	\$ 383
Community Support	\$ 1,313
Environmental Improvements	\$ 62
Community Leadership Development/Training	\$ 26
Coalition Building	\$ 30
Community Health Improvement Advocacy	\$ 32
Workforce Development	\$ 142
Other	\$ 219
<b>Total for Community Building Activities</b>	<b>\$ 6,103</b>
<b>TOTAL Quantifiable Community Benefit Services</b>	<b>\$ 687,517</b>

to their blood work and chronic disease measures.

- Mercy Health Cincinnati (Ohio) partnered with Produce Perks Midwest to address food insecurity and improve health outcomes for vulnerable patients and communities. The partnership provided programmatic support to 91 patients receiving nutrition prescriptions and piloted an innovative delivery model to address challenges related to transportation and safety concerns due to the COVID19 pandemic. The team also helped build local food systems' capacity by investing in neighborhoods with poor access to healthy foods.
- Mercy Health Springfield (Ohio) laid the groundwork for a collaborative partnership with

Springfield Fire and Emergency Medical Services to launch a new platform to enable better emergency response coordination between the Emergency Department at Springfield Regional Medical Center and First Responders. This new process will also allow for greater community access to care through a community paramedicine program.

- Bon Secours Richmond (Virginia) disrupted a potentially devastating eviction path for 18,000 families in the Richmond metro area during the pandemic, where job losses have created economic consequences resulting in homelessness. This financial assistance keeps individuals and families housed through a partnership with other local, state, and federal resources.

## Community and Social Investments *Community Investment Program*

The Bon Secours Health System Direct Community Investment Program became operational in 2009. In 2019, BSMH built on this work, pledging to commit approximately \$45 million to address social influencers of health across vulnerable communities within BSMH community benefit service areas. The total investment stands at approximately \$35 million, including low-interest loans to 17 organizations in the United States, Perú, and Haiti. The program makes investments through financial intermediaries to create jobs, affordable housing, providing necessary infrastructure, microfinance loans, and other beneficial economic activities. In addition to the five-year annual return of, on average, 1.98%, we measure the social return through the impact on the development of the community, housing units, jobs created, schools built, etc. In 2020, BSMH started measures to ensure that the impact of investments was maximized by coordinating with multiple departments as part of the BSMH’s anchor institution strategy. Investments continue to address the prioritized needs of local communities.

## *Accelerating Investments in Healthy Communities*

A team led by BSMH was recently selected for the “Accelerating Investments for Healthy Communities,” an initiative of the Center for Community Investment. As one of six nonprofit health systems chosen, the BSMH system and local market leaders work with community stakeholders in Baltimore, Maryland, and Cincinnati, Ohio, to increase health system investments in social determinants of health, with an emphasis on affordable housing.

In 2020, BSMH continued to partner closely with community organizations, third-party financiers, and housing developers, among others. The team in Cincinnati, Ohio, created an acclaimed eviction/foreclosure prevention program. The team in Baltimore, Maryland, is creating opportunities for more developers to create affordable housing in the area. The technical assistance from Center for Community Investment has enabled the Baltimore and Cincinnati markets to learn from each other and develop a set of programs and approaches that other BSMH markets can potentially use as they create a strategy for place-based investments in their respective communities.



## MINISTRY FORMATION

The Center for Ministry Formation is the resource center for ministry formation at BSMH to support Catholic health care's prophetic tradition. "Ministry formation creates experiences that invite those who serve in Catholic health care to discover connections between personal meaning and organizational purpose. These connections inspire and enable participants to articulate, integrate, and implement the distinctive elements of Catholic health ministry so that it flourishes now and in the future."<sup>1</sup>

The Center for Ministry Formation provides personal and communal ministry formation experiences that focus on integrating the following areas: Catholic health care ministry, organizational mission, individual spirituality, and the commitment to work towards systemic change and the common good in our society.

The Center for Ministry Formation collaborates with other BSMH departments and initiatives (e.g., Mission, Leadership and Organizational Development, Governance, Clinical Collaborative) and external partners (e.g., CHA) to provide the resources and support for all associates to embody the core culture behaviors of BSMH. Appendix B is a copy of the *Center for Ministry Formation 2019-2021 Plan*.

### Ministry Formation in the Time of COVID-19

The historic nature of 2020 required a significant transformation of the processes used to present ministry formation programs and provide resources to support all BSMH associates' spirituality and ministry. The pervasive reality of COVID-19 required a shift to virtual formation presentations and the creation of digital resources. The Center for Ministry Formation team provided resources to support the ministry of BSMH and its associates, particularly those working on the front line combatting the global pandemic.

### Program Offerings 2020

#### *Foundations of Catholic Health Ministry*

Foundations of Catholic Health Ministry is a two-day program with interactive presentations and activities intended to provide basic information on the Catholic health ministry's foundations and address key ministry leadership areas in BSMH. Due to the pandemic's restrictions and limitations, the Center for Ministry Formation created a revised virtual

version for senior and executive leaders across the ministry. The new version continues to provide basic information on Catholic health care's roots by examining the core notion of the reign of God, scripture, the identity and mission of the church, Catholic social teaching, ethics, advocacy, sponsorship, and prophetic ministry. The program equips participants with the foundational knowledge to lead, serve, and continue the compassionate ministry of Jesus.

Due to the COVID-19 crisis, the Center for Ministry Formation canceled the seven scheduled offerings. Instead, the revised program was delivered virtually to leaders across the ministry in October and November 2020, with 43 leaders participating.

### *Stories of Grace 2020*

Stories of Grace was a new initiative established in 2019 intended to affirm the foundation of BSMH and our guiding values by reflecting on themes related to theological principles, biblical stories, our founding congregations, and the relationship of ministry culture to the mission, vision, and values of BSMH.

Early in 2020, to help integrate the new ministries that joined BSMH, the Center for Ministry Formation offered a special version of Stories of Grace in Bon Secours Cork (Ireland), Bon Secours Limerick (Ireland), and Colonial Heights (Virginia). Based on the 2019 offering of the program, it focused on our three founding congregations' stories: the Sisters of Bon Secours, the Sisters of the Humility of Mary, and the Sisters of Mercy. The program examined the origin, the history, and the continuing development of these congregations. Through reflective integration, interactive experiences, and media presentations, participants were invited to consider the importance of how the ministries of our founding congregations flourish today through their dedication and service and establish a firm foundation for the future. In addition to the focus on our founding legacies, the program also highlighted our core culture behaviors to build a ministry culture reflecting the rich heritage of our founding congregations.

The Center for Ministry Formation provided a new offering of Stories of Grace early in 2020 at Bon Secours St. Petersburg (Florida), initially intended for use throughout BSMH later in the year. The program focused on providing a deeper understanding of compassion, empathy, and resilience. Extending the compassionate ministry of

<sup>1</sup>The Catholic Health Association of the United States, *Framework for Ministry Formation*.

Jesus is at the heart of the mission of BSMH. Centered on the encounter between Jesus and the widow of Nain portrayed in the Gospel of Luke, the program allowed participants to develop their understanding of and build their capacity for compassion, empathy, and resilience. Through interactive presentations and activities, participants had the opportunity to discover what it means to extend the compassionate ministry of Jesus as a Catholic health ministry today.

Due to the global pandemic's consequences, this version of Stories of Grace needed substantial revision to offer it across the ministry in a virtual format. The Center for Ministry Formation team completed the revision in 2020. This version will be offered to leaders in all markets across BSMH in 2021, focusing on the value of compassion.

In 2020, there were five offerings of both Stories of Grace programs, with 195 leaders participating. The Center for Ministry Formation canceled all remaining 2020 offerings scheduled for the year due to the pandemic.

