



Governance/Sponsorship Models

of
Canadian Catholic Health Care
Organizations

Rev. Michael McGowan



CHAC



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Catholic Health Association
of Canada

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Introduction

Radical changes have occurred and are still occurring in health care, in the Church and in religious institutes in Canada. These changes have led leaders in Catholic health care to search for new structures of sponsorship and governance in order to meet the challenging needs, circumstances and opportunities facing the ministry. Religious sponsors of Catholic institutions have had to reconsider their roles and to seek new models of sponsorship and governance so that the Catholic identity of their institutions will be made secure and promoted for the future, taking into account existing provincial legislation and the evolution of the health care system. Central to the development of new models has been the vision of involving the larger Church community in the sponsorship and governance of Catholic health care institutions.

This booklet presents an overview of sponsorship/governance models already adopted throughout Canada. It gives an example of each model, describes its principal responsibilities, notes opportunities, challenges, and learnings, and lists a contact person for further reference.

The booklet is meant to serve as a reference point, a snapshot at this time, for those groups searching for new models within the context of the evolving Catholic health care ministry in Canada. Our hope is that the publication of this booklet will inform about the rich, diversity of structures being developed across the country and be a stimulus for continued creativity in responding to changing health care needs. The information in the booklet has been gathered through direct contact with the sponsoring organizations. In many ways it is a work in process, since the models described are continuing to evolve and change.

Chapter 1. Centralized Health Care System

Description

The term 'centralized' has been used to describe this particular health system because the individual member institutions are not separately incorporated.

It is a descriptive term and is used while acknowledging that the various models of sponsorship and governance are still evolving.

Centralized Health Care System

St. Joseph's Health Care System — Hamilton, Ontario

Description

Established in 1991 to meet the challenges of the changing environment for the delivery of health and social services in the Diocese of Hamilton, Ontario.

The Board of Directors consists of the General Superior, the General Council, the General Treasurer and one additional member of the Corporation of the Sisters of St. Joseph of Hamilton, as well as the Board Chairperson of member institutions of St. Joseph's Health Care System. Member institutions are not separately incorporated.

The role of the Board of Directors is to manage the affairs of the health care system in accordance with the mission of St. Joseph's Health Care System, recognizing the obligations and requirements of canon law and civil law. Reserve powers reside with the system's Board of Directors.

The role of the Board of Trustees of any member institution is to manage the affairs of that member institution subject to the governance responsibilities of the Board of Directors and in accordance with the mission of St. Joseph's Health Care System and the institution.

Principal Responsibilities - Board of Directors of the System:

- 1- Direct the affairs of the health care system according to its mission, vision/goal and Catholic identity statements
- 2- Approve changes of philosophy of a member institution
- 3- Approve by-laws of a member institution
- 4- Appoint/dismiss any member of the Board of Trustees
- 5- Nominate to the Board of Trustees the appointment of the CEO of any member institution
- 6- Acquire or dispose of real estate
- 7- Appoint an auditor for a special audit and/or a member institution on an annual basis
- 8- Approve/disapprove of the merger or dissolution of a member institution
- 9- Approve the annual report from a member institution
- 10- Direct the development and implementation of the strategic plan of St. Joseph's Health Care System
- 11- Explore opportunities for collaboration by members
- 12- Explore and approve educational programs for members of the Board of Trustees

Principal Responsibilities - Board of Trustees of Participating Institutions:

- 1- Mission
- 2- Strategic planning
- 3- Quality of patient/resident care
- 4- Organizational effectiveness
- 5- Financial viability
- 6- Chief Executive Officer effectiveness - to appoint the CEO, define his/her duties and evaluate
- 7- Support development of St. Joseph's Health Care System
- 8- Community/government relations

Centralized Health Care System

St. Joseph’s Health Care System — Hamilton, Ontario

| Participating Institutions Additional Features/ Contact Person | Opportunities/Challenges | Learnings |
|---|---|---|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> • St. Joseph’s Hospital, Brantford, ON • St. Joseph’s Hospital, Dundas, ON • St. Joseph’s Hospital and Home, Guelph, ON • St. Joseph’s Hospital, Hamilton, ON • St. Mary’s General Hospital, Kitchener, ON • St. Elizabeth Visiting Nurses’ Association, Hamilton, ON <p>Contact Person</p> <p>Brian Guest Executive Director St. Joseph’s Health Care System</p> <p>Tel. (905) 528-0138 Fax. (905) 528-8883</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • preserves and strengthens Catholicity of health care facility • united front in decision-making • fosters and facilitates communication among members <p>Challenges</p> <ul style="list-style-type: none"> • a member may on occasion lose some autonomy through commitment to the overall vision of the system | <p>Learnings</p> <ul style="list-style-type: none"> • It was good that the congregational sponsor opened up decision-making to lay leadership. • It paves the way for future changes in governance. • The time it takes to develop a system is well worth it. |

Chapter 2. Decentralized Health Care System

Description

The term 'decentralized' has been used to define a health care system in which the member facilities are autonomous, having separate incorporation from the sponsoring religious institute, which remains responsible for each facility under civil and canon law.

Decentralized Health Care System

Description

RHSJ Health System — Kingston, ON

The RHSJ Health System is a decentralized system. Each health care facility is autonomous, having separate incorporation from the sponsoring religious institute, (Religious Hospitallers of St. Joseph) which remains responsible for each facility under civil and canon law. The corporate members of each facility are comprised of the Provincial Council, (the public juridic person), and includes religious members of the Health System Executive, who are admitted by the Provincial Council to corporate membership. Established in 1984, the RHSJ Health System provides the means for the sisters and their sponsored facilities to participate more effectively in the mission of the church through the ministry of healing.

The RHSJ Health System serves in an advisory capacity to the members of each corporation. The health system interfaces between the corporate members and the board of directors of each facility in matters concerning the reserved powers. The health system provides expertise in specific areas of health care service to the board of directors and their facility as well as facilitating communication and sharing of resources among the sponsored health care facilities comprising the RHSJ Health System. Carried out on a full time basis, these functions assist the religious institute in the exercise of its sponsorship and canonical responsibilities, while providing their health care facilities with needed expertise.

