General Curia of the Hospitaller Order of St John of God

Charismatic management in the Hospitaller Order of St John of God
Guidelines for the evaluation and improvement of our apostolic mission

Version for general hospitals and similar facilities

Preface

Dear Family of St John of God,

When we read in the Acts of the Apostles that people brought their sick to the Apostles "and that all were cured"[1] we are perplexed and start suspecting that this represents an over-idealization of reality. But as always in the Bible we should not concentrate on the literal meaning of the words but on the significance of the message which those words aim to communicate to us. And those words are meant to tell us that wherever the Christian message is spread and takes root, sickness and desolation disappear. In that sense the best witness we Christians can bear to our faith is to care for all the people who are in need of help. Ours is a faith that brings men closer to one another, which heals the sick and the oppressed and which will always have a future. That is the sense in which we interpret St John of God, our model, and also the sense in which we interpret our mission in the Church.

Times change, and people with them. So do health and social systems. And we need to take account of such changes. Today we have to set precise management objectives and the quality of our services must be verified and certified. Although our centres are not to be considered primarily as "business enterprises" the rules of the market apply to us too. The Identity Card and the definition of the Order's values represent milestones in that process. In order to differentiate our activities from those of other organizations working in the social and health fields we have coined the term "Charismatic Management" whose fundamentals are set out in the Identity Card.

In 2006 the General Chapter asked the General Curia to develop a tool for evaluating charismatic management. The request stemmed from the consideration that it is not enough to define our ideals but that we in fact need to evaluate the degree to which our ideals find concrete application in the Order's centres and services. Evaluation should serve not only to check on the quality of the care provided but also as a stimulus to optimizing existing services. Indeed, our evaluation should not represent an end in itself but should be directed at the central issue in our mission, i.e., how can we improve the conditions of the persons receiving assistance in our centres and from our services.   The point is not to obtain a "certificate of quality" to hang in the entrance of any given centre but to ensure that our patients and their relatives are more satisfied.

Nowadays we find ourselves having to work alongside a growing number of competitors in the social/health field. Besides religious structures there are also government structures as well as those of other ecclesiastical organizations. In addition there is a growing number of centres managed by private individuals who frequently join together to form outright industrial groups. We cannot ignore that this is the sort of competition we face. But we should also remember that our centres are not just an extra service but, as underlined by Pope Benedict in his Encyclical *Deus caritas est*, should distinguish themselves as structures of the Church[2]. We can, however, learn from others in such competition as Jesus tells us in the parable of the dishonest steward[3]: "For the people of this world are shrewder in dealing with their own kind than are the people of the light". Let us remember, however, that ethically speaking for us the end can ever justify the means.

The present Charismatic Management evaluation tool was prepared by a group of brothers and co-workers from the European Provinces. An effort was made nonetheless to design it

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[1] Cf. Acts of the Apostles 5, 12 -16
[2] Benedict XVI, Encyclical Letter „Deus caritas est", n. 31: „For this reason, it is very important that the Church's charitable activity maintains all of its splendour and does not become just another form of social assistance."
[3] Lk 16, 1 – 13

taking account of the Order's universality so that it may be applied in all the regions of the world. It is further arranged in such a way as to be easily adapted to the local situation in any given province. The tool required a considerable amount of work in terms of analysis and synthesis. The General Government hopes it is readily accepted and suitably applied at Provincial level. Let me take this opportunity to express my special thanks for the work of the European Committee and to the sub-Committee for the Evaluation of Charismatic Management.

Rome, 29th September 2012   Bro. Donatus Forkan, OH
Feast of Archangels   Prior General

Introduction

What is charismatic management?

The Hospitaller Order bases the management of its Apostolic Centres on the Charism handed down by St John of God which we know as the Charism of Hospitality. This kind of management is characterised by the fact that it implements its fundamental principles and values which issue from that Charism which we consider to be the "meta-value" that completes our identity within the Church and society. This system of principles and values is based on the Constitutions, the General Statutes and in operational terms it is expressed in the Charter of Hospitality. Any kind of responsibility for management in the Order's centres must comply with that and foster this system of principles and values.

Why charismatic management?

In this hard age, capitalism and competition have been exacerbated to such an extent, and life plans and ways of life are changing so rapidly, that every kind of organization is being obliged to rethink the foundations on which they rest and almost constantly reformulate their working methods in order to position themselves competitively in the present, and above all in the future, to be able to improve their results, satisfying all the interest groups which have relations with the organization. In all organizations today, the idea of a forward-looking vision goes hand in hand with the concept of strategic management.

Our Order, as an organization, cannot remain aloof from all this, and for this reason the concept of Charismatic Management has emerged in order to try to jump on the corporate management bandwagon, as it is understood today, while preserving the principles and the characteristics which define our institution. Because ultimately the foundations of what we call our Charism is made up of those Principles, Values and Characteristics which most specifically define us.

In corporate language, one could say that Charismatic Management has been developed as a very special type of strategic management, but in institutions like ours it must become "the mother of all strategies" as part of the challenge against which we carry forward the Charism of Hospitality today, because:

- The Order has a great apostolic and charismatic organizational system which, if we are not careful, might become too burdensome and threaten its charismatic-institutional balance.
- The time has arrived when our numbers are decreasing in the Order but this, thank God, is being offset by the "new" agents of the mission which we now call our "shared mission", namely, our Co-workers.
- 'Charismatic revitalisation' is now essential, faced with the many challenges that the globalised and post-modern society is posing.
- We must continue to "hand on our Charism" with the "identity traits of the Order" if we are, as we claim to be, convinced that the Order continues to be necessary in the Church and in society.

The concept of charismatic management

On the understanding that every Charism always seeks, by itself, what is best in everything in order to be able to develop fully, we may conclude that it also seeks the best in management, not only in the sense of good management but Excellent Management. Consequently

"management" also forms part of the Charism, to the point that we have to consider it a "charismatic demand" to imbue our management styles, as a Religious institution, with all the features we find in all organizations, which are the same ones that "management excellence" pursues through what is called "a continuous improvement strategy".

This means that the concept of charismatic management, in the context of the Religious Life, does not refer purely and simply to managing the religious or spiritual aspects which may identify a religious institution such as ours, but mainly refers to the way it develops and adjusts the way Charisms are expressed to contemporary situations and circumstances.

We have to realise that in order to better understand the connotations of associating the adjective "charismatic" with the word "management" we have to bear in mind that the charism – Hospitality in our case – is manifested in the mission. In other words, the idea of Charism has to be brought down to earth, to be de-mythologised, stripped of the halo which sometimes has something mystical or spiritual about it, in an attempt to objectivise it and not leave it at the level of good ideas or inspirations, because a Charism without social resonance merely remains in the realm of good ideas or pious intentions. For a charism which is not embodied tangibly in a mission with social resonance remains in the realm of good ideas and good intentions. This makes it necessary to equip it with an instituitonal and institutionalised body: the charism is an institutional charism.

The mission, as the practical and social expression of the institutional Charism, , makes it visible, objectivises it and make it susceptible to evaluation, and even – if we may use the term – to being "managed". Because following the underlying philosophy of Excellent Management (that is to say, establishing a "continuing improvement strategy" in management), the manifestation of the Charism is also susceptible to improvement as circumstances, and above all needs, change, and these are the very raison d'être of Charisms.

The Hospitaller Order, being a corporate organization and with a mission to perform, needs to know and apply the best way of implementing and carrying forward that mission, while preserving its own identity traits. In other words, it must define its management style, a management style that we call "Charismatic Management" and which will be characterised by the degree to which the ordinary running of our Centres is imbued with our identity traits.

In short, Charismatic Management is an attempt to interrelate *the Institutional Bases with the Basics of Management Excellence*. Ultimately, Charismatic Management simply means **doing things well, meaningfully, following the Principles which justify the *raison d'être* of our Institution.**

The substance of Charismatic Management - aspects which must not be forgotten in the Hospitaller Order of St John of God

It follows from what has been said so far that there are two variables or fields which, by interrelating, constitute the substance of Charismatic Management:

1. The identity traits of the Hospitaller Order
2. The performance of the Mission according to the principles of excellence in the management on improvement.

On the subject of the aspects which, define and form the basis of its Identity we might indicate, among others, the following:

- The Order is an institution of the Church, not-for-profit, following Catholic ideals in its Apostolic Centres.
- The specifics which stem from the Charism of Hospitality are:

- Performing the mission in the world of suffering, sickness and disability, showing preference to working in groups whose needs are less well met.
- Providing comprehensive care for all our guests, led by a sense of evangelisation by offering a Christian humanism, religious-pastoral support, and conducting ourselves based on Catholic Ethics.
- Promoting the St John of God Family as an essential measure for performing the Charism of Hospitality.
- Opting for a system of values based on
    - HOSPITALITY as a meta-value, which incorporates other values such
    - QUALITY (as the essential basis of Service and Management of its Centres)
    - RESPECT (for all the people who attend our Centres)
    - RESPONSIBILITY (as a fundamental criterion for the performance of our service and management)
    - SPIRITUALITY (in order to respond positively to mans thirst for religion and transcendence).