### ***Called to Serve 2020***

Called to Serve is an annual program that provides a ministry formation experience for all associates who do not participate in Stories of Grace. A hybrid model was used to offer Called to Serve 2020 in Ireland. The program focused on the stories of our founding congregations and our core culture behaviors. The hybrid model used in Ireland entailed participation in face-to-face meetings and online modules. Due to the COVID-19 pandemic, Called to Serve was only made available in Ireland, where associates participated in the program before lockdown. In 2020, 2,046 associates participated in the Called to Serve program in Ireland.

### ***Legacy & Leadership***

Legacy & Leadership is a year-long cohort program held six times a year over two days. Legacy & Leadership allows for a deeper understanding of the topics introduced in Foundations of Catholic Health Ministry: scripture, church and sponsorship, ministry, Catholic social teaching, ethics, and prophetic ministry, and concludes with an integrative retreat. This program focuses on providing senior and executive leaders an experience of a ministry community, an experience that will support growth in their ability to integrate the mission, vision, and values of Catholic health ministry into the struggle of living and working in a complex world and business

environment. In 2020, 40 leaders participated in the first module of the program. The Center for Ministry Formation canceled the remaining modules due to the pandemic.

### ***Creating a Legacy***

Creating a Legacy is a ministry formation session for sponsors and board members offered at the beginning of their meetings. The program seeks to provide information and experiences to deepen and expand participant's understanding of the mission and ministry of BSMH. In 2020, the focus of the program was on Catholic Social Teaching. The sessions presented on Human Dignity and Common Good, Solidarity, Preferential Option for the Poor, and Care for Creation. Using Catholic social teaching as a springboard for their reflection, sponsors and board members reflected and shared how they uphold human dignity and pursue the common good through their decision-making at the governance level. Due to the constraints governing in-person gatherings, all sessions after April 2020 were adjusted and offered online.

### ***Spiritually Speaking***

Spiritually Speaking is a thirty-minute virtual ministry formation program offered once a month to all associates. The program started in October 2020 and allows participants to access the spiritual insights of ministry leaders. The guests respond to a series of questions about their personal spirituality, spiritual practices, and the ways their spirituality shapes their life and work. This interview-style conversation allows those listening to enrich their personal spirituality and deepen their commitment to extending the compassionate ministry of Jesus. An optional small group discussion follows, allowing participants to reflect together on insights gained from the interview. The session is also made available in a short audio podcast for those who cannot attend the virtual offering or may want to listen to the conversation again later. In 2020, there were three offerings of the program with 143 participants, plus those who accessed the podcasts after the program offering.

### ***Compassionate Caring***

Compassionate Caring is a resource to support all associates of BSMH as they care for themselves and each other. Compassionate Caring provides simple, readily accessible resources that help individuals, peers, and leaders effectively manage themselves, help one another in mind, body, and spirit, and lead our ministry into the future. The resource, which



started in June 2020, provides three primary segments: caring for self, caring for others, and caring for communities. Each component has two sets of resources: one is available for all associates through intranet and internet locations; the second is a simple summary document for leaders' use with their teams.

In June through September 2020, Compassionate Caring focused on mindfulness, empathy, and promoting racial justice by overcoming racial bias. In October and November 2020, the resources focused on gratitude. In December 2020, the resources focused on hope.

### ***Sponsor Formation***

In collaboration with CHA, select members participate in a ministry formation experience. This program meets four times over 18 months for current and prospective sponsors of Catholic health care, along with executives and members of governance who support sponsors' work. In 2020, four persons from BSMH participated in the one session of the program presented virtually due to the pandemic. The session's focus was on "Called to Serve" with reflection and conversations on personal call, biblical call, ecclesial call, spirituality and spiritual practices, gospel values for Catholic health care, and an overview of the ministry of sponsorship.

### ***Spirituality in the Workplace***

Spirituality in the Workplace is an ongoing initiative to promote the spiritual lives of individual associates and ongoing formation in the spirituality of the organization.

There were four different offerings of the Spirituality in the Workplace initiative in 2020. First, a daily reflection based on scripture, feast days, and other significant events throughout the year. The reflections include three sections: a spiritual or scriptural quote or reflection of spiritual significance, a prayer, and a call to action related to the theme of the day's reflection.

Second, *Stories of Grace 2020: Compassion in Action in the Time of COVID-19*, a prayer and reflection booklet filled with prayers, reflections, and stories from across the ministry highlighting the courageous response of our associates to the global pandemic. This booklet serves as an opportunity for associates from across the ministry to share prayers that have sustained and inspired them, along with stories that capture the extraordinary compassion

extended to the many who came to us for care during this global health crisis. Appendix A is a copy of *Stories of Grace 2020: Compassion in Action in the Time of COVID-19*.

Third, materials supporting our Foundation Days. The Foundation Days celebrate and commemorate the origins of our three founding communities. This year, due to the restrictions and limitations in place due to COVID-19, we produced virtual prayer services allowing associates who were unable to gather to celebrate these special days in the life of our ministry along with their colleagues.

- On January 24, we celebrated Bon Secours Day, pausing to reflect both on the courage of the young women who founded the Sisters of Bon Secours and those who have accepted the invitation to continue the legacy of providing good help to people among us who are sick, poor, and vulnerable.
- On July 17, we celebrated Humility of Mary Day, commemorating the original community of the Sisters of the Humility of Mary and inspiring all BSMH associates to continue their legacy of dedicated and humble service.
- On September 24, we celebrated Mercy Day, reflecting on the opening of the first House of Mercy in Dublin by Catherine McAuley, the growth of their ministry, and the many women and men who continue their rich legacy of compassionate service.

## **ADVOCACY**

Advocacy plays an integral role in fulfilling BSMH's mission through social justice priorities based on Catholic social teaching in four key areas: environmental stewardship, a culture of non-violence, immigration reform, and health care for all. Public policy efforts to advance ministry priorities have been robust and effective. These efforts occur at the local, state, and federal levels of the United States government and interface with all lawmaking branches. Public policy advocacy can lead to significant systemic change and ultimately improve the health and well-being of the communities we serve and beyond.

At the outset of 2020, many markets began work on these priorities, particularly planning for the 2020 United States Census. However, COVID-19 disrupted many of these initiatives. Since mid-year 2020, BSMH Advocacy and Government Relations streamlined activities at the System level to bring forth a renewed focus on socioeconomic and racial

issues affecting the communities we serve. These factors have heightened our responsibility to extend the compassionate ministry of Jesus to the initiatives and policies that advance our patients' and associates' betterment.

As priorities continued to shift rapidly, BSMH looked at how best to serve our patients, workforce, and communities. BSMH assessed the landscape around us and found new pathways to enhance our advocacy voice, further integrating it into ministry-wide priorities. There was no shortage of opportunities to advance the external-facing platform of our advocacy through ongoing collaboration across several functional areas within BSMH. Following are some of the significant accomplishments in 2020.

### **Environmental Stewardship**

BSMH Advocacy seeks to promote the interconnectedness of persons, plants and animals, Earth and the environment, and God as the cornerstone of our environmental stewardship efforts while partnering with different ministry areas in BSMH. For example, we worked together in coordinating with decision-makers at the United States Department of Health and Human Services in requesting prompt Federal Drug Administration review of an innovative approach and technology for decontaminating personal protective equipment (PPE) developed by Battelle Institute. At the onset of the COVID-19 pandemic, when N95 respirators were in scarce supply, Battelle's innovative approach to PPE decontamination, re-use, and distribution provided a far-reaching impact in supporting worker safety across the United States as many states approved and adopted its processes.

BSMH Advocacy also collaborates with Mercy Investment Services to partner with the Interfaith Center on Corporate Responsibility. With the Interfaith Center on Corporate Responsibility, we continue to leverage investor power to press for bolder corporate action to address the global climate crisis, catalyze social change and safeguard human rights. Together, we will continue to evaluate opportunities to further our mission.