Principal Responsibilities - Health System:

1. To function according to its philosophy and mission statements based on the philosophy and mission of the religious institute
2. To advise and make recommendations to the members of each corporation regarding the following reserved powers:
 - to amend the philosophy, mission, corporate charter and by-laws
 - to appoint the Board of Directors
 - to lease, sell, or encumber corporate real estate
 - to appoint or approve the appointment of the corporation's Chief Executive Officer
 - to merge or dissolve the corporation
 - to require a certified audit of corporate finances and to appoint the auditor
 - to approve capital and operating budgets
3. To explore, advise and carry other activities and functions to support and enhance the provision of health care, and to assist the religious institute and its sponsored facilities in participating in the mission of the Church through the ministry of healing

Participating Institutions

The members of each corporation are the ultimate authority of each corporation and, except for those matters which are reserved to the members, delegate to each board of directors such authority and responsibility as are necessary to allow the boards of directors, in harmony with the philosophy and mission of the religious institute, to govern and manage the affairs of the facility. The board of directors is accountable to the members of the particular corporation for the exercise of the authority and responsibility delegated to it.

Decentralized Health Care System

RHSJ Health System — Kingston, ON

| Participating Institutions Additional Features/ Contact Person | Opportunities/Challenges | Learnings |
|---|---|---|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> • Hôtel Dieu Hospital, Kingston, ON • RHSJ Health Centre, Windsor, ON • RHSJ Health Centre, Cornwall, ON • Hôtel Dieu Hospital, St. Catharine's, ON • Mount St. Joseph Nursing Home, Miramichi, NB • St. Bernard Hospital, Chicago, IL • Langlade Memorial Hospital, Antigo, WI • St. Joseph's Residence, New London, WI • Hospital San José and Hospicio San Antonio, San José de Ocoa, Dominican Republic <p>Contact Persons</p> <p>Rosemary Kugel, RHSJ Michael Carty</p> <p>RHSJ Health System 225 Johnson Street Kingston, ON, K7L 1Y2 Tel. (613) 546-4442 Fax. (613) 546-2840</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • efficient and effective governance and leadership • ensures that RHSJ's philosophy and mission is active throughout each corporation • assistance and support network for individual facilities • consulting services • creation and carrying out of new endeavours <p>Challenges</p> <ul style="list-style-type: none"> • geographical distance — impedes easy flow and exchange of ideas, support and education | <p>Learnings</p> <ul style="list-style-type: none"> • The RHSJ Health System is an effective conduit of information, support and ideas. However, there is a duplication in paperwork that could be eliminated if the health system were the public juridic person and held the decision-making power. |

Chapter 3. Juridic Person Model

Description A juridic person can be defined as an aggregate of persons or things having rights and obligations in accord with canon law, e.g. a diocese, parish, religious institute. It may be public or private, pontifical or diocesan.

| Public Juridic Person | Private Juridic Person |
|--|---|
| <ul style="list-style-type: none"> ➔ established by the law itself or by a decree of the competent ecclesiastical authority | <ul style="list-style-type: none"> ➔ established by decree of the competent ecclesiastical authority |
| <ul style="list-style-type: none"> ➔ purpose: to participate in activities in the name of the Church with the full authority of the Church | <ul style="list-style-type: none"> ➔ purpose: to participate on behalf of the Church or in its own name; full authority of the Church is not behind it |
| <ul style="list-style-type: none"> ➔ its temporal goods are subject to the provisions of canon law | <ul style="list-style-type: none"> ➔ subject to fewer Church laws on administration |
| <ul style="list-style-type: none"> ➔ assets are considered Church property | <ul style="list-style-type: none"> ➔ assets are not usually considered Church property |
| <ul style="list-style-type: none"> ➔ public juridic person of pontifical right: established by the Holy See and accountable to the Holy See | |
| <ul style="list-style-type: none"> ➔ public juridic person of diocesan right: established by the Diocesan Bishop(s) and accountable to him (them) | |

Principal Responsibilities:*

- 1- Own, operate and manage health care facilities
- 2- Develop, approve, amend philosophy or mission
- 3- Approve, amend, change constitution or by-laws
- 4- Appoint/approve and remove directors
- 5- Appoint/approve and remove board chairperson
- 6- Lease, sell or encumber assets
- 7- Approve sale of a major asset and borrow money
- 8- Merge, dissolve or alter the juridic person
- 9- Appoint/approve auditor

* Some variations exist in the list of traditional corporate responsibilities. Reserved powers are possible.

Juridic Person Model

Catholic Health Sponsors of Ontario (1997) - Public Juridic Person of Pontifical Right

Description

The Catholic Health Sponsors of Ontario was granted juridic status in November 1997. It is also incorporated civilly under the *Canada Corporations Act* as a non-share capital corporation and is known civilly as The Catholic Health Corporation of Ontario (CHCO).

The Catholic Health Sponsors of Ontario is a partnership of religious sponsors and the Catholic Health Association of Ontario. The mission of this partnership is to perpetuate the healing mission of Jesus by sponsoring a range of health care facilities in local communities across the province of Ontario and ensuring that they operate in a manner consistent with the teachings of the Roman Catholic Church. The Catholic Health Sponsors of Ontario adhere to the *Health Care Ethics Guide* approved by the Canadian Conference of Catholic Bishops.

The members of the corporation of the Catholic Health Sponsors of Ontario consist of two representatives of each of the founding members — the General Superior and one other designate of The Sisters of St. Joseph (Toronto), The Sisters of St. Joseph (Sault Ste. Marie), The Grey Sisters of the Immaculate Conception (Pembroke), the chairperson and one other director of the Catholic Health Association of Ontario.

Each founding congregation retains title to the property and equity of each of its previously sponsored facilities.