As for the practical performance of the Mission, the Order encourages pursuit of the principles of excellence in managing continuing improvement both in the provision of care and assistance to our guests, and in corporate management proper. Special mention must be made of a concept that is becoming increasingly more common in the corporate world: Corporate Social Responsibility. The Hospitaller Order, by virtue of its characteristics, must consider this in a very particular way.

Evaluation of Charismatic Management

The fast-changing features of the modern world require religious institutions like ours to put in place mechanisms which permanently question us about the appropriateness, advisability and suitability of applying institutional principles in each of our Centres.

It is universally accepted that what drives good management is its evaluation, because evaluation is an essential tool for having an updated understanding of the developments of the strategic alternatives chosen to achieve the corporate objectives.

As we have been saying, we call the Charism of our institution "the Charism of Hospitality" which has an evident social resonance, such that its implementation is visible, objectivised, and hence capable of being evaluated.

The General Curia, following the recommendations of the LXVIth General Chapter (2006) set up a Commission to create a Charismatic Management evaluation tool in the Centres of the Order. After discussing various drafts, the Commission is submitting this "charismatic management evaluation tool" in respect of which a number of considerations are called for:

- This evaluation tool is mainly based on the Order's documents (Constitutions, General Statutes, and Charter of Hospitality...).
- The evaluation is based on widely recognised quality systems (see 4 .1 in this document, such as, for example, the Joint Commission, EFQM, KTQ, DIN ISO 9000... as well as the accreditation criteria applying in different countries).
- It devotes particular care to the aspects that constitute the identity of our Institution and does not replace the standard Quality Management tools mentioned above.

- This document must be considered as an in-house working tool belonging to the Order whose purpose is to measure the specific quality of our work by reference to the principles and ideas that we have inherited from St John of God.

- This evaluation tool does not replace the standard quality management tools but must be considered to be something additional to them; in other words, it is a complementary tool for focusing in particular on the values and principles of the Order.

- This evaluation system is certainly not intended to challenge what is charismatic in our Centres today, because it presupposes that, within their particular context, all of them are seeking to implement the Order's institutional principles. But it is also necessary to constantly question ourselves to ensure that we are properly managing the goods at our disposal and that we are exactly where we should be. All the Provinces should therefore try to adjust their present procedures for taking stock and /or evaluating the management of their Apostolic Centres to the ideas set out in this document on the evaluation of Charismatic Management.

Guide to reading the document

For the purposes of evaluation, the Order's mission has been subdivided into four main areas:

1.1. The identity of the St John of God Family and its responsibility
1.2. Practical implementation
1.3. Oversight and management of centres and services
1.4. Relations with society and the environment

The evaluation instrument is subdivided into:

- ❖ Chapters (two-figure numbering: e.g. 1.1.)
- ❖ Themes (three-figure numbering: e.g. 1.1.1.)
- ❖ Sub-themes (four-figure numbering: e.g. 1.1.1.1.
- ❖ *** Sub-themes include a series of examples marked with the symbol ●. The purpose is only to better explain and illustrate the meaning of the questions. Individual centres may undertake different activities or implement other measures which may be added. Examples are not meant to be exhaustive.

1. Fundamental features of charismatic management

1.1. THE IDENTITY OF THE ST JOHN OF GOD FAMILY AND ITS RESPONSIBILITY

"The Charism of John of God is enriched by the values of every culture, the Order will continue to be the critical conscience in places in which medical and social care is lacking, and will promote the proper development of health care and welfare structures to which everyone can have access, particularly those who are most deprived."[4]

1.1.1. The Legacy of St John of God

"The imperative contained in the Hospitality of St. John of God is that we never turn aside from any human need or suffering.[5]

A) Are there any plans/procedures/initiatives aimed at the dissemination of information and at advancing studies on:
   - the biography of St John of God
   - the history of the Order
   - the Order's documents as a current interpretation of the life of St John of God and of
   - the history of the Order

- Inclusion of relevant contents in continuous training
- Availability of relevant books
- Statues and images recalling St John of God
- Presence of the pomegranate as the Order's emblem

1.1.2 The Order's Mission – values and principles of the Order
"Our mission is evangelisation through hospitality in the manner of St. John of God. Hospitality practised the way of St. John of God is evangelisation."[6]

"An example of a specific Charisma is how the works of the Hospitaller Order of St. John of God emphasise service of the poor, the sick, disadvantaged people with a certain spirit - Hospitality in the manner of St. John of God; this is the value that underpins its mission."[7]

A) What are the elements that make hospitality visible in a tangible manner in the centre?

- Celebration of festivities together with co-workers
- Prizes awarded on reaching 25 years of service
- Induction of new co-workers
- Model for welcoming patients
- Presence of volunteer groups
- Attention to the special needs of co-workers and guests

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[4] General Curia, *The way of Hospitality according to the style of St John of God I.3.35,* Rome 2004
[5] Bro Donatus Forkan OH, *The New Face of the Order – Letter on Renewal 2.4.2.,* Rome 2009
[6] Bro Donatus Forkan OH, *The New Face of the Order – Letter on Renewal 1.3.,* Rome 2009
[7] Bro Donatus Forkan OH, *The New Face of the Order – Letter on Renewal 2.3.1.,* Rome 2009

B) <u>Are there plans or procedures in the centre guaranteeing the dissemination and under-standing of the Order's values and principles?</u>

- Lectures, meetings and debates on specific issues (values and principles)
- Circulation of the Order's documents
- Sharing the Prior General's circulars in the various groups

1.1.3. Spirituality as an integral part of our identity
"Our spirituality is a path, a process, which as Brothers we must tread in the Communities with all the demands it makes, and which all of us, both Brothers and co-workers – the latter to the extent that they may feel called on to do so – must make real in our personal lives and in our mission."[8]

1.1.3.1. Humanisation as the primary purpose of St John of God
"The central focus of our Charism is the person: no matter what illness or need they bring to us for assistance."[9]

A) <u>Are there plans or procedures regarding the presence of a humane and humanizing climate in the centre?</u>

- Questionnaire-based surveys followed by analysis
- Sports or cultural events at the centre
- Study group on the "quality of life"
- Presence of an office for relations with the public
- Meetings on the Humanization Movement

B) <u>Are there any plans/procedures to encourage co-workers belonging to cultures different from the dominant culture in our Centres to integrate?</u>

- Multicultural information and socialization meetings
- Multiethnic and inter-religious celebrations and prayer meetings
- Celebration of festivities different from those of the Catholic religion
- Analysis of turnover
- Free language, history and culture courses.

1.1.3.2 The Christian vision of man as the basis of our ethos
"Human life is sacred because from its beginning it involves 'the creative action of God', and it remains forever in a special relationship with the Creator, who is life's sole end. God alone is the Lord of life from its beginning until its end."[10]

A) <u>Are there any plans or procedures regarding respect for the sacred nature of life from its conception to death, and at times of the greatest physical and mental fragility according to the Magisterium of the church?</u>

- Existence of an ethics Committee
- Meeting with experts in the field of bioethics
- Study groups
- Discussions on concrete cases

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[8] General Curia, *The Path of Hospitality in the Manner of St John of God – Presentation* – Rome, 2003
[9] Bro Donatus Forkan OH, *The New Face of the Order – Letter on Renewal*, 3.4.2.f, Rome 2009
[10] Pope John Paul II, Encyclical *Evangelium Vitae*, 53, Rome 1995

1.1.3.3. Pastoral care in the respect of religious-spiritual needs and of man's need for meaning

"There is no doubt that disease, marginalization and poverty are opportunities for asking many questions about the meaning of life and the saving presence of God. This is why we must find different ways of assisting in, and responding to, these situations, if we can. Hence our concern for providing pastoral care to the sick and the marginalized." [11]

A)   Are there plans or procedures within the structure guaranteeing the conduct of training activities for pastoral care and helping to promote spirituality?

* Existence of a Pastoral Group, appointment of Group Leader, number of people involved
* Budget for pastoral activities
* Annual programme of pastoral activities

B) Are there plans or procedures guaranteeing the respect of the patients' and the co-workers' rights of religious freedom?

* Patients' charter of rights
* Charter of services
* Pastoral programme
* Plans or procedures guaranteeing the respect on non-believers among co-workers and guests

1.1.4. The St John of God Family

"With our co-workers we are committed to cultivating and promoting the values of the human person, to deepen the culture of hospitality."[12]

A) Are there concrete pathways available to co-workers to promote the values of the Order as added values in the centre?

* Training programmes such as the "School of Hospitality"
* Training visits to Granada ("In the Footsteps of St John of God ")

B) Are co-workers offered other possible ways of actively sustaining the mission of hospitality on a personal basis?