### **A Culture of Non-Violence**

Working with our practitioners, BSMH Mission, and BSMH Community Health, we provided a consistent interface within community coalitions to provide ideas on curbing the incidence of human trafficking and gun violence. We partnered across our

geographies to assure internal and external audiences were keenly aware of our position during Human Trafficking Awareness Month in January 2020. In many instances, our ministry apprised our associates and broader communities with education and information, including clinical training for our frontline workers to recognize and respond to human trafficking of patients treated at our sites of care. In one display of underscoring the tragedy of human trafficking, Mercy Health in Lorain (Ohio) participated in training 350 external volunteers from area churches to help them recognize the signs of human trafficking. Many of our Ohio ministries, including Lorain and Youngstown, also illuminated their buildings in blue lights to recognize the National Day of Human Trafficking Awareness.

Our Greenville and Charleston (South Carolina) markets continue excellent progress in the area of combatting human trafficking, particularly as the pandemic has propelled the rates of this horrific abuse. BSMH mission leaders in South Carolina work closely with clinical operations in areas such as forensic nursing to internally educate and train other associates in recognizing signs of human trafficking and how to respond effectively to these instances when presented. They also continue to work with a broad coalition of community partners to decrease the high rates of human trafficking found in these markets. In South Carolina, BSMH is responsible for hosting the largest human trafficking educational webinar by a United States health care system. Because of BSMH's leadership, South Carolina Attorney General Alan Wilson asked how we could take this message to all acute care facilities in South Carolina. The Bon Secours St. Francis (Greenville, South Carolina) mission department took the lead by joining forces with a local community-based production company. Together they funded, scripted, and oversaw the production of a training video for health care providers. They presented the video to Thornton Kirby, president of the South Carolina Hospital Association, for distribution to all South Carolina hospitals.

Also, the Bon Secours St. Francis (Greenville, South Carolina) mission department worked closely with BSMH Government Relations to help change an antiquated statute in South Carolina. Together, they influenced state legislation, which changed the definition of child abuse to include child sex trafficking. Those involved in sex trafficking of a minor are convicted of child abuse, which carries a much stronger sentence than in the previous law.

In 2020, the BSMH Richmond (Virginia) market provided direct medical care and/or case management for forty victims of human trafficking. The market provided weekly mini-modules for ministry-wide distribution in BSMH's leader and associate newsletters in January 2020 during Human Trafficking Awareness Month. The Richmond market also provided community education to 455 community members through multiple community awareness events and education to 105 ministry leaders in leadership meetings. BSMH Richmond sponsors the Richmond Regional Human Trafficking Collaborative consisting of more than 100 organizational members. The Regional Collaborative members collaborated and educated local legislators regarding victims of human trafficking to influence bills which help victims and address human trafficking.

### **Immigration Reform**

In 2020, we worked to ensure our ministry continued to support community organizations (e.g., the Hispanic Chamber of Commerce) that provide business connections and the assurance that BSMH will serve the needs of all communities. As the COVID-19 pandemic brought a greater reliance on telehealth services across the ministry, BSMH Language Services personnel were available twenty-four hours a day, seven days a week, for interpretation services for our acute care facilities and medical group practices. BSMH Language Services interpreted 278 languages across 1,000 sites of care in 2020. 71% of requests were for Spanish

language services, making it the leading request across BSMH markets.

In Hampton Roads (Virginia), we partnered with Commonwealth Catholic Charities to provide affordable housing in the Craddock area of Portsmouth, Virginia. Commonwealth Catholic Charities will purchase a 12-unit property in early 2021 to provide refugee housing when the borders open again. Until then, the units will be available for those who qualify for affordable housing. Once refugees begin arriving in the area, refugees will move into the vacated apartments as units become available.

The community ministry team of Bon Secours St. Francis (Greenville, South Carolina) assisted patients with interpretation services, registration, and navigation of health care in Greenville's two free community clinics in 2020. BSMH interpreters translated information and tips on how to keep safe during the pandemic. Our faith-based community partners and the Latinx community widely distributed the information. As part of this program, we enabled PPE distribution to our Latinx community with directions and information on its correct use in English and Spanish. This program focuses on communities with high-density populations with little chance of socially distancing in culturally multi-generational households. Infectious Disease personnel and community ministries also worked to distribute information and PPE through its connection with Meals on Wheels.



The Bon Secours St. Francis (Greenville, South Carolina) mission department was the catalyst in connecting the area's affluent churches to ones with fewer resources. The purchase and distribution of work boots and blue jeans proved beneficial and resourceful for seasonal workers and undocumented families. While our local mission leaders in this region continue to foster a strong relationship with the Hispanic Alliance, we are also replicating like bodies of work in other geographies of our ministry.

### **Health Care for All**

BSMH Advocacy seeks to advance accessible, affordable, and high-quality care to support legislative and regulatory efforts at all levels of United States government. As states and cities declare racism as a public health crisis, largely due to the impacts of the pandemic, we continue to work with state and local governments to ensure that we are meeting the needs of the communities we serve. Our emphasis focused on ensuring equity for vulnerable populations during the pandemic, including COVID-19 communications, testing, and vaccinations. For instance, our testing sites ensured that walk-up testing was an option in communities with higher public transportation rates.

As the COVID-19 pandemic stretched staff and resources, BSMH stood ready to assist state and local elected officials in Cincinnati and Toledo (Ohio) to operationalize field hospitals. Teams in both markets worked to provide the additional resources needed in the event of overflow due to the number of COVID-19 patients. Fortunately, neither market reached this level of need, but we continue to monitor the impact to hospitals and stand ready should this service be required in the future.

In 2020, we worked with BSMH Community Health and BSMH Mission to ensure safety nets were in place so that many newly struggling families impacted by the pandemic could maintain housing. We worked with Government Relations and federal and state governments to ensure they placed moratoriums on evictions for the duration of the pandemic. The pandemic created unfamiliar circumstances for many people, such as spouses losing jobs, staying home from work due to COVID-19, and children attending school remotely. We worked with BSMH Community Health and BSMH Mission to ensure that we addressed our associates' needs using internal and external resources to support their specific circumstances.

## **GLOBAL MINISTRIES**

Since 2008, Global Ministries advances the compassionate mission of Jesus Christ through international efforts that heal, empower, and transform local communities that are poor, underserved, and most vulnerable. Influenced by our Catholic identity and Catholic social teaching, the work of Global Ministries is one of deep solidarity with those in need. Global Ministries responds to the call to move communities from fear to hope, fragmentation to wholeness, and inequity to justice. Global Ministries has served over 251,414 people in nineteen different countries in the last thirteen years, with contributions of over ten million dollars (US).

In 2020, Global Ministries' day-to-day operations shifted dramatically toward managing COVID-19 related needs faced by our international partners in Haiti, Perú, and South Sudan while maintaining the continuity of priority activities in the communities we serve. Some of the communities we serve are especially vulnerable to COVID-19 infections, and our immediate response focused on prevention measures, clinical preparedness, and the distribution of food and personal protective equipment.

During 2020, we served over 57,414 people in nine countries: Haiti, Mexico/Guatemala border, Perú, South Sudan, the Syria/Lebanon border, United States, and Venezuela, with contributions of \$1,368,828.

Global Ministries' international priority countries continue to be Perú, Haiti, and South Sudan. The international priority areas of focus continue to be health, justice, migration, and the care and integrity of creation.

### **Health**

#### ***Access to Health Care***

Global Ministries works on many facets of international health care delivery with special attention to serve those who are poor and vulnerable. In 2020, Global Ministries benefitted over 25,424 vulnerable people in partnership with, and through the joint leadership of, the Sisters of Bon Secours in Perú. Global Ministries focused heavily on COVID-19 prevention measures, clinical preparedness, and food and personal protective equipment distribution.

The first case of COVID-19 in Perú was reported on March 6, 2020. Perú remains one of the top countries with the largest number of COVID-19 positive cases globally and is the second country with the highest

COVID-19 mortality rates per capita in the entire world.