The by-laws of the Catholic Health Sponsors of Ontario provide for other sponsors to join at a later date.

Participating Institutions

Each sponsored facility is or will be separately incorporated and will retain its own board of trustees and CEO. Each board will retain its authority granted by the *Public Hospital's Act*, the *Charitable Institutions Act* or any other legislation and will remain representative of and responsive to its local community.

Juridic Person Model

Catholic Health Sponsors of Ontario (1997)

| Participating Institutions Additional Features/ Contact Person | Opportunities/Challenges | Learnings |
|--|---|--|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> • St. Joseph’s Health Centre, Toronto, ON • Providence Centre, Toronto, ON • St. Michael’s Hospital, Toronto, ON • St. Joseph’s Health Centre, Sudbury, ON • St. Joseph’s General Hospital, Elliot Lake, ON • St. Joseph’s Care Group, Thunder Bay, ON • Marianhill Inc., Pembroke, ON • Pembroke General Hospital, Pembroke, ON • Sault Ste. Marie General Hospital, Sault Ste. Marie, ON • St. Patrick’s Home of Ottawa, Ottawa, ON • Penetanguishene General Hospital, Penetanguishene, ON <p>Additional Features</p> <p>Powers reserved to the Holy See: annual report; suppression of the juridic person; and amendment of the statutes.</p> <p>Contact Person</p> <p>Don McDermott, President Catholic Health Corp. of Ontario 81 Janefield Guelph, ON, N1G 2L4 Tel. (519) 826-9494 Fax. (519) 826-9595</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • provides a vehicle which will allow the participating congregations to remain involved in the sponsorship of Catholic health facilities for a longer period of time than may have been possible under the traditional sole sponsorship model • provides a bridge between ‘Sisters’ health care to Catholic health care • enhances the participation of the laity in the sponsorship of Catholic health facilities • enhances the potential for collaboration among sponsored facilities • provides a vehicle for the maintenance of Catholic health care • maintains local autonomy and responsiveness <p>Challenges</p> <ul style="list-style-type: none"> • large geographical area to cover • develop a stable financial base for the long-term • reluctance of individual hospitals to embrace new unproven sponsoring agency • concern that non-religious represent owners on board of governors • fear of a lack of understanding of local needs and issues on the part of the board | <p>Learnings</p> <ul style="list-style-type: none"> • It is too early to draw conclusions about the model. |

Juridic Person Model

Alberta Catholic Health Corporation (1997) - Public Juridic Person of Diocesan Right

Description

Founded as the Alberta Catholic Hospital Foundation in 1976, and established as a public juridic person of diocesan right in February 1993, the corporation seeks to ensure the continuity of the Catholic nature of health care in Alberta when religious congregations withdraw from the ownership role, and to ensure that their facilities are operated as Catholic facilities, abiding by canon law and the *Health Care Ethics Guide* approved by the Canadian Conference of Catholic Bishops.

Members of the Alberta Catholic Health Corporation include all the Bishops of Alberta with the Archbishop of Edmonton as the permanent chairperson.

Principal Responsibilities:

- 1- Develop, approve and amend the mission and values of any facility and for any program
- 2- Amend the *Memorandum of Association* and articles of the association
- 3- Approve any fundamental change in the nature of the operations conducted by the company
- 4- Amend or terminate any agreement with the Government of Alberta relating to the equity of the company or affiliated company in any facility
- 5- Approve general by-laws relating to the operation by the company of any facility, programs and services as required or permitted under the *Hospitals Act* or similar legislation (“operational by-laws”)
- 6- Appoint and remove the directors of the company
- 7- Appoint and remove the chair of the board
- 8- Lease, sell or encumber assets of the company outside of the ordinary course of operations
- 9- Approve any sale of a major capital asset or the borrowing of money in excess of the amount established from time to time by the members
- 10- Create bodies corporate and approve the by-laws of such bodies corporate
- 11- Merge, dissolve or alter the company or its constitution
- 12- Appoint the auditor of the company
- 13- Issue directives or policies when in their opinion such directives or policies are reasonably necessary to ensure that any facility or any programs or services of the company are operated lawfully and in a manner consistent with the medical moral code approved by the Canadian Conference of Catholic Bishops, articles relating to the mission and values of the company, and canon law of the Roman Catholic Church

Juridic Person Model

Alberta Catholic Health Corporation (1997)

| <p>Participating Institutions Additional Features/ Contact Person</p> | <p>Opportunities/Challenges</p> | <p>Learnings</p> |
|--|---|--|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> • St. Michael’s General Hospital, Lethbridge, AB • Mineral Springs Hospital, Banff, AB • Caritas Health Group (part owner) <p>Additional Features</p> <p>Powers reserved to the Bishop: annual report of operations; any change in the corporation’s canonical status; and in the case of conflict over temporal goods.</p> <p>Contact Person</p> <p>Michael Shea Executive Director Alberta Catholic Health Corporation</p> <p>6R, 11111 Jasper Avenue Edmonton, AB, T5K 0L4 Tel. (403) 488-8074 Fax. (403) 488-8077</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • preserves and enhances Catholic presence in health care • provides united front in decision-making • provides local autonomy <p>Challenges</p> <ul style="list-style-type: none"> • little flexibility in terms of temporal goods • need to ensure accountability for mission and values | <p>Learnings</p> <ul style="list-style-type: none"> • There is a need to ensure the presence of strong, committed board members. • Attempts to be sensitive to local autonomy can sometimes result in lack of clarity with regard to the role and responsibilities of the parent corporation. • Make sure that lines of communication remain open between the parent corporation and affiliates, and that both parties are aware of each others’ roles and responsibilities. |

Juridic Person Model

St. Joseph's Health Care Society (1993) — London, ON - Public Juridic Person of Diocesan Right

Description

The public juridic person of diocesan right was established to promote a philosophy of health care reflecting the Christian values in the Roman Catholic tradition that have traditionally been exemplified by the Sisters of St. Joseph of London, ON.