In order to clarify the meaning of the question a few examples of possible replies are listed below, although obviously this does not rule out different replies:

* forms of fundraising
* awareness raising concerning the mission /study groups
* pastoral activities
* forms of voluntary service outside working hours

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[11] General Curia, *Charter of Hospitality*, 5.1.3.2., Rome 2000
[12] Bro Donatus Forkan OH*, The Changing Face of the Order - Letter on Renewal 3.1.1.*

1.1.4.1. Style of management with particular focus on the advancement of our co-workers[13]

A) <u>Are there procedures /structures for furthering the promotion, individual growth and participation of co-workers as members of the Family of St John of God?</u>

- Celebration of the Order's special festivities
- Visits, pilgrimages to Granada and other shrines of the Saints and Blessed members of the Order
- School of Hospitality
- Study of the Order's documents
- Projects for promoting and organizing staff's spare time with sports and cultural activities and organized events for the children of co-workers

B) <u>Is there a system for getting comments /suggestions from co-workers concerning the projects they are involved in?</u>

- Drafting of the minutes of team work meetings
- Evaluation and monitoring of multidisciplinary team projects
- Feedback regarding the questionnaire on satisfaction

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[13] General Curia, Charter of Hospitality, 4.4.4, 5.3.3.7, 7.1.1, Rome 2000

1.2. Practical implementation

1.2.1. Styles of assistance

1.2.1.1. Commitment to total care and defence of patients' rights[14]

A)   Is the Order's commitment to total care taken into account on a day-to-day basis?

   - Continuous training programme aimed at promoting professional total care on the basis of the most advanced scientific knowledge
   - Motivational activities aimed at promoting participation in such continuous training courses

B)   How does the centre evidence that it respects the wishes expressed by the patient and/or his representatives?

   - Open discussions between professional groups
   - Offer to confer on the issue with patients and relatives
   - Level of development of palliative medicine

C)   What guidelines are there at the centre guaranteeing a personalized welcome and care and the respect of patients' fundamental rights?[15]

   - Guidelines on confidentiality even in the case of jointly-held responsibilities
   - Protection of privacy
   - Truthfulness
   - Training in approach and interview strategies

D)   Is there a policy in force concerning the defence and wellbeing of children and vulnerable adults?

   - Policies in defence of children
   - Policies in defence of vulnerable adults

1.2.1.2. Interdisciplinary collaboration – team work

A)   Is there a strategy for promoting team work?[16]

   - Emphasis on the principles of subsidiarity
   - Relaxation of hierarchical structures

B)   Is there a strategy for promoting interdisciplinary collaboration?[17]

   - Joint continuous training courses for various professional groups

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[14] General Curia, *Charter of Hospitality 5.1.2., 5.2.3.2., 6.1., 7.2. et seq*, Rome 2000
[15] General Curia, *Charter of Hospitality, 5.1.2.,* Rome 2000
[16] General Curia, *Charter of Hospitality, 5.3.2.4.,* Rome 2000
[17] General Curia, *Charter of Hospitality, 5.3.2.4.,* Rome 2000

C)   How is the management group's function as a role model for team work carried out?[18]

- Give concrete examples
- Relevant opinions expressed in questionnaires for co-workers

1.2.1.3. Quality of care[19]

A)   Are there indicators for measuring the quality of the care offered to patients?

- Relevant details from patient questionnaires
- Number of complaints
- Frequency of patient surveys

1.2.1.3.1. Quality of workers' training[20]

A)   In the centre's training plan how far, beyond the technical and professional aspects, is consideration given to human and ethical aspects in basic and continuous training?

- Curricula of basic and continuous training courses
- Lectures on relevant subjects
- Relevant directives from the centre's management
- Motivation of workers to participate in training courses going beyond purely technical/professional aspects

B)   What support do workers receive in the difficult task of informing patients that their health conditions are critical?

- Awareness raising
- Formation
- Training
- Support and training of workers in approaching and managing illness and suffering with consideration (retreats, sabbatical leave, team empathy, promotion of perceptive capacities)[21]

1.2.1.3.2. Aspects favoured in research[22]

A)   In what way does the centre exercize its influence on research projects and their design in order to promote the Order's charism in this field too?

- Projects must be submitted for authorization
- Interim reports are required
- Right of co-determination as to financial terms
- Institution of prizes for theses and mini-theses
- Public statements by the management of the Order/centre
- Public relations

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[18] General Curia, *Charter of Hospitality, 5.3.2.6.,* Rome 2000
[19] General Curia, *Charter of Hospitality, 5.3.1.2.,* Rome 2000
[20] General Curia, *Charter of Hospitality, 6.1.1. Rome 2000*
[21] General Curia, *Charter of Hospitality, 2.1. – 2.1.2.,* Rome 2000
[22] General Curia, *Charter of Hospitality, 6.3.,* Rome 2000

1.2.1.4. Central importance of information and patient involvement[23]

A)   How does the centre guarantee the involvement/participation of patients?

- Participation and information regarding therapies and treatment
- Guarantee and safeguard of patients' rights (information, consent, documentation)
- Guidelines on doctor/patient relations
- Practice of informed consent

B)   Are there set times when and appropriate spaces where patients and their relatives can talk to staff responsible for therapies and treatment?

- If reply affirmative please list relevant details

1.2.1.5. Guaranteeing special care and attention to patients and their relatives in line with our concept of humanisation

A)   What does the centre do to communicate to staff the Order's vision on patients' admittance and care?[24]

- Models
- Continuous training courses
- Literature
- Phrase of the month

B)   What arrangements are made to safeguard the rights of patients involved in research projects?[25]

- Involvement of a patient's representative
- Involvement of relatives
- Transparency vis-à-vis the centre's management

1.2.1.6. Consideration of the spiritual and religious dimension in illness and the management of illness

A)   Are elements of the Christian tradition introduced into the therapeutic process, e.g. prayer, unction, benediction?

- concrete examples
- public announcements
- invitations

B)   Does pastoral care for the sick figure in talks with patients and relatives concerning, for instance, critical diagnoses, organ donation or changes in therapeutic goals?

- Information from the chaplain
- Give a concrete example

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[23] General Curia, *Charter of Hospitality, 5.1.2.2. to 5.1.2.4.,* Rome 2000
[24] General Curia, *Charter of Hospitality, 5.1.1. et seq.,* Rome 2000
[25] General Curia, *Charter of Hospitality, 5.2.4.2.,* Rome 2000

1.2.1.7. Treatment and care of groups with special needs

A) <u>What conditions are offered by the centre in providing support to the dying and in the way the dead are treated?</u>[26]

- Example of a dying patient being given support
- Palliative care
- Specialized training of operators

B) <u>What services are provided for people with special needs, e.g. the disabled, mental patients, the old; in the event of bereavement; when providing advice in the case of undesired pregnancies, problematic childbirths, to Aids sufferers, etc</u>.?

- Give concrete examples
- Working groups
- Management

C) <u>Is special attention given to patients with special needs after their stay in hospital, e.g. patients without relatives, the homeless, palliative cases and the sick and wounded from emergency areas</u>?

- Directives from the centre's management
- Organizational procedures
- Concrete examples

1.2.2. Pastoral service[27]

1.2.2.1. Integration of pastoral service in day-to-day operations – involvement of workers in pastoral service

A) <u>Is pastoral service an integral part of the centre?</u>

- Promotion and fostering of a sense of community
- Integration and transparency of pastoral service in current arrangements
- Pastoral service is part of the organisational chart
- Influence of pastoral service on the centre's management culture
- Pastoral service is part of basic and continuous training

1.2.2.1.1. Support given to pastoral service by the centre' s management

A) <u>In what form does pastoral service receive support from the centre's management?</u>

- Management's approach
- Appropriate spaces provided
- Involvement of co-workers
- Announcements and active participation
- Budget
- Appropriate human resources provided for in organisational chart
- Job description

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[26] General Curia, Charter of Hospitality, *5.2.3.1. – 5.2.3.4..*, Rome 2000
[27] General Curia, Charter of Hospitality, *n. 51 and 53 et seq..*, Rome 2009

1.2.2.2. Quality of pastoral service

A)   Are there indicators for measuring the quality of pastoral service in the centre?

- Results of surveys with patients and co-workers
- Continuous availability (traceability, substitutions)
- Concept of pastoral service
- Supervision
- Pastoral plan
- Pastoral service figures in patient surveys
- Existence of a pastoral team
- Availability of training in pastoral care

1.2.3. Bioethics[28]

1.2.3.1. Development of specific ethical skills - Training activities[29]

A)   How are ethical awareness and ethical competence promoted?

- Raising awareness of ethical questions
- Training
- Concrete examples
- Ethical guidelines

1.2.3.2. Consideration of ethical questions in everyday activities[30]

A)   Are there principles and ethical guidelines for treating/caring for patients?

- Directives from the Order and the centre's own ethical guidelines
- Directives from the centre's management
- Regulations for using new therapy and treatment techniques
- Proportionate treatment, prevention of over-aggressive therapies
- Special attention for the old and disabled

B)   Does the centre affirm and publicly manifest its ethical-Christian values?

- Lecture texts
- Press releases
- Centre's magazine

1.2.3.3. Bioethics committee[31]

A)   If there is one in place, what mission and what functions does the bioethics committee have?