Clínica Madre de Cristo in Trujillo, Perú is a 32-bed hospital sponsored by the Sisters of Bon Secours serving those most in need. Global Ministries worked with the hospital's leadership to ensure proper personal protective equipment is in place and proper triage and isolation units outside the hospital walls. Also, Global Ministries advanced the successful transition from in-person consults to telehealth consults.

Through a series of bi-weekly virtual sessions, Global Ministries covered various clinical preparedness topics, including COVID-19 patient flow, triage and isolation units, appropriate use and conservation of COVID-19 personal protective equipment and supplies, conservation and reuse of N95 masks, and the implementation of virtual health.

Even though clinical preparedness was Global Ministries' priority, community-level preparedness was also critical. Global Ministries conducted a capacity-building video shared via WhatsApp and led virtual capacity-building sessions in key communities. Also, Global Ministries presented multiple resources to ensure the proper installation and management of hand-washing stations in communities with no running water. Additionally, Global Ministries sponsored large-scale food and medicine distribution for the populations that needed it the most.

Another access to health care effort in 2020 was sponsoring cleft-lip and cleft-palate surgeries. Congenital clefts of the lip and palate affect one in 500 to 700 live births globally. Surgeries are cost-prohibitive and local specialists are very scarce in the communities we serve. In the United States, a cleft-lip and cleft-palate surgery cost could be between \$50,000 to \$100,000. It is just impossible for some of our communities to ever even dream about not only paying for surgery but also getting a good surgeon. In 2020, our support provided 23 surgeries to children worldwide through our partnership with the Global Smile Foundation.

The Global Smile Foundation works to make first-class cleft care accessible to all patients regardless of geographic or socioeconomic barriers. There is a pressing need for sustainable cleft care in developing countries where the consequences of those conditions are devastating if left untreated.



Global Ministries collaborates with Catholic Medical Mission Board in Haiti at the Bishop Sullivan Hospital, a 21-bed hospital on Haiti's southeastern coast, Côtes-de-Fer, which provides a mix of clinical care and public health services to the region. In 2020, our support benefitted over 7,000 people.

Global Ministries continues to be a sponsoring partner of Friends in Solidarity and its activities in South Sudan. In 2020, Friends in Solidarity enrolled 141 students for both nursing and midwifery programs. The Catholic Health Training Institute in Wau offers the first program of registered nursing certification in the country's history. Although COVID-19 caused a six-month school lockdown, Friends in Solidarity focused its attention on planning for re-opening and established protocols to welcome students back in a safe manner. Our support ensured that the South Sudan staff would continue to be employed and the continuity of operations would be in place.

### ***Maternal and Child Health***

Most maternal and child deaths occur during childbirth or before children reach their fifth birthday in Haiti, Perú, and South Sudan. Children living in poverty usually die of diarrhea, pneumonia, and malnutrition, which are all preventable illnesses. Our care in these countries begins when the mother is pregnant and ends well after the child's fifth birthday.

Global Ministries works to improve women and children's lives in marginalized communities of Haiti and Perú by increasing access to maternal and child health, improving health outcomes of pregnant women and children, and decreasing malnutrition in children under five years old.

Located in Trujillo and Huancayo, Perú, the maternal and child health program is a successful partnership between Global Ministries, Sisters of Bon Secours in Perú, Catholic Medical Mission Board, and the government of Perú. The maternal and child health

program is going on its tenth year and has already directly benefited over 49,402 people from 2010 to 2020. In 2020 alone, the program has benefitted over 16,000 people.

2020	Huancayo	Truillo	Total
Children under 5 years old	1,977	1,138	3,115
Mothers of children under 5 years old	1,865	986	2,851
Pregnant women	162	66	228
Health posts	11	4	15
Family members with children under 5 years old	6,528	3,451	9,979
Community Health Agents (s)	82	60	142
Health Personnel	35	37	72

In the state of Ancash, Perú, Global Ministries and the Sisters of Bon Secours in Perú continued to focus on children’s health and nutrition in the Quechua village of Huacho. Global Ministries maintains the only health post in the community and the only child nutrition program in the region. Children receive supplements to cut anemia rates, are monitored for growth, and receive healthy diets to ensure proper nutrient intake. These interventions result in better overall health and combat the high levels of lead absorption that kids in that region have due to contaminated drinking water as a result of illegal mining activities.

In Haiti, Global Ministries is a sponsoring partner of Midwives for Haiti who work to increase skilled maternity care access in Haiti. Programs include skilled birth attendant training, mobile prenatal clinic, maternity center at the Sante Therese Hospital, post-natal care, and matron outreach program. In 2020, Midwives for Haiti benefitted over 10,000 people.

Midwives for Haiti has a strong impact by having a simple approach. Their work seeks to reduce three

2020 MIDWIVES FOR HAITI	
Beneficiaries	Total
Deliveries-Hospital Santé Therese	3,119
Deliveries-Carrie Wortham Birth Center	257
Prenatal Care-Hospital Santé Therese	4,845
Prenatal Care-Carrie Wortham Birth Center	2,178

major delays preventing women from accessing life-saving maternal care: the delay in the decision to seek care, the delay in reaching care, and the delay in receiving adequate care.

### Care and Integrity of Creation

In 2020, Global Ministries responded to emergencies in Haiti, Mexico/Guatemala border, Perú, South Sudan, Syria/Lebanon border, the United States, and Venezuela with over \$299,228. BSMH supported these various emergencies through Global Ministries emergency response partners: Americares, Catholic Relief Services, CBS Perú, Catholic Medical Mission Board, Friends in Solidarity, the Red Cross, Mercy Beyond Borders, and Trinitas Health Foundation who provided relief, shelter, medicines, first aid supplies and equipment, and safe drinking water to families affected by these disasters.

### Emergency Relief: COVID-19

The United Nations Children’s Emergency Fund (UNICEF) reports that the number of children in need of humanitarian assistance has more than tripled this year in the Latin America and Caribbean region alone. At least 23.4 million children need emergency assistance across the region, compared to just seven million last year. This increase is due primarily to the devastating impacts of the COVID-19 pandemic, increasing migration flows, and increased extreme natural disasters exacerbated by climate change, such as hurricanes and droughts.

In 2020, Global Ministries supported several emergency relief partners in the fight against COVID -19. Global Ministries supported the American Red Cross in their efforts to test COVID-19 antibodies. The tests help identify individuals who had COVID-19 antibodies and could qualify to be convalescent plasma donors. Convalescent plasma is a type of blood donation collected from COVID-19 survivors who have antibodies that may help patients actively fighting the virus.

Global Ministries supported the purchase of COVID-19 life-saving medicines, personal protective equipment, and food security for the Sisters of Bon Secours in Perú, Catholic Medical Mission Board, Friends in Solidarity, and Mercy without Borders.

Global Ministries supported Trinitas Regional Medical Center and the Sisters of Charity of Saint Elizabeth with three critically needed Cardiac Monitors to serve the overwhelming number of COVID-19 patients admitted to their hospital.



Trinitas Regional Medical Center is a Catholic, safety net, inner-city hospital in Elizabeth, New Jersey, serving the people of Elizabeth and Union County.

### ***Emergency Relief: Migration***

Human migration has been taking place for centuries as a normal pattern of population movement due to environmental or social factors. Today, massive populations worldwide are trying to escape violence, hunger, environmental disasters, or lack of opportunity. According to the 2020 United Nations International Migration report, there are over 272 million international migrants worldwide. Almost 10% of all migrants are refugees. In 2020, Global Ministries supported three large-scale migration efforts along the Mexico/Guatemala border, the Syria/Lebanon border, and the Venezuela/Colombia border.

The migration flows into Mexico are coming from Central America and resulting from devastating hurricanes and increased violence. Across the region, many shelters managed by Catholic institutions have had to close to prevent the spread of COVID-19. The shelters struggle to keep up with demand. Through

our support, Catholic Relief Services has expanded its reach along the northern border of Mexico, southern Mexico, and Guatemala to improve the safety, quality, and efficiency of local shelters and strengthen staff's capacity and institutions at the front lines.

