INTEGRATED CARE

Considerations for Catholic Health Care

Catholic Health
Sponsors of Ontario

Introduction

"Ontario health care needs more integration" – for some years now, this is a message all health care providers in the province have been hearing. It reflects an effort to establish an integrated approach to health care delivery that is patient centred, and which seeks to bring together delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is seen as a means to improve services in relation to access, quality, user satisfaction and efficiency – an approach that is highlighted in Ontario's *Patients First* action plan for health care (2016).

Organizations are recognizing they cannot make sustained improvements in care in isolation. This means looking outside their walls, and at times outside their sector, for solutions that require collaborative efforts and partnerships, and making integrated care a priority.

Moreover, the pace with which integration is moving forward, and the promotion of integrated management models within the health system, are such that Sponsor and boards need to be responsive in order to ensure integration remains an opportunity and not a threat.

This paper provides background information to facilitate discussion, discernment and action by CHSO and CHSO organizations concerning the various forms of integration in health care that are currently being considered, and that might be encountered in the future.

A note about the word 'integration' – use of the term integration often includes such concepts as mergers, amalgamations, strategic alliances/networks, joint ventures, and partnerships. The examples provided in part three of this paper reflect these various forms of integration.

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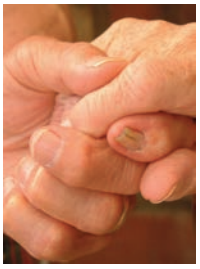

Part 1
Integrated Care: What are the Desired Outcomes?

From the perspective of Catholic health care, a description of what could be expected from the integration of services and programs would include a list of appropriate and measurable outcomes as defined at the local level. A list of outcomes might include:*

- Improved quality of patient and resident care;
- Improved quality of work life;
- Investigation of the effect on other services and programs;
- Better access to services including decreased time for initiation of care;
- Better outcomes and quality of life for patients and residents;
- Decreased cost within a reasonable life cycle calculation;
- Agreement the service or program is best provided by the chosen site/organization;
- Presence of the Catholic provider in a significant and mission-driven service or program, caring for body, mind and spirit;
- The Board of the Catholic provider has direct responsibility through the CEO to staff for the services and programs it provides (Chain of Mission);
- The *Health Ethics Guide* is observed for any service or program provided by the Catholic organization or on a Catholic organization's site, and any ethics consultation for a service provided by the Catholic organization or on a Catholic site is within the parameters of the *Health Ethics Guide*;
- Increased cooperation and unity among Catholic health care providers and other providers in the community.

* See *Principles for Integration*, Catholic Health Association of Ontario, 2016

> *"The difference, it seems, in today's reality is that we are being called to change our paradigm and extend the mission beyond our own entities, reaching out into communities to partner, merge, or develop relationships in ways and with whom we may not have engaged previously."*
>
> Sr. Kathleen Pruitt, CSJP, MA, MSW
> "Beyond the Walls: Moving to Population Health"
> *Health Progress,* Sept.-Oct. 2015

Part 2
Principles for Integration

In 2016, the Catholic Health Association of Ontario (CHAO) produced *Principles for Integration*. It states that "Catholic health care is fully supportive of partnerships and alliances that enhance the quality and cost effectiveness of health care services that benefit the health of society."

The document notes that a Sponsor, while encouraging and promoting the concept of voluntary integration between and among organizations for improved patient care and efficiency, has the responsibility for ensuring that its organizations remain Catholic in nature and adhere to the organizations' mission, values and ethics. The Sponsor, in its ownership capacity as articulated in each organization's bylaws, must approve any integration or change in mission.

The CHAO document provides a list of 6 principles to assist when investigating and making decisions with respect to opportunities for integration. However, in the body of the text it does refer to the role of the diocesan Bishop in relation to integration opportunities. For the purposes of this discussion paper, that piece of text has been added as a seventh principle.

1. Catholic health care organizations will enable partnerships, alliances and integration that benefit the health of society

The Catholic care provider has an important role to play in health care, and in creating a high quality, integrated health system. The end result of an integration process will ensure that the Catholic partner has a strong and significant grouping of services, and that it provides these services at a high level of quality and at a reasonable cost. With a history of responding to the greatest needs in local communities, a Catholic health care organization might consider shifting its mandate if similar services are available elsewhere so that resources can be allocated to better serve a marginalized and vulnerable population. Or it might explore the design of unique solutions that presently do not exist in order to better serve vulnerable populations.