The members of the society are chosen from the boards of the facilities. They elect a nine member Board of Directors, each of whom has been approved by the Bishop of the Roman Catholic Diocese of London. The directors in turn are the corporate members of each of the institutions.

Principal Features:

- 1- The nine (9) directors of the corporation are to be elected by the members in accordance with the by-laws
- 2- Upon dissolution of the corporation, after the payment of all debts and liabilities, the remaining assets of the corporation are to be distributed to a recognized not-for-profit charity, subject to the approval of the Bishop of the Diocese
- 3- The corporation shall be carried on without the purpose of gain for its members and any profits or other accretions to the corporation shall be used in promoting its objects
- 4- The directors shall serve as such without remuneration and no director shall directly or indirectly receive any profit from his/her position as such
- 5- The borrowing power of the corporation shall be limited to borrowing money for current operation expenses, provided that the borrowing power of the corporation shall not be so limited if it borrows on the security of real or personal property
- 6- The corporation may purchase, lease, sell any personal property and real property for the use of the corporation
- 7- The corporation may invest funds as determined by the directors
- 8- The number of members of the corporation shall not be less than twenty-five and not more than fifty-five, including any *ex officio* members

Juridic Person Model

St. Joseph's Health Care Society (1993) — London, ON

| Participating Institutions Additional Features/ Contact Person | Opportunities/Challenges | Learnings |
|--|---|---|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> • St. Joseph's Health Centre, London, ON • St. Joseph's Hospital, Chatham, ON • St. Joseph's Health Centre, Sarnia, ON <p>Additional Features</p> <p>Powers reserved to the Diocesan Bishop: confirmation of directors; dissolution or suppression; consultation in regard to the distribution of temporal goods in case of dissolution or suppression; and authorization regarding changes in statutes.</p> <p>Contact Person</p> <p>Barry Hogan President St. Joseph's Health Care Society</p> <p>1556 Gloucester London, ON, N2G 2S6 Tel. (519) 646-6000</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • Catholicity of health care facilities preserved • temporal goods are Church property • continuity of sponsorship personnel <p>Challenges</p> <ul style="list-style-type: none"> • some difficulty getting the board together at times of crisis | <p>Learnings</p> <ul style="list-style-type: none"> • The transfer from the religious congregation must be done with deliberate speed, i.e., not create a situation of dependency on any religious who remain directors. • The loss of presence of the sisters in the hospitals and on the boards leaves a large gap to be filled. • Communications issues are critical. It is necessary that the Board of Directors of the member institutions are clear as to the role and authority of the society. • Funding: Start up funding was provided by the religious institute. A modest levy has been placed on the institutions. With restructuring and downsizing, this has created difficulty both for the institutions and the society. The extent to which the religious institute supported its institutions was often underestimated, even by the religious institute. |

Juridic Person Model

Fontbonne Health Care Society (1995) — Peterborough, ON - Public Juridic Person of Diocesan Right

Description

The public juridic person of diocesan right was established to promote a philosophy of health care reflecting the Christian values in the Roman Catholic tradition that have traditionally been exemplified by the Sisters of St. Joseph of Peterborough, ON.

The affairs of the society are managed by a Board of Directors of nine members, elected in accordance with the by-laws of the society. Each director is to be approved by the Bishop of Peterborough, ON.

The boards of the participating institutions are respected as separate corporations. Fontbonne Health Care Society acts as an overseer in each of the principal corporation responsibilities and approves appointments.

Principal Features:

- 1- The nine (9) directors of the corporation are to be elected by the members in accordance with the by-laws
- 2- Upon dissolution of the corporation, after the payment of all debts and liabilities, the remaining assets of the corporation are to be distributed to a recognized not-for-profit charity, subject to the approval of the Bishop of the Diocese
- 3- The corporation shall be carried on without the purpose of gain for its members and any profits or other accretions to the corporation shall be used in promoting its objects
- 4- The directors shall serve as such without remuneration and no director shall directly or indirectly receive any profit from his/her position as such
- 5- The borrowing power of the corporation shall be limited to borrowing money for current operation expenses, provided that the borrowing power of the corporation shall not be so limited if it borrows on the security of real or personal property
- 6- The corporation may purchase, lease, sell any personal property and real property for the use of the corporation
- 7- The corporation may invest funds as determined by the directors
- 8- The number of members of the corporation shall not be less than twenty-five and not more than fifty-five, including any *ex officio* members

Juridic Person Model

Fontbonne Health Care Society (1995) — Peterborough, ON

| Participating Institutions Additional Features/ Contact Person | Opportunities/Challenges | Learnings |
|---|--|---|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> • St. Joseph’s Hospital and Health Centre, Peterborough, ON (slated to be closed) • Inglewood Senior Residence, Peterborough, ON • Maycrest Home, Peterborough, ON <p>Additional Features</p> <p>Powers reserved to the Diocesan Bishop: confirmation of directors; dissolution or suppression; consultation in regard to the distribution of temporal goods in case of dissolution or suppression; and authorization regarding changes in statutes.</p> <p>Contact Person</p> <p>Peter Roach Chairperson Fontbonne Health Care Society</p> <p>Tel. (705) 742-9165 Fax. (705) 745-1377</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • Catholic presence and involvement in health care preserved and strengthened • decision-making more unified • collaboration and educational opportunities <p>Challenges</p> <ul style="list-style-type: none"> • some loss of autonomy of individual facility • less flexibility in determining policies | <p>Learnings</p> <ul style="list-style-type: none"> • The Fontbonne Health Care Society has enabled the Sisters of Saint Joseph to continue the promotion of Catholic values in their health care institutions. |

Chapter 4. Catholic Health Care Governance Group

Description Separate legal entities are retained, while agreeing on a structure for the operation and maintenance of respective health care facilities.