In Syria and Lebanon, Global Ministries' support has helped Catholic Relief Services invest significantly in education, counseling, life skills, and specialized emotional and social care to Syrian refugees.

As the situation in Venezuela continues to deteriorate, the ongoing and accelerating migration of Venezuelans remains the largest humanitarian crisis in the Western Hemisphere. Neighboring Colombia has taken in more Venezuelans than any other country. Global Ministries supports ten Americares clinics in high-need communities near the Colombian border, which provides comprehensive primary care for Venezuelan refugee children and adults.

See Appendix B for more information about BSMH Global Ministries.

**Global Ministries: Fiscal Year Ended December 31, 2020**

Perú	\$ 600,000
Haiti	\$ 320,000
South Sudan	\$ 75,000
Global: Emergency Relief	\$ 299,288
Global: Cleft Lip	\$ 50,000
Other	\$ 24,600
<b>Total for All Global Ministries Contributions</b>	<b>\$ 1,368,828</b>

**HUMAN RESOURCES**

Throughout this COVID-19 pandemic, the BSMH Human Resources staff have shown great resilience and unity in fighting this virus and caring for our communities and our associates as a top priority. Human Resources has, like others, risen to all the new challenges, showing dedication and true customer service, and continues to create programs and benefits for our workforce.

***Caring for Our Communities***

BSMH redeployed more than 15,000 associates to provide COVID-19 response care in our communities. We built an associate response pool with skills inventory for 4,100 volunteers and migrated 6,100 associates to remote work for safety and continuity. BSMH virtually hired approximately 100 new hires per day and delivered virtual onboarding to them. Improved reporting and analytics were implemented to better support ongoing pandemic response, focused on associate vaccination distribution, associate contraction, and workforce unavailability.

***2020 Gratitude Awards***

In 2020, BSMH designated \$37 million in ministry funds to show our gratitude to our associates for their exceptional commitment and contributions. The General Gratitude Award provided \$200 (part-time) and \$400 (full-time) in recognition for all associates in good standing during the pandemic. An additional \$1,000 COVID-19 Care Award enabled managers to recognize select associates for their commitment and sacrifice in providing compassionate, direct care to COVID-19 patients in our hospitals and post-acute care facilities.

***Associate Hardship Fund***

Nearly 24,000 of our associates received financial support throughout the pandemic. Associates on furlough and in low census locations received \$40 million, including covered restorative pay, childcare subsidy, worker’s compensation, and supplemental

unemployment benefits. 95% of associates who received hardship funds remained in the ministry, and 87% of associates returned from furlough.

***Associate Safety***

In the United States, only 10% (5,100) associates contracted COVID-19, and only two deaths due to associate health revised protocols for personal protective equipment, screening, and contact tracing. This is only 1.4 times higher than our communities as compared to independent research that anticipated health care workers to be 12 times more likely to contract the virus than the communities they serve. BSMH tested more than 20,000 associates, approved nearly 10,000 leave of absences, and delivered virtual trauma counseling for COVID-19 units. In BSHS-Ireland, over 1,500 staff were self-isolating at various times, and over 88 staff contracted COVID-19 themselves.

***Acceptance & Commitment Training***

Consistent with the wellness agenda, BSHS-Ireland ran a pilot in the rollout of workshops on wellness and resilience (Acceptance & Commitment Training – an evidence-based wellbeing workshop) for staff across the ministry in November and December 2020. This will be of professional and personal benefit to staff, particularly given the demands of COVID-19 on everyone. Based on feedback, further workshops will be rolled out in 2021.

***Associate Feedback***

In a year filled with pandemic fears and racial unrest, we listened closely to our associates to improve their experience within our ministry. The Associate Listening Post provided us with direct feedback to improve communications and workforce support during the pandemic. The Diversity and Inclusion survey and research identified perceived areas of improvement within diversity, inclusion, and racial disparities. The second ministry-wide Leader Feedback Survey provided leaders with developmental feedback directly from their teams.



### ***Equality, Diversity, and Inclusion***

Following the BSHS-Ireland Equality, Diversity, and Inclusion Strategy launch, we have committed to an action plan with several deliverables to ensure that our workplace environment is equitable and inclusive. We already have several Group-wide policies in place covering equality, diversity, and inclusion. One of the key actions identified in this plan is for BSHS-Ireland to obtain accreditation through the Irish Centre for Diversity. To receive the entry-level of ‘Bronze’ accreditation, the Irish Centre for Diversity required all senior leaders to complete the ‘Investors in Diversity’ training in November and December 2020.

### ***Racial Justice and Equity Resources***

BSMH Diversity and Inclusion launched new initiatives in 2020 addressing racial justice and equity. The new Resource Center on Racial Justice and Equity provides associates with information, tools, and resources to support understanding and ongoing learning around race and racism and its impact on our communities. Interactive webinar training on bias, anti-racism, and cultural sensitivity training became available to associates. The Difference is Dialogue program was launched through our market Leadership Councils for Diversity and Inclusion, who facilitated conversations to provide an opportunity to learn about systemic racism and its impact on our associates and communities.

### ***BSMH Recognition***

In October 2020, the National Business Group on Health recognized BSMH as a 2020 Best Employers: Excellence in Health & Well-being Award winner. This represented our ministry’s fifth award in 2020:

- BSMH System: 2020 Best Employers (*National Business Group on Health*)
- Tiffin & Willard Hospitals (Toledo): Best Places to Work (*Modern Healthcare*)
- Springfield Regional Medical Center: Healthiest Employers (*Healthiest Employers*)
- St. Rita’s Medical Center (Lima): High Performing Hospital (*US News & World Report*)
- Richmond Market: Top Companies for Executive Women (*Working Mother Media*)

### ***KeepWell Mark***

BSHS-Ireland was successful in January 2020 on being accredited first time out with the KeepWell Mark through Ibec. This is a significant achievement and is important in distinguishing BSHS-Ireland as an Employer of Choice in the market. We are working to address the continuous improvement

recommendations across the Group arising from the review. This tool and a focused approach on Wellness are very much aligned to our Wellness Strategy, linked to our overall People Strategy.



The KeepWell Mark is an evidence-based accreditation and award that recognizes Irish employers for investing in workplace health and wellbeing. This is part of a commitment by BSHS to provide the newest and highest standards of workplace wellness, health, and safety to its employees. In this “new normal,” we are fully committed to continuing on our wellness journey and putting our employees’ wellbeing at the forefront of all that we do.

### ***Worker Re-Entry Program for Those Previously Imprisoned***

At BSMH, our value of human dignity supports putting people of diverse backgrounds back to work so they can seek wellness and become contributing citizens to the communities where they live. With disparate rates of imprisonment of people of color, criminal backgrounds disproportionately impact our marginalized communities’ financial and physical well-being. These disparities are especially seen within unemployment rates. As part of our Healthcare Anchor Network’s commitment to inclusive, local hires, the Worker Re-Entry Program helps the ministry achieve greater representation and equity in our hiring objectives while improving the communities we serve. BSMH will adjust its pre-hire criteria to accommodate these programs. These adjustments will open opportunities for workers attempting to re-enter the workforce by accepting positions within our ministry. The Diversity & Inclusion team will monitor the Program will track retention, development, and performance for associates hired within the program.

### **BON SECOURS MERCY HEALTH FOUNDATION**

While the COVID-19 pandemic challenged some fundraising efforts, donors rallied with great generosity to support our health care ministry and frontline medical staff. The Bon Secours Mercy Health Foundation raised \$68.34 million in 2020, an increase of 3.1% from 2019, primarily through increases in grant awards and annual giving.