- Description
- What issues does it deal with

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[28] General Curia, *Charter of Hospitality, 5.2.2.4., 6.1.2., 7.2. et seq.,* Rome 2000
[29] General Curia, *Charter of Hospitality, 6.1., 6.1.2.* Rome 2000
[30] General Curia, *Charter of Hospitality,. 5.2.5.,5.3.5.* Rome 2000
[31] General Curia, *Charter of Hospitality, 5.2.4.4., 7.2.* Rome 2000

B)   What access do workers have to the committee?

- Co-workers are able to put questions to the committee
- How are the committee's conclusions communicated to co-workers

C)   Are there directives/criteria for the inclusion and/or exclusion of therapeutic practices considered to be problematic or controversial?[32]

- Description of an organizational model for crisis management
- Unwanted pregnancies, giving birth anonymously
- Change in the therapeutic objective, interruption of therapy

1.2.3.4.   Ethics in research[33]

A)   Is there a bioethics committee on research? Who are its members?

- Margins for decision
- Guidelines
- Legal and/or moral/theological support

B)   How is transparency guaranteed in the acquisition and in the control of funds destined for research from third parties?

- Directives from centre's management
- Documentation on the way that funds from third parties are used

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[32] General Curia, *Charter of Hospitality, 5.2.6.,* Roma 2000
[33] General Curia, *Charter of Hospitality, 5.2.4.1.,* Roma 2000

1.3. Supervision and management of centres and services[34]

1.3.1. The Order's exercise of its supervision and management responsibility[35]

A) <u>Are there clearly documented accountability arrangements[36] in place to support the Order's exercise of its oversight and management responsibility?</u> *(This question needs to be adapted every time to the specific legal/organizational conditions existing in individual Provinces)*

- Membership of Council
- Organizational Chart
- Governance Structure, e.g. Minutes and Membership of Provincial Council/ Board/ Management Team
- Strategic Plan
- Annual Plans
- Annual Report
- Audited Accounts
- Accreditation Reports

B) <u>Do the members of the Council (according to legal structure: Provincial Council, Board, Foundation Council) have access to the necessary technical expertise?</u> *(This question needs to be adapted every time to the specific legal/organizational conditions existing in individual Provinces)*

- Documentation setting out membership of advisory board/team
- Clearly defined rules from both the Governing Body and the Consultative Committee

1.3.2. Administrative responsibility at local level

A) <u>Are there clearly documented instructions/procedures[37] concerning administrative responsibility at the level of the centre?</u>

- Members of the competent supervisory board
- Organogram
- Governing structure, e.g. Minutes and members of the Provincial Council/Board and Local Management Committee
- Strategic plan
- Annual Plans
- Annual Report
- Audited Accounts
- Accreditation Reports

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[34] General Curia, *Constitutions n. 100*, Rome 2009
[35] General Curia, *General Statutes n. 163*, Rome 2009
[36] General Curia, *Charter of Hospitality*, *5.3.1.1., 5.3.2.1., 5.3.2.4., 5.3.2.6., 8*, Rome 2000
[37] General Curia, *Charter of Hospitality, 5.3.1.1., 5.3.2.1., 5.3.2.4., 5.3.2.6., 8*, Rome 2000

1.3.3. Strategic management

1.3.3.1. Management ethics

A)   Does the centre follow principles and guidelines on management ethics?

- Definition of responsibilities
- Management of conflicts of interest
- Acceptance of donations, sponsorships, etc.
- Marketing practices
- Allocation and distribution of resources

1.3.3.2. Strategic Areas

A)   Is there a Strategic Plan in place with strategic goals and objectives for the centre?

- Copy of Strategic Plan for Organization
- References to the Order's principles and values

B)   Are there operational arrangements in place to support the Strategic Plan?

- Action Plans – local and corporate
- Measuring effectivness, e.g. Key Performance Indicators, Success Factors etc.

C)   Are there effective communication and consultation structures in place for staff in relation to the purpose, objectives and actions with regard to the Strategic Plan?

- Evidence of two- way communication strategy with regard to Strategic Plan
- Staff Surveys

1.3.4. Developing and promoting a Christian entrepreneurial culture in the spirit of St John of God

1.3.4.1. Values orientation of corporate philosophy[38]

A)   Does the service have a strategy to support its charitable-social dimension?

- Promotion of self-help associations with goals similar to the centre's
- Examples of support offered by services to the less well-off or marginalized in the community

B) Is there a strategy for creating and maintaining forms of cooperation and alliances in support of the centre's mission and values?

- Strategy on Cooperation and alliances
- Copy of examples of cooperation agreements

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[38] General Curia, *Charter of Hospitality, 5.3.3.8.,* Rome 2000

1.3.5. Human resources management[39]

1.3.5.1. Selecting and recruiting staff who support and respect the values of St. John of God[40]

A) <u>Does the organization have human resource policies and procedures that support the fulfilment of the mission of Hospitality?</u>

- Recruitment and selection procedures for staff
- Interview criteria
- Personal specifications (Technical, Human Qualities, Ethical Qualities and Religious Dimension)
- Job descriptions
- Policies and procedures on human resources
- Employee/Staff manual
- Example of personal characteristics
- Example of job description
- Example of employment contract
- Grievance and disciplinary policies and proceedings

1.3.5.2. Initiatives to integrate and support newly recruited staff[41]

A) <u>Are there initiatives in place in the centre to support the integration of newly recruited staff?</u>

- Sample Job Description
- Employee Handbook
- Induction Process
- Induction DVD
- New Staff Induction Checklist
- Communication Strategy
- Staff Training
- Staff Performance System
- Formation Programmes – Institute of Hospitality
- Pastoral Care Policy
- Staff Support Programmes

1.3.5.3. Staff motivation[42]

A) <u>Are opportunities given to staff for their professional development and training in the areas in which they are skilled?</u>

- Training Policy
- Training Needs Assessment
- Staff Performance System
- Training Programmes

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[39] General Curia, *Charter of Hospitality, 5.3.3. et seq.., 7.,* Rome 2000
[40] General Curia, *Charter of Hospitality, 5.3.3.4.,* Rome 2000
[41] General Curia, *The way of Hospitality in the Manner of St John of God, 4*, Rome 2003
[42] General Curia, *Charter of Hospitality, 4.4.4., 5.3.3.7.,* Rome 2000

B)   Does the organization have a personnel strategy that promotes the attraction, motivation and integration of staff with our service's vision and mission?

- Strategic plan for human resources
- Policies and procedures for human resources
- Staff manual
- Staff outings
- Celebration of long-service anniversaries

C)   In what form does the centre strive to promote the lengthy process of human, psychological and spiritual growth among its workers?[43]

- Measures to prevent burnout
- In difficult situations spiritual support of patients or their families
- Time away allowed (sabbatical leave)

1.3.5.4. Opinion polls among staff[44]

A)   Are opinion polls regularly conducted among staff?

- Questions aimed at establishing the level of familiarity with the Order's charism, values and principles
- Questions aimed at establishing staff levels of job satisfaction
- Balance between private/professional life

B)   Has action been taken by Management on the basis of these opinion polls?

- Copy of Action Plan
- Specific interviews with staff
- Consultations if substantial problems have emerged from the survey
- Staff continuously informed of new developments in the centre

1.3.5.5. Contractual and Remunerative Justice[45]

A)   Does the centre have a human resources policy which sets out fair terms and conditions of employment for all staff?

- Policy on Conditions of Employment
- Staff Handbook
- Policy on remuneration
- Terms and conditions of employment
- Communication strategy and documentation in support of contractual and remunerative aspects (employment contracts, job description, staff handbook, list of issues to be discussed with new employees, system for employee evaluation, information bulletins, "infoshare" model – communication strategy)

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[43] General Curia, *Charter of Hospitality, 7.1.1.,* Rome 2000
[44] General Curia, *Charter of Hospitality, 7.1.1.,* Rome 2000
[45] General Curia, *Charter of Hospitality, 5.3.3.4.et seq..,* Rome 2000

B) **Does the centre ensure that equitable working conditions are guaranteed to external workers?**

- Agreement on levels of pay and working hours when work contracts are drawn up
- Relations with external workers at the centre and with permanent employees

C) <u>Does the centre strive to cultivate good relations with the trade unions?</u>

- Regular contacts and meetings with trades union representatives
- Agreements/accords in launching new initiatives
- Cultivation of contacts in the event of critical situations among staff
- Joint efforts in the prevention of drug/pharmaceuticals abuse

1.3.4.5.6. Anti-discrimination Measures in our Centres[46]

A) <u>Are there policies in place which support Anti-Discrimination in the workplace?</u>

- Anti-Discrimination Policy
- Equality Policy
- Dignity and Respect at Work Policy
- Staff Support Programmes
- Anti-mobbing and stalking measures

B) <u>Is there a communication/education strategy in place with regard to Anti-Discrimination?</u>

- Training/Education – Anti-Discrimination

1.3.6. ECONOMIC/FINANCIAL MANAGEMENT[47]

1.3.6.1. Costs

A) <u>Is there a strategic objective as regards the service's financial management?</u>

- Operating budget
- Formal approval by the General Council/Board
- Evidence of control – e.g., minutes of the finance and audits committee, minutes of the Provincial Council/Board

B) <u>Is there an agreed and approved operating budget, and is it regularly reviewed by the Council (according to legal structure: Provincial Council/Board/Foundation Council)?</u>

- Operating budget
- Formal approval of the Provincial Council/Board
- Evidence of control– e.g. minutes of the finance and audit committee, minutes of the Provincial Council/Board
- Monthly accounts – *Out-term* comparison between the budget and balance sheet

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[46] General Curia, *Charter of Hospitality, 5.3.2.2.,* Rome 2000
[47] General Curia, *Constitutions, n.100,* Rome 2009
General Curia, *Charter of Hospitality, 5.3.4.,* Rome 2000

C)   Are ICT/accounting systems in place to provide the relevant information needed by personnel and the Council (according to legal structure: Provincial Council/Board/Foundation Council) in order to take appropriate financial decisions?