Principal Responsibilities:

- 1- Approval of change in philosophy or mission of the group
- 2- Approve and amend the constitution and by-laws
- 3- Appoint, approve and remove members of the Board of Directors of the group
- 4- Lease, sell, borrow or encumber assets of the group
- 5- Create, alter, merge or dissolve the group
- 6- Appoint and approve Chief Executive Officer

Catholic Health Care Governance Group

Description

Caritas Health Group (1992) — Edmonton, AB

The Caritas Health Group (owners are the Alberta Catholic Health Corporation and the Grey Nuns of Alberta) was established to ensure that the hospitals operating under its sponsorship are Roman Catholic facilities, and that the board of each hospital will follow canon law and the *Health Care Ethics Guide* as approved by the Canadian Conference of Catholic Bishops.

Members of the corporation shall be no less than six nor more than ten in number. The members of the corporation shall be appointed or removed, from time to time, by their respective member corporation, so as to maintain fifty percent (50%) membership by the Misericordia Hospital Corporation and fifty percent (50%) membership by the Grey Nuns Corporation.

Principal Responsibilities:

- 1- Develop and approve the mission and values according to which both the corporation and hospitals operate
- 2- To approve the members' by-laws and to have authority to amend same
- 3- To approve the Board of Directors' by-laws prior to enactment
- 4- To appoint and remove the director(s) of the corporation
- 5- To lease, sell, borrow or encumber assets of the Grey Nuns Corporation and the Misericordia Hospital Corporation, including real estate, provided that, the members will obtain the prior approval of the Holy See if the amount of those assets are in excess of the amount established by the Holy See for the region as being in the region's authority
- 6- To create corporations or merge, dissolve or alter the corporations
- 7- To approve the by-laws of new corporations
- 8- To ensure that the hospitals are being operated lawfully and in a manner consistent with the medical moral code approved from time to time by the Canadian Conference of Catholic Bishops, Article II of the by-laws relating to the mission and values statement of the corporation, and the canon law of the Roman Catholic Church

Catholic Health Care Governance Group

Caritas Health Group (1992) — Edmonton, AB

| Participating Institutions Additional Features/ Contact Person | Opportunities/Challenges | Learnings |
|---|---|---|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> Edmonton General Hospital, Edmonton, AB Grey Nuns Hospital, Edmonton, AB Misericordia Hospital, Edmonton, AB <p>such others as shall from time to time become members</p> <p>Contact Person</p> <p>Michael Shea Executive Director Alberta Catholic Health Corporation</p> <p>6R, 11111 Jasper Ave. Edmonton, AB, T5R 0L4 Tel. (403) 488-8074 Fax. (403) 488-8077</p> | <p>Opportunities</p> <ul style="list-style-type: none"> preserves mission and values maintains <i>Health Care Ethics Guide</i> approved by Canadian Conference of Catholic Bishops acts as one voice on issues and needs of Catholic health care <p>Challenges</p> <ul style="list-style-type: none"> more time required of directors a need to ensure accountability for mission and values | <p>Learnings</p> <ul style="list-style-type: none"> The board recruitment process is of paramount importance. It is important to have strong, committed board members. |

Catholic Health Care Governance Group

Description

Saskatchewan Catholic Health Corporation (1998) — Saskatoon, SK

The Catholic Health Council of Saskatchewan was first formed in 1977 and was restructured in 1997. In 1998 the name was changed to the Saskatchewan Catholic Health Corporation. The by-laws of the corporation are currently being revised. It is an ownership/sponsorship group, which on behalf of the Catholic community of the province, and under the leadership of the Bishops, furthers the healing mission of Jesus Christ.

Members of the corporation are the Archbishop of Regina, the Archbishop of Keewatin-Le-Pas, the Bishop of Saskatoon, the Bishop of Prince Albert, and the Eparch of Saskatoon. Directors of the corporation are the persons who from time to time have been appointed by the members of the corporation to serve on the Board of Directors of the corporation.

Principal Responsibilities:

- 1- Ensure, in its institutions, a continuation of Catholic identity
- 2- Observe the principle of subsidiarity in encouraging the development and growth of local boards of trustees, and in fostering growth of local leadership in its institutions
- 3- Collaborate with and enter into joint ventures with other religious and civic health-related organizations
- 4- Ensure adherence by its institutions to the *Health Care Ethics Guide* as approved by the Canadian Conference of Catholic Bishops, and published by the Catholic Health Association of Canada
- 5- Ensure that its institutions provide pastoral care programs that promote sensitivity to individual religious, cultural and social beliefs in the care of clients, their families, and in the development of care givers

Catholic Health Care Governance Group

Saskatchewan Catholic Health Corporation (1998) — Saskatoon, SK

| Participating Institutions Additional Features/ Contact Person | Opportunities/Challenges | Learnings |
|--|---|---|
| <p>Participating Institutions</p> <ul style="list-style-type: none"> • Radville Community Hospital, Radville, SK • St. Joseph’s Hospital, Estevan, SK • St. Joseph’s Hospital, Ile-à-la Crosse, SK • St. Martin’s Hospital, La Loche, SK • St. Peter’s Hospital, Melville, SK <p>Contact Person</p> <p>Mary Pat Skene President/CEO Saskatchewan Catholic Health Corporation</p> <p>504 - 402 21st East Saskatoon, SK, S7K 0C3 Tel. (306) 249-5865 Fax. (306) 249-5869</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • maintains and fosters the mission, philosophy and values of Catholic health care • promotes a vision for the future that encompasses a community of love • enhances opportunities for education, cooperation, communication and effective lobbying • provides opportunities for partnering and cooperating with other health care providers and health-related organizations <p>Challenges</p> <ul style="list-style-type: none"> • extent of geographic area to cover • diverse needs of member facilities | <p>Learnings</p> <ul style="list-style-type: none"> • The process requires significant and ongoing education and communication regarding the roles and abilities of the governing board and structure. • It also requires significant orientation time for governance board members. |

Chapter 5. Agreements Relinquishing Ownership and/or Governance

Description

Since the inception of health care restructuring throughout Canada, Catholic provincial health organizations have entered into negotiations with provincial health ministries concerning governance/sponsorship and the operation of Catholic health care facilities in the provinces.