2. The 'Chain of Mission' remains intact

As a mechanism to safeguard the integrity of the mission as a continuation of Jesus' healing ministry, the 'Chain of Mission' is considered by the Sponsor to be one of the most important principles of Catholic health care. It is the direct link for accountability and responsibility through legitimate authority. A direct reporting relationship within this 'Chain' is essential.

The Sponsor appoints the local Board and CEO, then delegates to the local Board the responsibility for this religious mission. The Board, in turn, delegates to the CEO and then to the staff. Integral to this delegation is a clear understanding of the mission and values by all involved and a regular assessment by the Board of the CEO and staff, that these values are integrated into the operations.

It is essential that any integration supports the Chain of Mission principle, and that the Sponsor retains its reserve powers including:

- Appointment of the Board of Directors and CEO of each sponsored organization;
- Approval of the by-laws of each sponsored organization;
- Approval of any change to the sponsored organization's mission, values or philosophy;
- Approval of any integration or merger; and
- Approval of any major financial decision.

> ***"As many hospitals and health care organizations consider integrating services, programs and operations, it is essential the board of directors assume a leadership role and be involved directly in leading these integration initiatives."***
>
> Anne Corbett
> *Integration Transactions: The Role of the Board in Preserving Catholic Identity*

3. Services provided by the Catholic organization include a component of care that is aimed at serving the vulnerable and marginalized

We are inspired by the example of our Founding Sisters – visionary women who for generations advocated and cared for the most destitute people in their communities. The founding Congregations were concerned with those who could not easily obtain or pay for their health care and for whom other providers were not easily found. This is the nature of the preferential treatment of the poor – those residents and patients for whom services are more difficult to provide and not necessarily within the mandate of other providers. This principle continues to be essential to Catholic health care and social services today.

4. Integration of services results in higher quality and more cost-effective care as well as a furtherance of the mission

As with any business venture, a business case for integration would show, after due diligence and other considerations by the governing Board, a credible opportunity for better patient/resident care and a stronger mission.

5. Use of the *Health Ethics Guide* as the framework for decision making

In order to fulfill the responsibilities of a Catholic health care organization and to be sponsored within the Catholic Church, the organization would use the *Health Ethics Guide* and have an ethical discernment process in place. This includes research components of the organization as well as an ethics compliance agreement included as part of physician applications. *The Health Ethics Guide* outlines the moral obligations for the Sponsors, owners, Boards and members, and is also a vital resource to guide the organization in its decision-making processes related to all significant decisions. It is important to recognize that the *Health Ethics Guide* goes far beyond "moral" decisions, and includes areas such as the importance of ethical reflection, resource allocation, outsourcing, and a variety of governance and administrative topics.

6. Leadership will ensure the mission, values and ethics of Catholic health care are a living component of organizational culture

Any agreement outlining how an integrated entity will operate should include a clear reference to safeguarding the values that shape the culture and care environment, and ensuring decisions are made through the lens of Catholic health care tradition. As described above, the Chain of Mission ensures the organization's mission is promoted through the senior staff to the operational staff and hence to the patients/residents.

7. The diocesan Bishop will be consulted by the Sponsor and sponsored organization whenever a major program or service is proposed to be integrated

In addition to the Sponsor approving the integration itself, the Sponsor would be involved, consulting with the local Bishop when necessary, if there is a significant change to the mission of the Catholic health care organization, any impact on the governance or leadership by the CEO of the organization, or if the bylaws or letters patent would need to be changed.

Part 3
Forms of Integration

1. Voluntary amalgamation of two or more Catholic organizations

Organization A and Organization B are both Catholic, and want to move towards one Board and one CEO.

Example 1 - the amalgamation of St. Michael's, Providence Healthcare and St. Joseph's Health Centre, Toronto in 2017.

Example 2 - Covenant Health, Alberta established in 2008 with the amalgamation of Alberta's Catholic health care providers under a single administration.

2. A Catholic organization and a secular organization seek separate governance while sharing a CEO

Example: the arrangement that existed between St. Joseph's London and London Health Sciences when Cliff Nordal, who was President & CEO of St. Joseph's, was appointed President and CEO of both organizations from 2006 to 2011.