- Financial policies and procedures
- ICT policies
- ICT committees – Members, Terms of Reference
- ICT checks

D)   Are there systems for monitoring of the budget on an organization-wide/service/unit basis?

- Service/Unit budgets
- Evidence of reviews /actions, e.g. minutes of local management groups/financial committees
- Budgets/Accounts
- Reporting/ management software applications

E)   Does the service have a budget strategy in place to ensure that it breaks even?

- Budget forecast strategy
- Minutes of Provincial Council/Board meetings
- Minutes of financial and audit meetings
- Costs savings plans

1.3.6.2. We are a non-profit organization[48]

A)   Is there an overall financial strategy in place to ensure that all extra funds are invested in the services we provide?

- Finance Strategy
- Minutes of Finance and Audit Meeting
- Minutes of Provincial Council/Board
- Budgets
- Business Plans/Approvals for new Service Developments

B)   Are there Finance and Accounting Policies and Procedures in place that have been approved by the Provincial Council/Board and are reviewed on a regular basis?

- Finance and Accounting Policies and Procedures
- Provincial Council/Board Minutes approving Policies and Procedures
- Documents Control Policy

1.3.6.3. Physical and material resources management

A)   What measures does the centre take to ensure that physical and material resources are managed and maintained to optimise their utilisation and to increase their life-cycle?

- Maintenance Policies and Procedures
- Preventative Maintenance Plan
- Development Plan for investments in major/minor works
- Policies and Procedures with regard to investments in major/minor works

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[48] General Curia, *Charter of Hospitality, 5.3.4.1.,* Rome 2000

B)   Is there a clear line of responsibility to the Council/Board in relation to the manage-
        ment of physical and material resources?

- Organizational Chart
- Minutes of Board/Council Meeting

1.3.6.4. Transparency[49]

A)   Are there arrangements in place to ensure that appropriate information and statistical
        data are available to both internal and external stakeholders in a transparent manner?

- Annual Reports
- Employee Newsletters
- Information Sharing System
- Service-Level Agreements

B)   How does the centre ensure that information gathered is accurate, timely, relevant
        and properly protected?

- Policies and Procedures with regard to Information and Communication Tech-
  nology
- ICT Training Policy
- ICT Helpdesk
- ICT Maintenance and Development /Investment plans

1.3.7.   Data protection (privacy)[50]

A)   Is there a Data Protection Policy in place in conformity with EU Directive 95/46/EC -
        The Data Protection Directive (or similar international standard)?

- Data Protection Policy

1.3.8.   Quality management and certification[51]

A)   Are there internal control mechanisms in place to ensure that the services delivered
        are of the highest quality in accordance with the best practices and with our hospital-
        ler mission?

- Quality committees
- Research committees
- Ethics committees
- Hospitality Institute
- Clinical governance committees
- Clinical review committees

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[49] General Curia, *General Statutes, n.164,* Rome 2009
General Curia, *Charter of Hospitality, 5.3.4.4.,* Rome 2000
[50] General Curia, *Charter of Hospitality, 5.2.5.2.,* Rome 2000
[51] General Curia, *Charter of Hospitality, 5.3.1.3., 5.3.7.et seq..,* Rome 2000

B) <u>Does the centre have one or more external Certification/Accreditation System(s)?</u>

- EFQM Excellence Model
- ProCum Cert GmbH
- Joint Commission Accreditation Programmes
- Council for Quality and Leadership
- CHKS

1.3.8.1. Risk Management

A) Does the centre have a risk management system?

- Risk Management System

1.3.8.2. Networking (with other institutions)

A) <u>How is networking with other health service institutions (at interdisciplinary level) encouraged for the development of best practices?</u>

- Examples of Networks
- Team Meeting Minutes
- Committee Meetings – Terms of Reference, Membership
- Clinical Governance Framework

1.3.8.3. Requests and Complaints Management

A) <u>Is there a patient complaints management system which supports a patient-focused culture that reflects the hospital's mission and ethos?</u>

- Patient Complaints Policy

B) <u>What is the reaction to complaints in the centre?</u>

- Patient Information Leaflets
- Patient Interviews
- Patient Advocacy Group
- Patients' involvement in Committees

C) <u>What changes were made following complaints?</u>

- Examples of changes made

1.3.9. Innovation in the spirit of St John of God

A) <u>How does the centre promote innovation and a positive capacity to take risks according to the philosophy of St John of God?</u>

- Prizes/awards for innovation
- Strategic development plan

B) <u>Does research undertaken in the centre aims to identify role models at clinical level and in other sectors</u>?

- Research policies
- Examples of role models guided by research
- Examples of role models

1.4. Relations with society and the environment[52]

1.4.1. Our service is a service to society

A) <u>What aspects of our activities are particularly appreciated?</u>

- High quality of services
- Friendly, family atmosphere during stay in hospital
- Attention given to the psychological and spiritual care of patients and their families
- Excellent conditions for a dignified death
- Supplementary activities for the local community

B) <u>Is the centre integrated into the public life of the city, of the region? (at professional, religious and ethical levels)</u>

- Only passively, or actively too (i.e. it invited to events, but never personally suggests activities)
- In questions concerning people with socially critical pathologies such as drug addiction, alcoholism, AIDS, etc.

C) <u>In what form does the centre collaborate[53] with the local diocese and parishes?</u>

- Cooperation
- Visits to the sick in the parish
- Training and support of volunteers from the parishes

1.4.2. Basic and continuous training

A) <u>Is there a training system which promotes the development of professional competencies among the staff in the framework of a holistic approach to patients?</u>

- Continuous training programme aimed at promoting a complete form of professional assistance on the basis of the most advanced scientific knowledge
- Indication of contents of the training programme
- Development of human and social competencies in the training programme
- See also 2.2.1.1. and 2.2.3.1.

B) <u>Are there schools for nurses, for educators and/or other training institutes (specialist schools for doctors, university courses, etc.) through which personnel are trained not only for our own needs but for the health sector in general?</u>

- Description of the situation at the centre
- Number of training places offered
- Number of people taking specialist courses over the last few years

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[52] General Curia, *Charter of Hospitality, 5.3.5.,* Rome 2000
[53] General Curia, *Charter of Hospitality, 5.3.6.5.,* Rome 2000

1.4.3. Relations with third parties

A)   <u>Does the centre have relationships with associations representing the various professional groups and with other institutions active in the public health and social fields?</u>

- Local and national professional associations
- Other organizations active in the public health sector (Red Cross, other religious institutes, etc.)
- Charity associations
- Self-help groups

B)   <u>Does the centre have relationships with financing bodies (public authorities, insurance companies, etc.)?</u>

- Care is taken to keep up relationships
- Only financial relationships are entertained, with some input given on how the health sector can be improved
- NGOs (non-government organizations)

C)   <u>Is there an office/staff service at the centre responsible for handling relations with the media, marketing and public relations in general?</u>

- What does the service have in terms of space, personnel and equipment
- Contacts with the press
- Audio and video broadcasts from the centre
- Contacts with radio and television
- Videos produced by the centre

1.4.4. Social responsibility

1.4.4.1. At the economic level: create wealth through the right practices

A)   <u>Does the organization follow accounting practices that conform to generally-accepted legal and regulatory requirements?</u>

- Financial and accounting policies and procedures
- Reports on internal audits
- External audits
- Finance/audit committee – Members, minutes and terms of reference

B)   <u>Management ethics: are ethical principles respected and promoted in commercial relations and business management?</u>

- Document setting out the centre's ethical code of conduct
- Dissemination of the Order's principles and values
- Criteria used in selecting appropriate partners

C)   <u>Does the centre carry out its fiscal and/or legal tax obligations on time</u>?

- Fiscal obligations audit
- Tax returns audit
- Staff social security payments audit
- Conformity to current norms and regulations regarding staff social security

1.4.4.2. At social level : promote social values, ensure proper working conditions, respect the rights of workers and patients

A)   Does the centre follow "good governance" practices and promote the main social values in carrying out its mission?