The Bon Secours Mercy Health Foundation helped tens of thousands of people in the communities we

serve by providing over \$106.45 million through philanthropic funds (\$76.42 million) and grant awards (\$30.3 million), including \$41.5 million for the Associate Hardship Fund to assist employees financially impacted by the pandemic. See Appendix C for more information about the Bon Secours Mercy Health Foundation.

Some initiatives funded by the Bon Secours Mercy Health Foundation in 2020

- COVID-19 supplies, convert medical units to COVID-19 isolation, negative pressure rooms, infirmary tents, ultraviolet room sterilizers
- New medical equipment such as ventilators, emergency medical service vehicles, Positron Emission Tomography (PET) computerized tomography (CT) scanner, ultrasounds, telemetry, infant warmers, defibrillators, and chest compression devices
- Facility renovations of lobbies, entrance areas, dining rooms, obstetrics and pediatric units, and other spaces
- Breast cancer screenings, mobile mammography, diagnostic equipment, and cold caps
- BSMH Associate Hardship Fund for those financially impacted by pandemic
- Patient assistance funding
- Adult and adolescent cancer care services
- Adult and pediatric hospice and palliative care
- Behavioral health services
- Opioid addiction treatment
- Scholarships and program staff salaries
- Community health outreach programs like parish nursing, Resource Mothers, and Centering Pregnancy

## GREEN INITIATIVES

As a ministry, we are committed to safeguarding Earth and all life. During 2020, BSMH was able to move forward with numerous initiatives that aligned with this commitment. Among them were efforts in waste stream management, reprocessing, environmental innovation, and energy management. We also reaffirmed our resolve by publishing a statement on the topic from our Chief Executive Officer, a pledge to support the Healthcare Anchor Network Impact Purchasing Commitment, and the implementation of a food diversion program. BSHS-Ireland completed several initiatives as part of the Better Energy Communities Scheme.

### Waste stream management

BSMH contracted efforts and instituted a single solution for waste stream management. This integrated model includes the programmatic design and measurement tools necessary for long-term success.

### Reprocessing of N95 Masks

In late March 2020, BSMH, which was instrumental in connecting Battelle with the United States Federal Drug Administration as noted in the Advocacy section of this report, became the first health care system in the country to use the reprocessed N95 masks. The day after the United States Federal Drug Administration approval, BSMH set up a collection process engaging a cross-functional team of Supply Chain, Infection Prevention, Environmental Services, and Transportation. Almost 60,000 N95 masks have been reprocessed and returned to BSMH sites.



### **Environmental innovation**

Personnel from the ministry participated in an economic development think tank, and over the course of multiple sessions, were able to ideate several actionable propositions. Among them were the concepts of down-cycling surgical blue wrap for polypropylene and creating a consumer-level incentive program for environmentally preferable behavior. Partnership discussions will continue throughout 2021, but there is strong early interest in these concepts within the investment community.

### **Energy management**

Similar to waste stream management, BSMH initiated efforts in 2020 to install a central, programmatic approach to energy management. These efforts will serve as foundational for sourcing and utilization optimization.

### **Leadership Statement**

In 2020, with the creation of a new BSMH intranet page, the sustainability team published an internal statement to be shared with all associates. Within the statement, John Starcher, BSMH Chief Executive Officer, confirmed BSMH's continued resolve to "answer Pope Francis' call . . . by embodying 'integral ecology' in everything we say and do."

### **Healthcare Anchor Network Impact Purchasing Commitment**

BSMH became the first Catholic signee of the Healthcare Anchor Network Impact Purchasing Commitment. In connection with the Impact Purchasing Commitment, BSMH will endeavor to reduce greenhouse gas emissions, use more renewable electricity, eliminate DEHP and PVC in some product categories (exposure to DEHP may increase the risk of cancer, and exposure to PVC often has serious health effects), and convert to more reusable products.

### **Food Diversion Program**

In the Mercy Health Toledo (Ohio) ministry, BSMH was able to institute a food diversion program to reduce greenhouse gas impact through a decrease in methane production from food waste. The program diverted 24,000 pounds of waste resulting in 1,992 pounds of methane reduction.

### **Better Energy Communities Scheme**

Since 2017, BSHS-Ireland completed several projects under the Better Energy Communities Scheme and supported by the Sustainable Energy Authority Ireland, resulting in 15 energy-efficient projects completed, heating boilers replaced, new

building management controls system, new hot water generators, lighting upgrades, and insulation works. Under the Better Energy Communities Scheme, BSHS-Ireland donates to charity each year for energy savings projects.

### **Recognitions**

In 2020, Practice Greenhealth recognized BSMH's efforts in sustainability. Seventeen locations across the ministry received awards. Six won the "Partner for Change" award, and eleven won the "Partner Recognition" award.

Additionally, Mercy Health Willard (Willard, Ohio), Mercy Health Clermont (Batavia, Ohio), and Mercy Health Urbana (Urbana, Ohio) hospitals joined their counterparts, Mercy Health St. Rita's (Lima, Ohio), Mercy Health St. Charles (Oregon, Ohio), Mercy Health Tiffin (Tiffin, Ohio), and Bon Secours St Francis Eastside (Greenville, South Carolina) hospitals, in being EnergyStar Certified. With this accomplishment, BSMH now operates approximately 11% of all EnergyStar certified hospitals in the United States.

### **SOCIALLY RESPONSIBLE INVESTING**

BSMH recognizes the importance of employing socially responsible investing (SRI) principles in its investment portfolios to promote its mission and core values in a way that is consistent with our identity as a Catholic health ministry and in concert with the responsibilities of Bon Secours Mercy Ministries. BSMH is required to manage its investment portfolios to ensure the long-term financial success of the ministry while incorporating SRI methodology into investment analysis and decision-making.

To align BSMH's long-term financial objectives with the mission and values of the ministry, BSMH established a Board-approved SRI policy, which codifies the ministry's five SRI pillars that include but are not limited to shareholder activism and proxy voting, community engagement and investment, social screening, impact investing, and environmental, social, and governance (ESG) investing. The policy also mandates quarterly updates from BSMH management to the Board's Pension and Investment Committee and periodic updates to Bon Secours Mercy Ministries.

### **Shareholder Activism and Proxy Voting**

For 2020, BSMH has engaged 35 companies for a total of 42 engagements. SRI filed twelve resolutions targeting care and integrity of creation (emissions

and carbon neutrality aligned with the Paris Climate Accord), creating safe communities (gun safety, hate speech, human trafficking), promoting healthy communities (opioid risk assessment, vaping), and responsible governance (diversity and inclusion).

The SRI workgroup, comprised of members from BSMH management, worked with Mercy Investment Services to incorporate new campaigns addressing systemic racism into the 2021 Shareholder Engagement Plan. The 2021 Plan also addresses income inequality, racial disparities, and immigration reform. Mercy Investment Services, a ministry of the Sisters of Mercy of the Americas, recognizes socially responsible investing to promote systemic change to respond to the critical needs of the time to work for a more just and sustainable world.

The SRI Workgroup also participated in ten sign-on letters targeting areas such as the environment (the Paris Climate Accord, pesticides, and aviation greenhouse gas emissions rules), COVID-19 vaccination availability, the commitment to the public good, human rights, and food equity, proposed United States Department of Labor rulemaking limiting ESG investing, and responsible governance and board diversity. BSMH collaborates with Mercy Investment Services and the Interfaith Center on Corporate Responsibility on advocacy engagements to improve widespread equitable access to treatments and vaccines for COVID-19. The Interfaith Center on Corporate Responsibility, with a coalition of over 300 global institutional investors representing more than \$2 trillion in managed assets, pioneered shareholder advocacy to press companies on environmental, social, and governance issues. BSMH participated in multiple rounds of sign-on letters alongside other investors to major pharmaceutical companies urging them to incorporate actions and policies to achieve this goal.