3. Integration of a Catholic and secular organization

Example: the integration of Hotel Dieu Kingston (HDK) and Kingston General Hospital (KGH) to create a new entity – Kingston Health Sciences Centre (KHSC) – with a single Board of Directors, CEO and Executive Team. The organization maintains two sites. The arrangement indicates the HDK site will retain its Catholic identity and mission while the KGH site will remain secular. Staff at both sites are all now employees of KHSC.

Hamel and Panicola (see references) have developed a 3-phase discernment for a Catholic organization entering into such an arrangement. Under phase 2 they write the following: "A qualified and experienced ethicist must complete a formal analysis addressing cooperation issues before a definitive agreement is signed."

4. Partnership arrangements

Integration could involve partnerships with a variety of organizations / community agencies that might be located on the property of a Catholic entity. Providence Village Inc., on the grounds of the Motherhouse of the Sisters of Providence, Kingston, provides an example. The vision for the project anticipates that the grounds will provide a hub for long-term care and assisted living, as well as a range of other community services. This could involve partnership arrangements with agencies that would have separate, secular governance structures.

5. Transfer of ownership of a faith-based organization (other-than-Catholic) to a Catholic Sponsor

Possible scenario: an opportunity arises / or an organization associated with another faith community approaches a Catholic Sponsor about possible transfer of ownership to the Catholic Sponsor.

Emmanuel Care, the Sponsor of 14 health organizations in Saskatchewan, has developed a G*uideline for Facility Transfer Discernment* to assist in such situations.

- Phase 1: Initial assessment of potential opportunity/risks
- Phase 2: In-depth exploration and assessment (7 categories)
- Phase 3: Discernment – review the reports of the exploration phase; propose conditions for transfer or decline to transfer
- Phase 4: Transition planning – two agreements are prepared: "A Formal Explanation of the Transfer Process" and a "Transition Plan" – to be approved by both boards.
- Phase 5: Execution of transfer

Circumstances sometimes dictate that Catholic organizations enter into a variety of collaborative arrangements to minimize duplication of services, ensure quality and adequately respond to the range of community needs.

This may entail partnerships, alliances, joint ventures, as well as consolidated merger arrangements.

Health Ethics Guide

6. A Catholic hospital is transferred to an other-than-Catholic system / or health authority but maintains their Catholic identity after the transfer

As of June 2017, there are 41 Catholic hospitals in the USA that have been transferred to other-than-Catholic systems and have maintained their Catholic identity. Of these, 22 retain their Catholic identity through a contractual arrangement that outlines the ongoing faith-related commitments that the hospital will adhere to in order to remain recognized by their bishop as a Catholic ministry.

St. Martha's Regional Hospital in Antigonish provides a Canadian example of a similar situation. While the organization does not have a PJP Sponsor, it does have a Mission Assurance Committee in place, with committee members appointed by the founding congregation. St. Martha's continues to be regarded as a Catholic hospital by the bishop, health authority, and provincial government.

7. Joint or shared services

Shared health services are part of a trend toward managing costs by "streamlining the internal operations of organizations" across multiple organizations. This sometimes involves joint or shared services for HR, information technology, and other operations. As a result, individuals working within a Catholic organization to provide a particular service may actually be employees of an external, secular organization, which is responsible for the shared service.

In some provinces, there are situations where housekeeping and food services have been integrated across organizations, and contracted to private companies. The employees of these companies are present within the hospital, long-term care facility or nursing home, but are not employees of the health care facility. In Saskatchewan, Emmanuel Care has established agreements with such companies to ensure anyone working within the organization participates fully in orientation and mission activities.

8. Sponsorship is shared between two Catholic Sponsors

An organization might have a historical relationship with a particular Sponsor, but for a variety of reasons having a relationship with another Sponsor might prove advantageous. In such a situation, having dual sponsorship might be an option. This might involve one Sponsor delegating its reserved powers to another Sponsor, keeping in mind the delegation might be temporary.

9. If an organization is recognized as having a Catholic culture, but does not have a Sponsor; could a Sponsor associate itself with such an organization without full reserved powers, such as ownership of property, control of the board, etc.?

Example 1: There are organizations in Canada that have a Catholic culture, but are not sponsored. Might a Sponsor enter into a form of sponsorship with such an organization to support and promote the mission, vision and identity of the organization without necessarily exercising all of the reserved powers in relation to the organization?