- Document setting out the centre's ethical code of conduct
- Audit of corporate social responsibility
- Charter of users' (patients') rights and duties

B)   Is the social/work policy practiced by the centre in accordance with current legislation and with the Church's social doctrine?

- General human resources policy
- Regulations governing health, safety and risk management
- Wages policy
- Policy on workers' social benefits
- Procedures aimed at guaranteeing the safety of patients and workers and at avoiding harming third parties.

C)   Does the centre intervene on behalf of vulnerable groups or in cases of need that would otherwise not be met?

- Policy of hiring groups potentially facing discrimination: i.e. the disabled, immigrants…
- Economic contributions or disinterested assistance to cases of social need
- Relations/accords with non-profit associations
- Anti-discriminatory policy

1.4.4.3. At environmental level: safeguard of the environment / ecological awareness

A)   Does the centre strive to improve the quality of the environment?

- Environmental policy
- Procedures for managing the principal causes of negative environmental impact: (residues, dangerous materials and products, recycling of medical supplies, environmental contamination...)
- Respect of environmental legislation

B)   Does the centre practice a proactive policy in terms of environmental protection and of improving the quality of the environment?

- Regulation of water and energy consumption
- Use of renewable energy sources
- Promotion of internal campaigns aimed at raising people's awareness and educating them in environmental protection and improvement
- Dissemination of guidelines on environmental protection

C)   Are there arrangements ensuring that the organization's environmental commitments are reviewed on an annual basis?

- Environmental policy
- Environmental budget
- Annual environmental report

2.   Evaluate, but how?

The question now arises of how to translate this document into reality. To answer that question, we are putting forward a few basic suggestions which take particular account of the very different situations that exist in the four major regions of the world in which the Order is present.

Some of our considerations may appear obvious, whereas others will be considered useful inputs. Some people will feel that some sections appear to be pure science fiction, while others will decide that they offer a stimulus for the further development of their work. But whatever the case may be, you should make the most of this document by applying it to the situation which you think applies to your Province at the present time. Look at this working document as a stimulus for improvement. Some people may want to dedicate themselves to the various aspects to be evaluated in varying degrees of detail, but there can be no doubt that all of them are crucially important, and none of them can be neglected, for only by looking at the whole can we see reflected the profound significance of what we call 'Charismatic Management'. The evaluation we are suggesting is not to be considered a certification system in the strict sense of the term. Rather, it assumes that a system of quality management, that is to say, certification (audit), is already in place. That means that the aspects already included in such systems, if they exist, do not need to be redeveloped from scratch, unless, that is, they hold a particular significance for us, in the sense of representing an "added value" offered by our Centres or unless, as we shall be seeing later in greater detail, they refer to areas for which, given the importance of hospitality, we hold particular responsibility.

In order to avoid any possible misunderstandings, let us make it immediately clear that a basic premise for any kind of charismatic management is that an efficient form of management must also be in place. Charismatic management must also, obviously, comply with civil and ecclesiastical legislation. We must comply with local circumstances but in addition to that we have a special responsibility deriving from our charism of hospitality. We must also bear in mind the fact that sometimes we find it difficult to perform the responsibilities which the law of the land place on us. In the Decree on the Apostolate of the Laity, the Second Vatican Council states that, "The demands of justice must first of all be satisfied; what is already due in justice is not to be offered as a gift in charity."[54]

A major risk which can bring us to a halt is when we congratulate ourselves on the fact that however bad things might be for us, they are sure to be even worse elsewhere. Are we certain of that? And even if it were true, it would not be a reason not to take on any new challenges, or not to strive to improve still further. Our hospitality to do more than be merely "comparable" to other social and health institutions.[55] What Pope John Paul II says about human rights in the Encyclical "Redemptor hominis" also applies to hospitality. We need to ask ourselves, wrote the Pope, whether the Declaration of Human Rights and the acceptance of the "letter" of that Declaration mean that it has also been implemented "in spirit" everywhere.[56] In terms of our hospitality, what this means is that unfortunately it is not unusual for there to be a wide gap between acceptance of the "letter" of hospitality and compliance with its "spirit". We must therefore constantly carry out reality checks by performing evaluations and controls in order to draw the appropriate consequences.

The second risk we run is that of allowing ourselves to fall into a passive attitude on the ground that things cannot be changed whatever we do. But an evaluation is precisely what can help us to recognise what should be changed. In that sense, the values of hospitality can

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[54] Vatican Council II, Apostolicam actuositatem, n. 8
[55] Cf. Benedict XVI, Encyclical, Deus caritas est, n. 31 "For this reason, it is very important that the Church's charitable activity maintains all of its splendour and does not become just another form of social assistance"
[56] Cf. John Paul II, Encyclical "Redemptor hominis", n. 17

be useful to point the way forward.[57] Such a large body of knowledge can act as a stimulus for change.

The questions relating to each theme are formulated in such a way that they highlight the key objective in the thematic area being investigated. In order to make things easier to understand, a series of references to the Order's Charter of Hospitality are given in the footnotes. Those references will help make the full significance of the questions more readily comprehensible. As shown in section 3.1 below, the questions may, where necessary, also be broadened and/or supplemented.

In order to improve charismatic management, we shall use the **PDCA model** as it represents a cycle of continuous improvement[58]. The PDCA cycle is synonymous with improvement. The letters of the acronym stand for:

> **P**lan
> **D**o
> **C**heck
> **A**ct

We are confident that a structured process based on the PDCA cycle will help us to foster the development of charismatic management. As a first step we recommend examining the present situation, that is to say, draw up an inventory of what is already being done. Only after drawing up this inventory will a plan for improvement be prepared. Once ready, the plan is implemented and a check is made on whether it has produced the desired improvement. If the answer is positive, then the newly-introduced measures become standard. The standard can then be re-examined on the basis of a new plan and undergo further improvements. The steps to be taken within that process will be described in sections 3.2 and 3.3. In order to ensure that the evaluation process will bring about a sustained and lasting improvement and/or change, evaluations should be conducted at regular intervals (at least every two years as a rule).

We wish to make one final general remark; the present version of the evaluation questionnaire focuses on hospitals and related Centres. Considering the huge variety of facilities we manage this could obviously be seen as leaving a void. On request, the General Curia can provide further versions intended for "Centres for the Disabled" and "Retirement Homes".

2.1. Adaptation at regional level

It will certainly be useful for this document to be discussed on the Interprovincial Commissions in order to adapt, or rather interpret, it in the light of the differing circumstances that exist in the four main world regions where the Order is present. Independently of that, it will also be necessary to hold refresher courses to train selected religious and lay persons to carry out charismatic management evaluations.

The questions to be asked in that connection are:

–   Are there any particular circumstances in our region that have not been considered in the overall list of questions?

–   Are there any laws or regulations in our region which are not considered in the overall list of questions?

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[57] Hospitality – quality, respect, responsibility, spirituality. Also see Prior General Bro. Donatus Forkan's circular of February 2010.
[58] Cf.: http://en.wikipedia.org/wiki/PDCA

– In the overall questionnaire, are there any matters that are inappropriately adapted to your region?

– Is the terminology used appropriate to the situation in your region, or does it need to be corrected?

– How should any necessary additions be stated to be consistent with the document's overall style?

– Are there any matters which you consider important not touched on in the document? If so, please notify the General Curia so that they can be considered if the document is subsequently revised.

2.2. Six steps to begin with

This chapter is intended above all for Centres that still have little experience with quality management and certification. For this reason, it is very important not to reject all evaluation processes out of hand, on the ground that they are all theory and of no practical use. We cannot develop strategies on the basis of emotive criteria. What we do need, on the contrary, are transparent criteria and parameters for evaluation – criteria that are logical and objective. Only by embarking on a critical self-examination shall we be able to make progress. Without solid quality management and without certification, it will be difficult if not completely impossible, to work successfully in the medium and long term in each of the four regions.Taking that into account, evaluation of charismatic management can be a valid starting point. The present document is intended to be of assistance in that sense. The next six steps are offered to facilitate the initial approach.

➡ **Step 1: check the present situation**

What is the Centre's present situation in terms of charismatic management? In that context you would do well to consider the fact that your Centre is certainly not starting from scratch. For it could not exist without a certain level of quality, or it would not have enough support from patients and relatives for it to survive.

➡ **Step 2: analyse weaknesses**

What are the Centre's weaknesses? What must absolutely be improved? The instrument in the document on charismatic management evaluation can help make a valid analysis of any weak points.

➡ **Step 3: define objectives**

What objectives are being pursued in our Centre with the introduction of charismatic management? Concrete objectives may emerge by analysing strengths and weaknesses. Those objectives should be ranked in order of importance.

➡ **Step 4: check resources**

Is our Centre capable of implementing charismatic management alone, or does it need external assistance?

➡ **Step 5: assess human potential**

How can we motivate the Brothers and Co-workers to implement charismatic management? A "top-down" form of charismatic management will never work. What is needed is the motivation and commitment of the largest possible number of Brothers and Co-workers.

➡ **Step 6: plan the launch**

What are our next steps? After meticulous preparation, we must now go ahead with the implementation and/or further development of charismatic management. The stages should be planned and a timetable established.