This chapter outlines those situations where ownership and/or governance has been relinquished.

Agreements Relinquishing Ownership and/or Governance

St. Clare's Mercy Hospital (1994) — St. John's, Newfoundland

Description

In April 1995, the Sisters of Mercy of Newfoundland and the Government of Newfoundland entered into an agreement transferring the ownership and governance of St. Clare's Mercy Hospital in St. John's to the provincial government. Under the terms of the agreement, authority once vested in the St. Clare's Hospital Board was transferred to the Regional Hospital Board. All assets and lands associated with St. Clare's became the property of the Government of Newfoundland. The Sisters were paid for the property.

The Sisters of Mercy retained a certain influence related to the mission of St. Clare's: for example, the *Health Care Ethics Guide* principles would be followed; an Advisory Council would be established; two persons nominated by the Sisters of Mercy would be appointed to the Regional Hospital Board; and the appointment of the hospital administrator would require the approval of the Sisters of Mercy. The name of the hospital and the symbols remain and mission effectiveness programs can be carried out.

Principal Responsibilities - Advisory Council:

- 1- Determine mission programs and services
- 2- Develop and revise mission statement
- 3- Monitor performance of administrator
- 4- Report regularly to and give direction to the regional board on matters relating to mission, values, philosophy and ethics
- 5- Ensure that all staff agree to abide by mission, values, philosophy and ethics
- 6- Oversee continuation of mission effectiveness, pastoral care, and ethics committee
- 7- Advise the regional board on by-laws respecting mission, values, philosophy and ethics
- 8- Advise the regional board when program changes and services affect mission, values, and philosophy
- 9- Advise the Sisters of Mercy on nomination of members to represent the Order on the regional board

Agreements Relinquishing Ownership and/or Governance

St. Clare’s Mercy Hospital (1994) — St. John’s, Newfoundland

| Parties to the Agreement Contact Person | Opportunities/Challenges | Learnings |
|--|--|--|
| <p>Parties to the Agreement</p> <ul style="list-style-type: none"> Sisters of Mercy and the Province of Newfoundland <p>Contact Person</p> <p>Sister Elizabeth Davis, RSM President and CEO Health Care Corporation of St. John’s</p> <p>Waterford Bridge Road, St. John’s, NF, A1E 4J8 Tel. (709) 758-1300 Fax. (709) 758-1302</p> | <p>Opportunities</p> <ul style="list-style-type: none"> ensure the mission, values and philosophy associated with Catholic health care are continued ensure <i>Health Care Ethics Guide</i> is followed St. Clare’s continues to be sponsored by the Sisters of Mercy enhances opportunities for effective lobbying of government health boards <p>Challenges</p> <ul style="list-style-type: none"> loss of hands-on involvement in administration/governance of hospital facility loss of individual board | <p>Learnings</p> <ul style="list-style-type: none"> It is important to distinguish between ‘control’ and ‘influence’ - the initial years of the new organization show the Sisters of Mercy have significant influence on the development of values and ethical principles, and in promoting the importance of pastoral care and the spiritual dimension of healing. Despite protections put in place, the culture is changing. It is not yet clear what the new culture will look like. As the health care system continues to change, the Sisters reflect that they made the right decision with respect to their tertiary care hospital. It really does need to be part of the tertiary care system as that system is being dramatically changed. Keeping St. Clare’s separate would not have been appropriate. The decision has challenged us as a congregation to reflect on our commitment to health care ministry and on the ways in which the commitment is carried out. For our congregation, the decision we made has allowed us to remain faithful to our commitment. |

Agreements Relinquishing Ownership and/or Governance

St. Martha's Regional Hospital (1996) — Antigonish, NS

Description

With the establishment of the Eastern Regional Health Board pursuant to the *Regional Health Boards Act*, an agreement was entered into by the Province of Nova Scotia and the Sisters of St. Martha.

Under the terms of the agreement, governance of St. Martha's Regional Hospital was transferred to the Eastern Regional Health Board with an assurance that St. Martha's Regional Hospital will continue to operate as a Catholic facility. All assets and lands associated with St. Martha's became the property of the government of Nova Scotia. The Sisters were paid for the property.

Main Points in the Agreement:

- 1- Adherence to the *Health Care Ethics Guide*
- 2- Respect for the dignity of each patient, family member, and personnel
- 3- Selection of Facility Manager by a panel of which three members shall represent the Sisters of St. Martha and three members represent the Eastern Regional Health Board
- 4- The Facility Manager shall abide by the mission, values, philosophy and *Health Care Ethics Guide*
- 5- Retention of all outward manifestations of a Catholic hospital
- 6- Advisory Council established by the Eastern Regional Health Board upon nomination by the Sisters of St. Martha
- 7- Recognition of the role of the Mission Coordinator and the continuance of the pastoral care ministry — the Sisters, through the Facility Manager, shall approve the appointment of personnel to these services

Principal Responsibilities - Advisory Council:

- 1- Advise the Eastern Regional Health Board and the Sisters of St. Martha on ethical principles and compliance with the agreement
- 2- Recommend to the Eastern Regional Health Board measures necessary to ensure compliance by personnel, volunteers and medical practitioners with the mission, values and *Health Care Ethics Guide*
- 3- Provide initiatives which support the mission, values, philosophy and ethics of the facility