### **Community Engagement and Investment**

BSMH fosters community engagement and investment through the Direct Community Investment Program and its contribution to the BSMH Foundation. The Direct Community Investment Program provides capital to underserved communities in local BSMH markets and investments targeting the social determinants of health (e.g., housing, community facilities), which are also well-positioned to address systemic racism. The Direct Community Investment Program has investments in 25 loans across 16 partners with \$50 million allocated.

Recent 2020 activity included the evaluation and re-investment of maturities, COVID-19 response by Direct Community Investment partners, and relationship building with new and existing partners. Future work focuses on building out direct partnerships in each of the ministry's markets. BSMH continues to participate in the Healthcare Anchor Network and in the COVID-19 environment, and participates in virtual meetings and town halls to discuss connecting racial equity to place-based investing mission.

Also, BSMH provides annual funding to the BSMH Foundation to address the needs of persons who are poor, dying, and underserved, and to promote healthy communities. The 2020 Annual Contribution to the BSMH Foundation was \$7.5 million.

### **Social Screening**

BSMH implements negative screens that exclude investments in companies that derive a significant portion of their revenues from products or services contrary to the moral teachings of the Catholic Church or our identity as a Catholic health ministry. BSMH recognizes that an efficient means of investing capital may involve the use of mutual funds or other pooled types of investment where BSMH does not maintain a separate portfolio. Therefore, BSMH acknowledges that in these situations, it is not practical to impose social responsibility constraints. However, BSMH will avoid investing in strategies that are deemed to conflict with BSMH's social screens.

BSMH implements the following social screens on separately managed accounts with full assurance. In 2020, SRI added private prisons as an additional negative screen with zero tolerance.

#### **Restrictions**

- Abortive Devices, Abortifacients, and Organizations that Provide Abortions
- Embryonic Stem Cell Research
- Tobacco
- Contraception
- Pornography
- Weapons of Mass Destruction
- Firearm Manufacturers
- Private Prisons

#### **Execution and Monitoring**

- Proactively share SRI Policy with Investment Managers for exclusion of restricted names and industries



## Catholic Impact Investing Pledge

### Pledge Principles

We believe that as Catholic individuals and institutions we have a moral obligation to work toward a more just society. We believe that we must pursue that aim with urgency, given the increasing needs of the poor and vulnerable and the continuing degradation of our common home. This requires a rethinking of how we use the resources God has given us.

We believe that in order to increase our positive impacts in the world, our investments must move beyond negative screening and seek out opportunities across asset classes that provide financial returns while simultaneously creating measurable, positive social and environmental outcomes in service of people and planet.

### Pledge Commitments

As faithful Catholics, we have an obligation to work on behalf of the poor and vulnerable, to promote human dignity, economic justice, and environmental stewardship. As such we believe that we must use all of the resources God has given us to pursue a more just and equitable world, both today and for future generations. We believe that impact investments can play a meaningful role in pursuing our goals.

We therefore commit to the following:

- We will move beyond negative screening and seek out opportunities across asset classes that provide financial returns while creating measurable, positive social and environmental outcomes in service of people and planet.
- We will establish meaningful allocation targets to ensure impact investments are incorporated into our investment portfolios.
- We will promote awareness of impact investing among our fellow Catholics.
- We will work with one another and relevant partners to improve the effectiveness of impact investing.
- We will share our progress making impact investments, and we will measure and communicate the impacts that are created.

- Annual contract with MSCI to negatively screen the portfolio for restricted names and industries
- Liaise with Bon Secours Mercy Health ethics team to stay up to date and consistent with our values
- Obtain opt-out provisions with select private capital managers

### Impact Investing

BSMH participates in impact investing to drive positive environmental and social impact and generate strong financial returns. BSMH invested in Bain Double Impact Fund II, sourced through

BSMH's deep relationship with Bain Capital across their platform, including Venture, Buyout, and Co-Investments. Bain Double Impact seeks to make control investments in lower middle-market companies across three core impact themes: health and wellness, education and workforce development, and sustainability. Some examples include Penn Foster (access to education, digital learning, and career training), Living Earth (reducing carbon emissions, yard waste/sustainability), and Rodeo Dental (access to care, underserved populations).

Including Bain Double Impact, BSMH made four impact investment commitments in 2020. Other

impact investments included DBL IV (impact venture capital), Helios IV (African private equity), and an educational technology impact investment (Owl Ventures) addressing social determinants of health and income inequality. Additionally, BSMH conducted an Impact Survey with other large nonprofit health systems.

In August 2020, BSMH signed the Catholic Impact Investing Pledge, joining 28 other pledge partners in committing to focus on internal impact investment programs and helping to grow the broader ecosystem of Catholic Impact Investing alongside the Catholic Impact Investing Collaborative.

### **Environmental, Social and Governance (ESG) Risks Investing**

As part of the strategy and manager implementation process, the BSMH investment team will include the consideration of ESG factors into its investment management process. The primary objective of incorporating ESG factors in the investment process is to ensure that the managers selected for implementation share similar ESG values as BSMH within their firms, governance, investment process, and portfolio construction. Examples of including ESG in the research process include, but are not limited to: discussions with the leadership of the organization, review of managers' internal ESG policies, including diversity and inclusion, review of the investment process and philosophy, review of ESG scores and ratings by BSMH's investment advisor or third-party organizations, and each organization's long-term commitment to third party ESG related organizations (e.g., Principles for Responsible Investment).

Staff continues to further integrate Mercer's quantitative ESG ratings into the investment process. The team builds momentum in qualitative, holistic engagement with investment managers to partner with them in areas that overlap with BSMH's mission and values. Staff continues to enhance its ESG practices. As part of the investment manager due diligence process, staff requests ESG-specific information from managers related to diversity and inclusion, areas of exclusion, and how they integrate ESG practices into their specific strategy.

### **FINANCES**

BSMH's culture calls its leaders and associates to address situations in an empowered, agile, and unified manner. Never has that been more apparent than over the past year as the world faced a pandemic for the first time in a century.

- BSMH's clinical leaders and market-based clinical teams strategically and promptly implemented plans, procedures, and processes to provide safe, high-quality care for COVID-19 patients and in support of communities across seven states in the United States and in Ireland.
- Shared services functions, such as Supply Chain, Information and Technology, and Human Resources, helped safeguard front-line caregivers' health while providing programs and technologies to support associates during a dynamic, uncertain time.
- Associates at the bedside provided compassionate, expert care and routinely identified creative ways to keep isolated patients and long-term-care residents connected with loved ones.

The impacts of the COVID-19 pandemic also extended to the financial performance of BSMH.

On a same facility basis<sup>1</sup> (excludes the impact of the recent acquisitions, described further below), patient volumes decreased in 2020 compared to 2019 in part due to the closure of elective procedures and key service lines during March, April, and May 2020 and the continued impact of the COVID-19 pandemic. In recent months, patient volumes are approximately 90-95% of historical levels. Same facility inpatient admissions for the year were 11% below the prior year, and same facility physician visits were 6% below the prior year. These decreases in same facility patient volumes led to a decrease in same facility net operating revenue without stimulus of 4.5% compared to 2019.

Same facility recurring operating income without stimulus was a loss of \$223 million due to the decreased inpatient volumes and revenues and additional incremental costs incurred to care for those suffering within COVID-19 and costs incurred to protect others from the spread of the virus. Total incremental costs (excludes direct patient care expenses) were \$228 million during 2020.

The year 2020 also saw significant expansion and growth for the health system with the addition of the BSHS-Ireland, a five-hospital health system located in the Republic of Ireland, on July 1, 2019, and for a full twelve-month period in calendar year 2020. The system also added three hospitals in Virginia, United States, on December 31, 2019, with a full year of operations in 2020. Also, effective January 2, 2020,

<sup>1</sup>References to "same facility" exclude the impacts of recent acquisitions: the operations of Ireland, Charleston, and the three southeastern Virginian hospitals.



the health system announced the consolidation of Roper St. Francis, a four-hospital health system located in Charleston, South Carolina, United States.