Example 2: Could a Sponsor develop a relationship of some type with a health organization that was previously recognized as Catholic and/or sponsored?

Part 4
Success Factors

Reasons for failure & guidelines for successful integration

The following is a summary of content from Chapter 8 of *Healthcare Ministry: Refounding the Mission in Tumultuous Times* by Gerald A. Arbuckle, The Liturgica Press, 1985.

Reasons for Failure

- *Failure to ask the question "Why?"* – being clear about the purpose is essential. The venture will not be successful unless all parties give considerable time to clarifying the need for the partnership and its implementation.
- *Ignoring cultural factors* – most commentators agree that integrations fail primarily because leaders do not appreciate the power of culture and consequently are unable to manage the cultural dimensions of change before, during and after.
- *Inability to lead in chaos* – no matter how well prepared, mergers and integration inevitably add to existing levels of organizational "chaos." Unless leaders have the qualities to cope pro-actively with chaos their efforts will fail.
- *Failure to communicate* – many organizations, even under the best circumstances, have faulty communication systems and styles.
- *Patriarchal authoritarianism* – some speculate that the drive toward integration comes at times from authoritarian, patriarchal values dominant in Western society and further enforced by a Thatcherite managerial style.

> *"Being clear about the purpose is essential."*
>
> Gerald A. Arbuckle, SM
> Healthcare Ministry:
> Refounding the Mission in Tumultuous Times

Guidelines for Successful Integration

- Evaluate the mission and values of the organizations to be merged; but it is first necessary that would-be partners know their own mission and values. For example, Catholics need to be clear about what constitutes Catholic identity.
- Recognize that there is a fundamental philosophical difference between for-profit and non-profit health care organizations. [This was written with the American context paticularly in mind.]
- Identify the significant symbols and founding myths of the organizational cultures, including one's own, that are to be changed through the integration.
- Evaluate the cultures to be merged, including one's own, from the perspective of their openness to creativity in the service of Christ's healing mission.
- Recognize that in-depth organizational culture change is slow; culture has built-in resistance to change.
- Symptoms of culture shock are to be expected when cultures interact during the integration process; if these symptoms are not dealt with they will obstruct the integration.
- There must be appropriate communication at each stage of the process.
- Given the chaos that integration can cause, together with the tumultuous environment of health care, refounding leaders are necessary as myth-revitalizers or myth-makers.
- As groups and individuals experience grief because of cultural changes, there is need for this grief to be expressed; otherwise organizations and individuals will resist change.

References & Resources

1. *Health Ethics Guide* – Chapter 7, Governance and Administration. (See article 150 on "Collaborative Relationships") Catholic Health Alliance of Canada, 2012.

2. Gerald Arbuckle, *Healthcare Ministry: Refounding the Mission in Tumultuous Times*. The Liturgica Press, 2000. See Chapter 8 on "Merging Catholic Healthcare Facilities." Arbuckle discusses reasons for failures and provides 9 guidelines for successful health care "mergers" (integration, strategic alliances/networks, joint ventures).

3. *Ethical and Religious Directives for Catholic Health Care Services* – Fifth Edition. United States Conference of Catholic Bishops, 2009. See Part 6: "Forming New Partnerships with Health Care Organizations and Providers."

4. "Sustaining the Mission through Mergers, Alliances, Partnerships," Thomas E. Edelstein. *Health Progress*, September-October 2015, Catholic Health Association of the United States.

5. *Catholic and Other-than-Catholic Collaboration: Lessons from the Field*. The Catholic Health Association of the United States, 2000. Note: The publication presents 10 lessons about collaboration with other-than-Catholic organizations based on the experience of ministry leaders who have been engaged in such collaborations.

6. "Catholic Identity and the Reshaping of Health Care," Michael Panicola, PhD and Ron Hamel, PhD. *Health Progress*, Sept-Oct 2015, Catholic Health Association of the United States. Note – the article discusses 3 phases of mission/ ethics discernment regarding integration arrangements. Includes reference to a "mission/ethics integration plan".

7. "Some Hospitals Maintain Catholic Identity Without a Formal Sponsor," *Catholic Health World*, July 1, 2017.

8. *Advancing Integrated Care: Cross-Sector Perspectives from Ontario's Health System*, Health Quality Ontario, 2015.