Agreements Relinquishing Ownership and/or Governance

St. Martha’s Regional Hospital (1996) — Antigonish, NS

| Parties to the Agreement Contact Person | Opportunities/Challenges | Learnings |
|--|--|--|
| <p>Parties to the Agreement</p> <ul style="list-style-type: none"> Sisters of St. Martha, Antigonish, Province of Nova Scotia, and Eastern Regional Health Board <p>Contact Person</p> <p>Anne Marie Proctor, CSM General Councillor</p> <p>Bethany Antigonish, NS, B2G 2G6 Tel. (902) 863-3113 Fax. (902) 863-9439</p> | <p>Opportunities</p> <ul style="list-style-type: none"> St. Martha’s Regional Hospital continues to be operated as a Catholic facility Sisters of St. Martha continue to hold sponsorship responsibility for the mission <p>Challenges</p> <ul style="list-style-type: none"> governance and control placed in hands of an entity other than the Sisters of St. Martha reduced position of influence in what happens in health care in Nova Scotia | <p>Learnings</p> <ul style="list-style-type: none"> The agreement has enabled the Sisters of St. Martha to continue the Catholic mission of St. Martha’s Regional Hospital. It is too soon to tell how effective this agreement will be as the culture of the facility and health care continue to evolve. |

Agreements Relinquishing Ownership and/or Governance

New Brunswick Catholic Hospitals (1993)

Description

On April 21, 1993, the New Brunswick Catholic Health Association (NBCHA), the religious institutes owning hospitals in New Brunswick, and the Province of New Brunswick entered into an agreement ensuring a religious presence in the provincial health care system within the parameters of the Department of Health and Community Services Master Plan 1992. The intent of this agreement is to preserve and ensure the Catholicity of hospitals through the establishment of an Advisory Committee for each Catholic hospital in New Brunswick.

Principal Components of the Agreement:

- 1- A Letter of Understanding
- 2- Amendments to the *Hospital Act* and Hospital Regulations
- 3- Lease for each hospital facility
- 4- Job description of the facility administrator
- 5- Required by-law wording for the Regional Hospital Corporation
- 6- Terms of reference for advisory committees
- 7- Letter of Comfort re *Hospital Act*
- 8- Annual payment to the NBCHA

Principal Responsibilities:

Responsibilities of the Advisory Committee for each hospital facility:

- 1- Ensure preservation and character of the Catholic hospital facility
- 2- Develop and revise mission statement
- 3- Verify that hospital personnel agree to abide by mission statement
- 4- Determine whether mission programs are satisfactorily implemented
- 5- Appoint 50% of panel to recommend appointment of hospital administrator, monitor role of administrator
- 6- Monitor performance of the facility administrator to ensure operation as a Catholic hospital
- 7- Recommend to Regional Hospital Corporation steps necessary to ensure the religious character of the hospital facility
- 8- Maintain communication between chairperson of Advisory Committee, Regional Hospital Corporation CEO and hospital administrator
- 9- ensure hospital maintains active membership in NBCHA and CHAC
- 10- Report to religious institute with regard to fulfillment of Advisory Committee's terms of reference and implement remedial measures, if necessary

Agreements Relinquishing Ownership and/or Governance

New Brunswick Catholic Hospitals (1993)

| Parties to the Agreement Contact Person | Opportunities/Challenges | Learnings |
|---|--|--|
| <p>Parties to the Agreement</p> <ul style="list-style-type: none"> • New Brunswick Catholic Health Association • La Congrégation des Filles de Jésus • Sisters of Charity of the Immaculate Conception of Saint John • Les Religieuses de Notre-Dame du Sacré-Coeur • Religious Hospitallers of St. Joseph • Les Religieuses Hospitalières de Saint-Joseph • Government of New Brunswick <p>Contact Person</p> <p>Robert Stewart Executive Director New Brunswick Catholic Health Association</p> <p>Mt. St. Joseph Nursing Home 51 Lobban Avenue Miramichi, NB, E1N 3W4 Tel. (506) 778-5302 Fax. (506) 778-0193</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • advisory committee is the mechanism for the preservation and promotion of the mission, values, philosophy and ethics of Catholic health care • ownership of hospital facilities still retained • opportunity to influence what happens in health care in New Brunswick <p>Challenges</p> <ul style="list-style-type: none"> • administration of hospital facilities placed in hands of Regional Hospital Corporation • loss of individual hospital boards • loss of some services due to regionalization • lack of control over hiring practices • difficulty in communications between regional administration and local Catholic hospitals | <p>Learnings</p> <ul style="list-style-type: none"> • Not to trust government or government bureaucracy. • Collaboration with Catholic partners is extremely important, ie: congregations, bishops, NBCHA, community. • We have an ability to influence change both in hospital corporations and Department of Health policy. • It is necessary to constantly review governance issues and to prepare for new governance structures. • Need to be proactive re governance in nursing homes. • It is necessary to provide educational opportunities for all participants, including front line staff. • The experience gained will assist in preparing for future sponsorship arrangements. |

Chapter 6. Provincial Governance Agreements (with no canonical status)

Description Catholic health care in Manitoba, Saskatchewan, Alberta and British Columbia have negotiated agreements recognizing the continuing role of Catholic health care in delivering value driven services and ensuring the continued existence of boards of directors of denominational health care institutions. The agreements have no equivalent canonical status as such.

Agreements

British Columbia: *A Master Agreement Between the Province of British Columbia and the Denominational Health Association* (March 1995)

Alberta: *Agreement Relating to Principles of Continuing Ownership/Operation of Voluntary Health Facilities and Programs in the Regional Health Care System* (December 1994)

Saskatchewan: *Affiliation Agreements* (1992) and *Operating Agreements* (1996)

Manitoba: *A Memorandum of Understanding Between the Government of Manitoba and Faith-Related Health Care Facilities* (September 1994) Expired September 1997 (not renewed to date)

An Agreement Between the Government of Manitoba and Concordia General Hospital, Grace General Hospital, Misericordia General Hospital and St. Boniface General Hospital Respecting Autonomy and Independent Governance of Faith-Based Health Care Facilities (October, 1996)