The results of Ireland and the other acquisitions are included for a full twelve-month period starting with 2020. The inclusion of these operations results in growth in patient volumes and revenues of the health system during 2020 compared to 2019.

Stimulus funds provided under the United States Coronavirus Aid, Relief, and Economic Security

(CARES) Act and through Ireland's Health Service Executive (HSE) were \$458 million during 2020. They supported the health system's significant efforts. Including the impact of stimulus and the impact of recent acquisitions, net operating revenue grew by approximately 14%. On a reported basis, including the impact of stimulus, recurring operating income was \$235 million, a 2.4% recurring operating margin, compared to the recurring operating income of \$239 million and a margin of 2.8% for the prior year-end. As previously mentioned, the coronavirus pandemic added additional financial pressures for the

health system, leading to decreases in the same facility volumes and revenues and rising costs, which led to decreases in overall profitability. The twelve months' net income and net income margin grew due to strong operating income and favorable investment returns for our investment portfolios.

BSMH is dedicated to the stewardship of the ministry's resources and assets. During 2020, BSMH invested over \$800 million in capital expenditures to ensure financial vibrancy and that necessary services are available to the communities we serve. At the

same time, BSMH's consolidated balance sheet saw increased liquidity and leverage to meet the needs of the global pandemic and ensure financial resources were available to meet our caregivers' and communities' needs. Total debt to capitalization was 37.4%, days cash on hand was 346 days, and pension funding ended the year at 87.6%. Our financial performance continues to support our overall mission while focusing on the delivery of patient-centered health care.





## CHAPTER FIVE

### CONCLUSION

“Dear health care professionals, let us always remember that diagnostic, preventive and therapeutic treatments, research, care and rehabilitation are always in the service of the sick person; indeed the noun ‘person’ takes priority over the adjective ‘sick.’ In your work, may you always strive to promote the dignity and life of each person . . . When you can no longer provide a cure, you will still be able to provide care and healing, through gestures and procedures that give comfort and relief to the sick.”<sup>1</sup>

As we reflect on this extraordinary year in health care throughout the world, but in particular in the ministry locations we serve, we are reminded by Pope Francis that even when we cannot provide a cure, we can always provide care. This is especially true with the impact of the COVID-19 pandemic.

In conclusion, we reflect on the works of this last year by framing them within the values of our ministry.

#### Human Dignity

- Commitment to care for all people regardless of ability to pay
- Commitment to providing a living wage
- Front line workers treating each COVID-19 patient with the utmost care, especially in the absence of family members by their side
- Front line workers helping those dying of COVID-19 to do so with dignity, grace, and a sense of knowing they are loved
- Health Service agreement with the Irish government, putting our entire hospital system in Ireland at the service of the public system, to benefit the sick and vulnerable, for the common good for four months
- Helping our country in Ireland through the worst of the virus, extending ‘good help’ to our existing patients and those who are poor and marginalized, serving our communities in a time of great need
- Reverencing the dignity of those patients and staff family members who died by holding virtual Remembrance Masses during November, especially so that they can be honored once again by their loved ones

- Supporting furloughed and low census associates with \$60 million of restorative pay
- Developing the Racial Justice and Equity Resource Center following the death of George Floyd and the racial disparities in COVID-19 health outcomes
- Advocacy efforts regarding human trafficking and exploitation
- Community Investment Program and Community Benefit commitments

#### Integrity

- Commitment to confidentiality surrounding patient information and associate information
- The integrity of our teams to be open and honest with each other in these difficult times, especially during the days of furlough
- Staff going above and beyond: working extra shifts, covering colleagues who were isolating, giving of themselves again and again for the benefit of the sick
- All staff, upholding the requirements to wear masks, washing hands, and socially distancing while at work, to help keep the virus from spreading within the hospital
- Standards encouraged, upheld, and reinforced by our infection control teams across the system, doing their best to keep everyone safe in the midst of this pandemic
- Gratitude Campaign with senior leaders
- Thanking associates for their contributions in responding to COVID-19
- Routine and transparent internal communications (Weekly Leader Updates, Weekly Associate Updates, Governance Updates, Webinars)
- Board ministry formation program
- Clinical and organizational ethics model and leadership

<sup>1</sup>Pope Francis, *Message for XXVIII World Day of the Sick 2020* (February 11, 2020).

- Development of Allocation of Critical Resources Policy during the COVID-19 crisis

### **Compassion**

- Commitment to palliative care
- Commitment to spiritual care within the acute care facility and beyond
- Pastoral Care workers with COVID-19 patients and families
- Listening to each other during the most stressful times during the year, so our teams know that we care for each other, that we are not just co-workers, but rather a team that personally cares for each member
- Recognizing the importance of the visits of family/friends for our patients and residents, and creating processes where they were able to receive a designated visitor, especially at the end of their life's journey
- Bringing tablets and phones to our patients and residents and helping them visit with family/friends virtually
- Reaching out to staff who required quarantine to see how they were doing and to see if there was anything we could do to help them while they were out. (such as food shopping, etc.)
- Despite the difficulties posed by the COVID-19 pandemic, our hospitals continued to actively reaffirm their commitment to provide care in accordance with our mission and our values
- Donation of €88,000 to St Vincent De Paul Society in Ireland (a Catholic Charity which works with the homeless) targeted to help the most vulnerable in the communities where our hospitals are in Ireland
- Chaplain Call Line

### **Stewardship**

- Commitment to steward all of our resources: financial, supplies, Earth, and associates
- Recognition that the ministry is given to us in trust
- Working from home to both protect each other, but also to save on resources (finances) that can be used elsewhere to serve our patients
- Minding the use of personal protective equipment (PPE) to ensure the safety of our staff and patients and keeping an eye on our usage so as not to be wasteful
- Allocation of critical resources to look at the distribution of critical resources, such as ventilators, beds, etc.
- Commitment to sustainability

- Reprocessed PPE, which made limited resources available to associates who needed it and reduced PPE in landfills
- Addressing first-year nursing turnover rate
- Refinancing/restructuring debt
- Flexible capital allocation process that was carefully evaluated throughout the year in response to the financial impact of COVID-19 and progress on certain strategic initiatives

### **Service**

- Commitment and efforts to improve the health of the communities we serve (such as health screenings and parish nursing programs)
- COVID-19 testing stations set up within our communities
- Baltimore Community Works serving hundreds of families during this time of need
- Center for Ministry Formation reaching out to all associates with Daily Reflections, Stories of Grace Booklet, and various prayer services sharing hope and prayer
- Creating 'in-house' shops for staff in our hospitals to purchase basic groceries so they can avoid having to go into retail stores to limit contact with the public and risk catching the virus
- Increased virtual visits to nearly 9,000 per day throughout BSMH
- Eviction and Foreclosure Prevention Program that BSMH sponsored in Bond Hill
- Health Anchor Network strategy
- Rationalizing system-wide retirement plan structures and expanding employee participation
- Incident Command teams at the system, group, and market levels that met daily to monitor our response to the COVID-19 crisis and quickly institute new initiatives as we learned more about the disease, including clinical treatments, the safety of staff, most compassionate response, and support for patients and their families

We hope this summary reflects our associates' truly compassionate care within Bon Secours Mercy Health in the United States and Bon Secours Health System in Ireland. As the canonical sponsor of this ministry, we are deeply humbled and consider ourselves blessed to serve with the 60,000 associates who bring the compassionate ministry of Jesus to life in all of our communities.

## **BON SECOURS MERCY MINISTRIES**

Sr. Elaine Davia, CBS

Sr. Patricia Eck, CBS

Sr. Doris Gottemoeller, RSM

Sr. Rose Marie Jasinski, CBS

Sr. Marie Ryan, CBS

Colleen Scanlon, JD

Sr. Carol Anne Smith, HM

Sr. Mary Stanton, RSM

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