Catholic Health Sponsors of Ontario

Sponsorship refers to the way in which the Catholic identity of health organizations is granted by the Catholic Church. For a health care organization to be considered Catholic it must have a 'Sponsor' recognized by the Church. CHSO was created by the Holy See and has a Pontifical mandate to assume sponsorship of health organizations in Ontario when religious orders and congregations are ready to move on to other missions.

CHSO member organizations include:

Algonquin Nursing Home, Mattawa

Bruyère Continuing Care, Ottawa

Marianhill, Pembroke

Mariann Home, Richmond Hill

Marycrest at Inglewood Senior's Residence, Peterborough

Mattawa Hospital, Mattawa

Pembroke Regional Hospital, Pembroke

Providence Care, Kingston

Providence Village, Kingston

St. Gabriel's Villa, Chelmsford

St. Joseph's at Fleming, Peterborough

St. Joseph's Care Group, Thunder Bay

St. Joseph's General Hospital, Elliot Lake

St. Joseph's Health Centre, Sudbury

St. Joseph's Continuing Care Centre, Sudbury

St. Joseph's Villa, Sudbury

St. Patrick's Home, Ottawa

Toronto Health Network (Providence Healthcare, St. Joseph's Health Centre, St. Michael's Hospital)

Waypoint Centre for Mental Health Care, Penetanguishene

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Integration Transactions:

The Role of the Board in Preserving Catholic Identity

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There is an increasing trend for hospitals and other health service providers to look for opportunities to improve the patient experience and create efficiencies in the health system through integration of services, programs, support operations and entities.

This article discusses the important role of the board in facilitating and implementing integration transactions when one or more of the health service providers is a Catholic health care provider.

The Board's First Role – Setting the Stage with a System Perspective

The fiduciary duties of board members require that decisions are made in the best interests of the corporation served: the health service provider. The question is often asked: how do we reconcile system interests with a hospital's or organization's best interest?

A board of a publicly funded, mission-driven organization should define "best interests" with regard to the mission, vision, values and accountabilities of the organization. Accountabilities will be varied and include: patients/clients, regulators, funders, donors, taxpayers, academic partners, the community served, etc. An important accountability relationship for a Catholic health care provider is the accountability relationship with the sponsor. The sponsor appoints the local board, must approve major decisions affecting the organization, and has fiduciary duty to promote and safeguard the Catholic culture and identity of the organization.

Consideration must also be given to the statutory mandate that applies to health service providers that are subject to the Local Health System Integration Act ("LHSIA"):

> *Each local health integration network and each health service provider shall separately and in conjunction with each other, identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services.*

Accordingly, boards of providers subject to LHSIA must also have a "health system" perspective. Looking at the organization through a "system lens" will impact key areas of board role and function including:

- Strategic planning
- Recruiting – both at a board and management level
- Stakeholder relations and engagement
- Expectations of the board chair

Boards should:

- Be informed about health trends, the health system and, in particular, the local health system.
- Identify key stakeholder organizations and look for opportunities to build "board-to-board" relationships - such relationships can facilitate opportunities for integration by building trust and confidence.
- Evaluate decisions of the board with reference to a system perspective. Where appropriate, boards should ask questions such as: Have we talked to other key stakeholders in the system with respect to this initiative? How will this impact the system and other healthcare providers?

In addition, boards of Catholic health provider organizations should ensure they understand the expectations of their sponsor with respect to integration and the information the sponsor will require when considering and ultimately approving an integration recommendation from the local board.

The Board's Second Role – Demonstrating Leadership

Integration transactions often come to the board through actions initiated by senior management.

Initially, board level integration discussions will start on an exploratory basis with a small group of board members, perhaps just the chair and vice chair, before expanding to engage the full board. Accordingly, a key accountability falls to the board leadership to support management, engage directly with their respective counterparts and to determine the appropriate point at which to engage the board more fully. Once engaged, the board needs to provide support to the CEO, the senior management team and the board chair.

The board of a Catholic health care provider should also ensure that the sponsor is engaged at an early stage. At a minimum the sponsor must be aware of the proposed integration and be asked about any expectations for involvement in the discussions and any key objectives for the proposed integration transaction.