2.3.   Evaluating in two steps

It is generally accepted that any strategic consideration should start from the present situation. Even the book devoted to our Spirituality starts out from the "present". "New and precious possibilities await us, but also new and terrible threats. We are faced with a dimension, time, which we cannot control and in which we must find new pathways. In any case, the repercussions of such momentous changes affect us in every part: body and spirit, the individual and society, the world of the profane and transcendence".[59]

Identifying the steps needed to meet the challenges of our times is precisely the purpose served by charismatic management evaluation. As noted above, only regular evaluation can guarantee a real improvement. However, in order to ensure that results are objective, the first step, self-evaluation, should be followed up by a second step: external evaluation.

This document is intended, first and foremost, for senior management who have the greatest responsibility for evaluation. But it is not a "secret document" and can therefore be made accessible for information and as motivation to all the Brothers and Co-workers.

2.3.1. First step

Once it has been decided to undertake an evaluation of charismatic management, an operational plan must be drawn up in consultation with all the interested parties, in order to ensure that things proceed consistently at provincial level. As a preliminary measure, training courses should be set up in order to be certain that timetables are respected. It is also advisable for each Province to appoint a Brother - and/or Co-worker to take responsibility for organising and conducting the evaluation. It might even be useful to provide him with a small team.

Each Centre should address the following matters:

– What is the situation in our Centre with regard to the topics under investigation or concerning individual elements? What, in our Centre, are the matters that are scarcely considered or even not considered at all? Why?

– What are the elements (i.e. specific aspects under investigation) that are not yet being addressed in our Centre or not being taken into consideration? Why?

In responding to the questions, the PDCA cycle shall be followed, as already indicated:

Plan   With reference to the question, what does the Centre have in terms of planning?

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[59] The Path of Hospitality in the Manner of St John of God, Rome, 2004, no. 3

Do With reference to the question, what does the Centre have in terms of concrete measures?

Check Have the results of those measures been evaluated?

Act If so, what enduring actions have been taken as a consequence of the evaluation in order to improve the process?

Analysing or processing a topic according the PDCA cycle requires practice. It is therefore useful to prepare a few questions in advance for yourself for each phase (see examples below) and above all, list the activities already being performed in the Centre. You should, in other words, consider what is already being done in the Centre in terms of the topic, the questions set, and the examples given. The activities already being performed in the Centre must be described in the box referrring to the "Do" phase, which makes it possible, subsequently, to perform an initial self-assessment of these activities by clicking on the relevant fields on the evaluation screen. Then you can move on to the standard PDCA cycle application as a process of continuing improvement.

Here are a number of questions you may usefully ask yourself before starting to fill in the form:

P Plan

- Does the Centre have documentary evidence of any plans in connection with the topic?
- What plans, process descriptions and binding written instructions have been formulated (all the documents connected to process descriptions)?
- Why was the plan decided on?
- What are the objectives of the plan?
- Who ordered the plan to be drawn up?
- Who is in charge of planning?
- Who has taken part in the planning?
- How much has been invested in planning?
    o How much time has been invested in planning?
    o Was it necessary to organise the plan in terms of partial objectives?
- How did you proceed with the planning?
    o What contextual factors were studied during the planning?
    o How were the interests of the groups involved in, and affected by, the planning taken into account?
    o How were regulatory and strategic directives considered?
    o How was the schedule for implementing the plan organised?
- Was provision has been made for a Check and Act (aimed at re-examining and improving the process)?

D Do

- What has been done already. What elements of the topic under consideration have already been put in place in our Centre?
- Are the relative procedures being implemented in a structured manner?
- Do planning, process description, working methods and standard procedures in practice take place in a structured manner? (The "Do" phase is about describing "implementation", i.e. the concrete measures introduced, and not "theoretical procedures", which fall under "Plan". That is why the "Do" phase scores higher marks in the evaluation phase.)
- Who is responsible for implementation?
- Who takes part in implementation?
- How were all the concerned parties initiated and/or introduced to implementation?
- How are the parties involved in implementation managed?
- How has implementation been executed?

- How far has implementation penetrated into the Centre?
- How has implementation been documented?
- What (global and/or partial) objectives have been attained?

C Check

- Controls, checks, meetings, coordination, protocols, agreed regulations: they should be performed at set intervals and be documentable and effective. The "Check" phase serves to evaluate a process (have the desired objectives and results been achieved?) "Check" is there to evaluate the present quality of results (QoR).
- How do you go about verifying whether the set objectives have been attained?
- Who is in charge of verification?
- Who carries out verification?
- What areas are considered in verification?
- When does the verification of the attainment of set objectives take place?
- Is the present quality of the data used guaranteed?
- What difficulties do you encounter with implementing objectives?

A Act (check, improve, standardise)

- What consequences have the checks, controls, etc. had?
- What have we learned? Have objectives been achieved? have new ones been set? have there been effects that have benefited other people, too? Learn to change, change to learn – also known as the learning-oriented change process.
- What was the cognitive basis (what was the established data) for the adjustment measures taken?
- Who is in charge of the adjustment?
- Who takes part in implementing the adjustment measures?
- What is your view regarding the objectives to be pursued in the adjustment process?
- What objectives were set in relation to the adjustment process?
- What was the schedule established for the adjustment process?
- How is the adjustment process communicated?
- What measures are taken to manage the adjustment process?

These questions are provided as examples, and are not meant to be exhaustive.

In addition, both the degree of achievement (i.e. to what degree has a particular aspect been implemented at the Centre) and the degree of penetration (i.e. whether a measure has been implemented at the level of the whole Centre or is limited to particular services, departments, etc.) will need to be evaluated, in order to obtain differentiated (different) answers. To this end, the following levels exist:

As regards the *level of attainment*, you should say whether the requirements:

have not been met	have been met minimally
have been partially met	have been fully met

As for the *degree of penetration*, you should say whether the requirements:

are not applied in any sector	are applied minimally in some sectors
are applied partially in some sectors	are applied in all sectors

Each Centre should draw its own conclusions from this first evaluation. It would be advisable for this to take place in coordination with the Brother/Co-worker responsible for evaluation at

Provincial level. It would also certainly be useful to set up a meeting with the Provincial Government to analyse the results. In some cases it may be necessary for consequences to be drawn at Provincial level. Repeating the first evaluation at least two years later would provide an opportunity for comparison, and in particular for checking on any changes produced.

2.3.2. Second step

Once experience with self-evaluation has been acquired, the next step can be a third-party evaluation. As a rule, this tends to be more objective because an outsider's eye can spot things which an insider may not notice, having been accustomed to seeing them in a certain way. Third-party evaluations can also be undertaken by Brothers and Co-workers from other Centres or Provinces. One essential requisite in choosing a third party, however, is that the person chosen should be well acquainted with the subject of charismatic management and have evaluation experience. In external evaluations the same principle holds as before i.e. they should be repeated at regular intervals.

3. Glossary

Allocation

The word comes from the Latin "locare, allocare" (place, locate in a specific place). Today in the broad sense it means to assign. In economics it generally refers to the process for distributing limited resources between potential beneficiaries. It should at all events be borne in mind that every individual case of the various alternative possibilities for available resource use. See also: rationing, resources

Charismatic management

Charismatic management is nothing else than the attempt to combine the Order's fundamental principles and values with the principles of excellence in management. At the end of the day Charismatic management simply means doing things well following the principles that represent the *raison d'être* of our institution.

Charism of hospitality

The term "charism", used in the Christian sense, denotes a gift and/or talent which arises in the faithful as a result of divine grace. The Order's Constitutions state that the mission of the Family of St John of God is to live and make manifest the charism of hospitality in the manner of St John of God. A charism can never be considered as having been achieved but, rather, must be continuously improved and placed at the service of the Church. The Hospitaller Brothers, by virtue of their vow of hospitality, bear a special responsibility for hospitality but lay co-workers also participate in the charism of hospitality. See also: Hospitality: Vow of hospitality.

Charter of Hospitality

Document published by the General Curia in 2000, and defines the way the Order performs its mission through the work of its apostolic centres. Charismatic management is fundamentally defined there.

Constitutions

The Hospitaller Order of St John of God abides by the Rule of Saint Augustine. Since the very beginning the Order adopted Constitutions so as to codify its aspirations and establish the basic criteria of the lives of the Brothers and of its own mission. The Constitutions are approved by the Order's General Chapter. Also see "General Statutes".