Principal Features Relating to Ownership and Governance:

| | |
|---|----------------|
| 1- Owners shall manage (delegate management) the fiscal, human, and physical resources under their control so as to meet the terms entered into with a regional board and national/provincial standards for health care | BC, AB, SK, MB |
| 2- Each facility/ownership group may: | |
| • Appoint its Board of Directors | BC, AB, SK, MB |
| • Employ an Executive Director or CEO | BC, AB, SK, MB |
| • Provide for consultation on the appointment of the CEO | BC |
| • Choose, select, employ and dismiss all staff | BC, AB, SK, MB |
| • Approve and implement a staff plan | BC, AB, SK |
| • Grant or revoke medical staff privileges | BC, AB, SK, MB |
| • Provide for assisting the placement of staff affected by regionalization | BC, AB |

Provincial Governance Agreements
(with no canonical status)

| <p>Parties to the Agreements Contact Persons</p> | <p>Opportunities/Challenges</p> | <p>Learnings</p> |
|--|--|---|
| <p>Parties to the Agreements</p> <ul style="list-style-type: none"> • Catholic Health Care facilities located in British, Columbia, Alberta, Saskatchewan and Manitoba <p>Contact Persons</p> <p>Susan House Executive Director Catholic Health Association of British Columbia (CHABC) 3rd Floor, 220 Royal Ave. New Westminster, BC, V3L 3H6 Tel. (604) 524-3427 Fax. (604) 524-3428</p> <p>Kathy O'Neill Executive Director Catholic Health Association of Alberta & Affiliates (CHAAA) 6R, 11111 Jasper Ave Edmonton, AB, T5K 0L4 Tel. (403) 488-8074 Fax. (403) 488-8077</p> <p>Sister Anne Collins, SCIC Executive Director Catholic Health Association of Saskatchewan (CHAS) 1702-20th Street, W. Saskatoon, SK, S7M 0Z9 Tel. (306) 655-5332 Fax. (306) 655-5333</p> <p>Myron Musick, Executive Director Catholic Health Association of Manitoba (CHAM) 431 Taché Avenue, 5th Floor Winnipeg, MB, R2H 2A7 Tel. (204) 235-3106/235-3136 Fax. (204) 233-8979</p> | <p>Opportunities</p> <ul style="list-style-type: none"> • preserves mission, values and ethical traditions of Catholic health care • ownership groups maintain the right to determine the mission and purpose of facilities, to oversee their operation and to ensure appropriate stewardship of their mission and ethical principles • provides high standards of holistic care <p>Challenges</p> <ul style="list-style-type: none"> • in some provinces, more government involvement in day-to-day operation of hospital facilities • in some provinces, danger of losing the identity of individual facilities • agreements could be revoked by governments | <p>Learnings</p> <ul style="list-style-type: none"> • Stay united, be patient, be positive and offer solutions, not more problems. Use strengths, but not in a confrontational way. |

Conclusion

What does the future hold for the Catholic health care institutional ministry in Canada?

One thing is certain, the health care system is in the process of being transformed and reshaped in all regions of Canada. In the past, many of the apostolates in the Church, including health care, were seen as the domain of religious institutes and their members. However, due to external and internal factors, this no longer remains the case. Alternative forms of exercising the institutional health care apostolate are presently being studied and implemented. This is essential if Catholic involvement in health care is to remain a vital and viable component in the health care system. Changes in the way Catholic health care is perceived and carried out dictate a need for new structures to enhance its mission and purpose. Serious consideration must be given to these new structures in order to guarantee that the Catholic identity of the health care institution remains vibrant and relevant in the future.

Canon law offers the flexibility and creativity to adopt new models in order to maintain the character and mission of the Catholic health care institution in changing times. What is needed is vision and courage to embrace the future for this integral ministry of the Church's mission. New dreams and new challenges await all those involved in continuing the legacy, begun long ago, of caring for those who are sick and dying. Catholic involvement in institutional health care is vital and necessary in society as an expression of the Church's healing mission and as a service that strengthens Canada's health care system and responds to the needs of Canadians. Every effort must be taken in order to protect and promote its existence and continuation.

One of the rich characteristics of the Catholic tradition has been its flexibility to change with the times, while maintaining and strengthening its identity and values. This is a period of transition and change for the Catholic health care ministry. The development of new models of governance/sponsorship for institutional health care provides evidence of the ever youthful Spirit of God acting in the Church. It is our task to follow that Spirit with courage, boldness and creativity, seeking new ways to renew Catholic health care. It is hoped that this booklet encourages creativity and serves as one guide for us on this important journey.

Glossary of Terms¹

| | |
|-----------------------------|---|
| Acquisition | The purchase of assets or the right to control a corporation. |
| Ecclesiastical Goods | Property or goods belonging to the universal Church and the Apostolic See or to some other public juridic person, e.g., diocese, parish, religious institute. |
| Governance | The ability to determine the mission, philosophy, purpose and operation of an organization. |
| Juridic Person | A legal entity established by the law itself or by a competent Church authority having rights and obligations. A juridic person is made up of a group of physical persons, but is distinct from those persons. A juridic person can also be made up of aggregates of goods, property or things established and approved by the Church. It can be public or private; pontifical or diocesan. (An analogous term in Canadian law might be a civil corporation.) |
| Ownership | Black's Law Dictionary on p. 1106 defines ownership as a "collection of rights to use and enjoy property, including the right to transmit it to others." Rights of use over land and buildings used for health care purposes. |
| Reserved Powers | These are powers maintained and exercised by the corporate members. They include: amending the articles and bylaws of the corporation, the right to appoint board members, to set philosophy and mission, to decide whether to merge, sell or dissolve the corporation, approve budgets, and appoint the chief executive officer. |
| Sponsor | An individual, (group), diocese, religious institute that exercises sponsorship over a Church apostolate. |
| Sponsorship | The ability to ensure that a particular Church apostolate remains true to Catholic values and the sponsor's charism; sponsorship includes an obligation to care for, nurture, and advance the apostolate in order that it may continue Christ's mission. |

1. What follows is taken from *Catholic Health Ministry in Transition: A Handbook for Responsible Leadership*, Silver Spring, MD, The National Coalition on Catholic Health Care Ministry, 1994, resource no. 16, pp. 1-16.

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