It is also important that the board recognize the work load that will fall to management in the context of an integration, in addition to the "core" roles of the senior management team. Guidance and leadership from the board plays a valuable role in supporting management through the process.

The Board's Third Role – Developing and Applying Evaluation Criteria

Successful integrations happen where both parties share a set of common objectives that are clearly defined at the outset of the process. Specific implementation decisions are then made with reference to those objectives.

Typically the objectives of an integration are to achieve improvement in one or more of the following areas:

- Quality
- Access to services
- Value for money
- Efficiency

Many boards may start with a list of "non-negotiables" but boards should limit such a list to factors that are truly critical to the success of the shared integration vision.

In many cases there may not be objectively measurable criteria with which to conduct a cost/benefit analysis of the proposed integration. This is particularly true where the vision is for improved access and quality of care. Boards must appreciate that the "business case" for a health system integration may be subject to less measureable criteria then would typically apply in a commercial transaction.

An important objective for a Catholic health provider board is understanding the principles that will be applied by the sponsor, particularly the Chain of Mission. At an early stage in the integration discussion there must be an engagement with the sponsor to ensure clarity around the elements that will be important to the sponsor.

The Board's Fourth Role – Engagement

Integration transactions are often overseen by a joint steering committee with representation from both boards. Such a steering committee is usually comprised of board leaders who can devote time to supporting management and taking direct roles, at a governance level, in implementing the integration. It is important that the members of any steering committee not get too far out in front of the full board or the sponsor with respect to decision-making. Mechanisms to communicate progress to the board and sponsor and ensure buy-in at key milestones will be critical to the eventual success of the integration.

A decision should be made, in partnership with the sponsor, as to how and where the sponsor will be involved. For example, depending on the nature of the integration, the sponsor may have representation on the joint board steering committee, perhaps in an ex officio non-voting capacity. The sponsor may, in addition have representation on, and an active role in, sub committees on matters that are closely related to the Chain of Mission such as the sub-committee responsible for governance (by-laws and board recruitment).

While the lead roles for implementation may fall to the board chair and the board members on the joint steering committee, there is a significant role for the rest of the board.

Sub-committees of the board or joint sub-committees may be established. Board members should participate in such committees when requested. Board members should stay involved in the process even where they are not assigned a direct role and should receive and respond to reports such as:

- Communication plan
- Community engagement plan
- Due diligence report
- Human resources implementation plan
- Governance plan

Once evaluation criteria have been defined, a board should continue to refine and evaluate those criteria and continue to question whether or not the list of "non-negotiables" remains appropriate.

Board members should participate in stakeholder engagement as appropriate and requested.

Lastly, it is important that the board continue to govern and exercise oversight throughout the integration process.

The Board's Fifth Role – Approvals and Implementation

The board will likely be asked to pass a resolution approving the integration in principle. There may be a non-binding memorandum of understanding or letter of intent presented to the board which outlines key terms of the integration.

Such a document ensures that there is a "meeting of the minds" on key aspects of the transaction. If the parties have been talking in general terms, reducing key elements of the integration to a written memorandum of understanding or letter of intent ensures that there is a common vision, objectives, and criteria and that non-negotiables are understood. This avoids getting too far "down the road" only to find out that there is a fundamental disagreement in the nature of what the parties intend to achieve. This document can also map out key steps in the process such as the approach to a communications plan, human resource integration and due diligence.

The board should not expect that every question will be answered at this stage. A memorandum of understanding provides a high level road map for the negotiation of the final and definitive documents.

While the sponsor may not be a party to the memorandum of understanding, approval of the sponsor in principle is important to ensure that the sponsor is supportive of the directions being taken. Obtaining support from the sponsor at an early stage also ensures that all parties are aware of the areas where the sponsor will wish to be more involved and will also enable the sponsor to identify the principles that must be satisfied in order to have final approval from the sponsor.

Boards should ensure that an implementation plan is established and monitor any conditions that are required for final approval. Boards should also be prudent in deciding what needs to be part of the process of integration and what work can be left for the new board or new governance structure.

Once the final documents are settled, the board and the sponsor give final approval: the board must then stay involved and continue to govern during any transition period.

As many hospital and health care organizations consider integrating services, programs and operations, it is essential the board of directors assume a leadership role and be directly involved in leading these integration activities. For Catholic health provider organizations, engagement with the sponsor at an early stage and throughout the process is important.

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