Corporate Social Responsibility

By **Corporate Social Responsibility** (CSR) what is meant is integrating ethical concerns into a company's strategic vision. It is an expression of a desire on the part of large, small and medium companies to manage problems that have social and ethical impacts internally and within the areas of activity concerned. See also the European Union's Green Book on social responsibility.[60]

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[60] Cf. http://europa.eu/legislation_summaries/employment_and_social_policy/employment_rights_and_work_organisation/n26039_de.htm

Co-workers	In the Order's internal language, the term co-worker is used to express the fundamental conviction that the people who collaborate with the order are not only employees but fully-fledged co-workers in the broadest sense of the term. The term is therefore not only applied to employees or paid staff of the Order but also to volunteers and benefactors. See also: Charism of Hospitality, Family of St John of God.
Economic and management ethics	Purpose of economic or management ethics is to apply ethical principles in the framework of economic activity. The key values in this connection are: humanism, solidarity and responsibility. The need for ethical-economic-management norms stems from the major impact which economic activities have on human society and the environment. The criteria guiding any consideration of ethical-economic issues are justice and sustainability. However the main purpose of economic-management ethics is not to define operational directives but rather to propose avenues for reflection in order to orient the present debate through the presentation of critical analyses and methods. Economic-management ethics need interdisciplinary debate with the participation of philosophers and economists as well as sociologists and theologians. It is very important in this field to distinguish between the responsibility of individuals (individual ethics) and that of corporations, groups, associations, and of the political sector and society as a whole (institutional and social ethics). Economics aims in the first instance to secure its own interests and always sees the usefulness of individuals or society in terms of costs. This often leads to a conflict of interests. The key question is whether priority should be given to ethical or economic objectives.
Europe Commission	A Commission formed under the General Curia and run by the General Councillors responsible for the European region. The Commission's main function is to facilitate the work of the European Provinces and to promote cooperation between them.
Family of St John of God	A very strong bond has developed over time between the Order as a religious institute under Canon Law and the people who help it do its work. The various groups which feel themselves involved in promoting St John of God's project of hospitality are termed the Family of John of God. See also "Co-workers".
General Chapter	General Chapters represent a moment of special communion between all the Provinces and components of the Order. It holds supreme authority within the Order and therefore bears the principal responsibility for ensuring that the life of the Brothers and the Order's mission are equal to the times. General Chapters are held every six years. They are attended by the Brothers (the Major Superiors and vocals elected in the Provinces) and Co-workers. The Prior General and members of the General

	Council are elected by the Brothers at General Chapters. See also: Mission of the Order.
General Statutes	Complementing the Order's Constitutions, they contain the practical norms for implementing the latter. The General Statutes are approved by the Order's General Chapter. Also see "Constitutions".
Hospitality	Apart from taking the three classic vows of chastity, poverty and obedience, the Hospitaller Brothers take a fourth – hospitality. Hospitality should here be understood as meaning welcome. The term should, however, be interpreted in the light of the Bible in order to understand its profound significance in the spirit of the tradition of St John of God. The guiding principle for the interpretation of hospitality is the life of the Order's founder, St John of God. We may read the following on the Identity Card: "On hospital care, his attitude was surprizing, disconcerting, but it acted as a beacon, showing new ways of assisting and caring for the poor and the sick. Out of nothing, he created an alternative way of being a citizen, a Christian, a Hospitaller and of assisting the most helpless. His prophetic hospitality acted as a leaven of renewal for welfare work and for the Church. St John of God's model also served as a critical conscience, to guide and to raise people's awareness of new approaches and practices in caring for the poor and the outcast."
Hospitaller Order	The Order's official name is: the Hospitaller Order of St John of God. Members of the order are the religious and associated members. Also see "Family of St John of God".
Humanisation	With "Humanisation", a document written by Prior General Bro. Pierluigi Marchesi, St John of God's fundamental aspiration found a new, long-term interpretation in the Order. Today, the term is used by the Order to refer to a style of care and aid but also to a management style that focuses on patients.
Integrality	The term arose in the field of pedagogy and refers to an educational method that emphasises the totality of human beings and the integration of "head, heart and hand". From that original meaning derives the concept of integral or holistic medicine which aims to consider human beings in their entirety, i.e., both as subjects with bodies, souls and spirits, and in the context of their lives. Integral medicine seeks to promote a vision of the person being assisted/patient as an indivisible whole. Consequently, the following are considered in approaching the person being assisted/patient: lifestyle (mobility, diet, stress, leisure time); social context and relations (partner, family, work, friends, social activities); natural environment (water, soil, air, climate); civilized environment (home, job, technology); and transcendence (religion,

faith, spirituality). Our therapeutic approach and the assistance we give should take all these factors into account. The Order's General Statutes have this to say on the subject: "We promote holistic care based on team work and an appropriate balance of technology and humanisation in therapeutic relationships" (n. 50).

Management

By the term "management" is meant the administration or conduct of a business with particular reference to strategic planning, various models for managing corporate resources and decision-making. Management theory is nowadays accepted as a separate discipline, albeit with strong interdisciplinary connotations, which sets out to define optimum methods for obtaining goals and creating more efficient processors in managing organisations to guarantee their success on the market. Today, management is not only a matter of taking a technocratic view of a company in which processes are performed involving different internal and external resources, but in most cases it is the perception of the fact that success can make it possible to perform the specific mission of the organisation or institution, in which all the personnel is involved, conscious of their values and their responsibility to attain common objectives.
See also: Charismatic management.
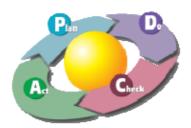
Mission of the Order

The Constitutions of the Order define the Mission as, "Encouraged by the gift we have received, we consecrate ourselves to God and dedicate ourselves to serving the Church in the assistance for the sick and those in need, with a preference for the poorest" (Const. 5°). This general approach applies To the whole Order and must be applied to the specific situation of every single Centre. It will begin with the assumption that every centre has its own particular form and is committed to meeting the needs of people in a given place at a given time, and if to this we add that our main mission is evangelisation of the world of pain by setting up health care and social care centres emerged to offer a comprehensive service to people, the following questions must be answered by each one

- what is the raison d'être of our Centre?
- Who are the beneficiaries of our service?
- Who is called to provide this service servizio?
- What are the most appropriate structures for providing it?

Also see "Hospitality".

PDCA cycle	The **PDCA cycle** (**P**lan; **D**o; **C**heck; **A**ct was pioneered in the 1950s by W. Edwards Deming in Japan. Since then the PDCA cycle has become a synonym for a model of continuous improvement.[61]

Principles of the Order	The 13 principles of the order are set out in Para. n 50 of the 2009 General Statutes. The Charter of Hospitality provides a comprehensive interpretation of those principles in Chapter IV. The Order's values are defined on the basis of these principles.
Quality management	A term substantially indicating all the measures taken to improve products, processes and services of any kind. Quality management is an essential part of overall management. In some countries quality management is legally required in health and social centres. The most widespread quality management models are EFQM and ISO 9001.
Rationing (of medical services)	In the social-medical context, the term "rationing" refers to the cessation of given services for financial reasons. Services are rationed, in other words, when a health service no longer offers or covers services whose costs are greater than their benefits. The question of whether it is licit to calculate the usefulness of medical services on the basis of cost-benefits ratios is very controversial. But given the widening gap between technical-medical-scientific progress on the one hand and the scarcity of financial resources on the other, there is growing debate over the ethics and legality of rationing medical services.
Resources	The term covers material and immaterial resources, and more recently employees have also become known as human resources (in our philosophy, we talk about Co-workers). Given that the resources we have are not unlimited they must be used in a responsible and carefully planned way, so that they can help the people entrusted to us for as long as possible. Careful and responsible management of available resources also forms part of Charismatic management. The method resources are distributed ("allocated") giving priority to transparency and solidarity, also forms part of the Charismatic management style. Resources allocation is much discussed from an ethical and legal standpoint.

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[61] This image was taken from: http://it.wikipedia.org/wiki/Ciclo_di_Deming

Risk management	Risk management comprises a group of activities comprising identifying objectives on the basis of one's vision of the future, choosing an appropriate strategy, assessing the risk, prevention, establishing appropriate structures for conflict resolution, and adequate documentation. In the health sector risk management is closely linked to quality management..
School of Hospitality	The term signifies a training programme aimed at transmitting the values of the Order to co-workers. The programme provides not only cognitive content but also features empathic experiences, meetings and spiritual elements. Also provided are formative experiences known as walking "In the Footsteps of St John of God" (Granada experience). In some Provinces these formative programmes are also known as "Hospitality workshops" or "Charismatic workshops".
Subsidiarity	The principle of subsidiarity represents one of the basic tenets of the Church's social doctrine, with particular reference to the relationship between state and society. The best formulation of the principle of subsidiarity is to be found in Pope Pius XI's Encyclical, *Quadragesimo Anno*. The word subsidiarity stems from the Latin expression "subsidium ferre", meaning: to lend support, sustain or again to offer hospitality. The principle of subsidiarity comes into play whenever a minor component of society is able to confront and resolve any problem or task autonomously. At the same time the principle requires that "minor or inferior members of society and/or the state" should not be over-burdened and should thus be able to count on the support of the bodies above them. In summary it is a sociological rule putting the responsibility of individuals ahead of any action by the state. The European Union too has made the principle of subsidiarity one of its fundamental precepts.
Values of the Order	In 2006 the General Chapter asked the General Government to define the Order's values officially. The General Definitory complied with the request in January 2010 and the Prior General made those values known in a circular letter a month later. The Order's values are: hospitality, quality, respect, responsibility and spirituality.