

THEMATIC PATHWAY FOR REAFFIRMATION OF ACCREDITATION

LOMA LINDA UNIVERSITY



*Submitted to:
WASC Senior College and University Commission
for
Reaffirmation of Accreditation*



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In a world assaulted by extreme inequities and disparities in healthcare access and affordability – facts are discredited, and evidence-based best practices are disregarded; vitriolic political discourse polarizes rather than unifies; religion and spirituality are weaponized. It is to this world that the philosophy and education of Loma Linda University are most needed. To this world, we dedicate the One Loma Linda journey of integrating health sciences, faith, and service to humankind. Together as “One”, LLUH will thrive!

Preface: One Loma Linda

Our theme – *One Loma Linda (OLL)* – recognizes the extreme challenges facing higher education and healthcare both nationally and worldwide. To be true to the Mission, Vision, and Values, and realize our motto “To make man whole,” all entities of the institution must work together with grit, passion, perseverance and innovation to meet the forces that normally drive entities towards siloes and reduced effectiveness (Appendix P - LLU Motto, Mission, Vision, and Values).

The *OLL* theme was selected for its focus on student success, but recognizes that success must extend to all employees, patients and to the institution. Simply stated, the goal of *OLL* is to create enhanced institutional synergy. It speaks to the increasing need for profound cooperation across the numerous, complex, and dynamic components of Loma Linda University Health (LLUH). We are dedicated to being united in purpose, providing corporate structures that allow appropriate autonomy for corporate members, while creating alignment that allows new levels of systems cooperation.

This report makes the case that current and predicted external and internal forces strain relationships between the component parts of LLUH. We list the ways we are addressing these challenges. Further details explaining our efforts to achieve the goals of *OLL* are provided in the appendices with three levels: WSCUC-required, LLU applications, and supplemental.

Achievements towards our goals that have been identified by faculty and administration are listed and included in the document and are provided in the appendices. The overwhelming number of achievements is listed for celebration of what has been done so far to strengthen our entire enterprise as we face ever-increasing challenges. We acknowledge our significant successes and note the support for and the criticism of the *OLL* initiative. These are used to shape our ongoing efforts to be more cooperative, transparent, fair, and communicative.

Component 1 – Introduction to the Institutional Report

Institutional Context; Response to Previous Commission Actions

Loma Linda University Health (LLUH) is a multifaceted Seventh-day Adventist institution comprised of a university with eight schools (School of Allied Health Professions, School of Behavioral Health, School of Dentistry, School of Medicine, School of Nursing, School of Pharmacy, School of Public Health, and School of Religion), one college (San Manuel Gateway College), six hospitals, and several specialized institutes. Over 5,000 students attend annually, taught by a faculty pool of over 3,000 (full-time, part-time, and voluntary); 1,000 physicians, 800 residents in 39 specialties, and 13,000 hospital staff who attend to 48,000 inpatients, 1.5 million outpatients, and 120,000 emergency room visits each year. As a community anchor employer, LLUH, with 17,000+ employees on payroll, injects over \$1 billion into the economy annually. Community impact is further enhanced as 48% of LLUH employees live in a Community Needs Index (CNI) of 4 or greater, and 3,876 local Inland Empire vendors are contracted with LLUH ([LLUH Community Anchor Dashboard; Community Needs Index](#)).

Loma Linda University (LLU) continues to be faithful to its mission-focused foundations and commitment to innovation in whole-patient care and quality education. LLU has gone through many structural changes in its 115-year history, and it has been done in support of preserving its values of transparency and cooperation.

Operations, Strengths, and Challenges

By integrating science and faith, graduates, staff, and faculty members experience their professions as both careers and *callings*. The heart of this calling is *to follow the ministry of Jesus Christ by bringing hope, healing and happiness to a world in need*. The Mission-Focused Learning

(MFL) model frames education at LLU. This model includes five core elements: 1) *evidence-based practice*, 2) *biblically informed spiritual growth*, 3) *service*, 4) *reflection*, and 5) *transformation* (Mission Focus Learning). MFL provides the framework that advances LLU's mission and vision. The aspirational concept of *wholeness* drives the University's focus on whole-person care.

The emphasis, which is fundamental to the *One Loma Linda* (OLL) theme, has been to move to a more integrated University. As a faith-based, private, not-for-profit health sciences institution, LLU is supported by an academic administrative model that has produced eight somewhat operationally independent schools. The University recognizes and appreciates the importance of professional academic autonomy within interschool collegiality and collaborations. The schools retain their tuition but pay a set allocation to partially support central University functions. Each school is driven by its own specialized mandates arising from professional accrediting bodies, goals, and responsibilities. Subsequently, and in line with the OLL theme, centrally developed structures, e.g., Center for Interprofessional Education and Practice (CIPEP), etc., and processes further support both interschool and enterprise-wide collaboration (Appendix C1A– Human Factors and Ergonomics Research Group).

Since LLU's acceptance into the WSCUC accreditation community (1960), no concerns have been raised regarding academic quality, transparency, clarity of mission and financial strength. Over the past three decades, the President, Provost, Deans, Directors and Faculty have participated and collaborated with WSCUC in positions of leadership as Commissioners, Substantive Change Committee members and co-chairs, Assessment Leadership Academy graduates, special project participants, site visit team members, and chairs for special visits,

CPRs and EERs, and a research fellowship position. These experiences have enriched LLU's understanding of institutional context for which LLU is grateful.

Priorities Since the Last Reaccreditation

Distance education at LLU includes 19 academic degrees and 5 certificates in 5 schools. Annual enrollment for 2019-2020 was 333 with 38 students located outside of California. LLU is authorized in 33 states to accept online students ([LLU State Authorization Map](#)). In addition, there is currently one supported international location for nursing graduate education at Asia-Pacific International University in Saraburi, Thailand. The physical therapy program in Puerto Rico is planned for closure in the Fall of 2020. As an Academic Health Center (AHC), students participate in their clinical work and practicums within the LLUH enterprise and at many facilities both within and outside California. Faculty and students also conduct research at various locations nationally and globally.

In 2018, the LLU Division of Extended Education (DoEE) and Educational Technology Services (ETS) identified a need to strengthen LLU's online courses and programs. To meet this requirement, the Online Program Transformation (OPT) plan was developed ([Appendix C1B - Online Program Transformation Process](#)).

The OPT plan began as a voluntary, multi-step process for program directors and faculty to improve their online course development and teaching skills. Faculty take one of the two recommended courses based on their skill level and develop online content. Using the Course Development Tool, an LLU-developed Canvas assistant, instructors develop their own online or face-to-face (f2f) classes while meeting LLU standards. The tool contains a series of carefully designed templates that prompt instructors to enter their program learning outcomes

and to select the style and desired components for their course. Once the process is completed the tool moves the course into a Canvas development shell where fine-tuning can be done prior to publishing the course ([Appendix C1C - Innovations in the Learning Environment](#)).

Although the 2018 OPT plan has not met LLU's goal expectations, due, in part, to the initial voluntary nature of the process, excellent benefits have occurred as it has been mandated during the COVID-19 pandemic. Now that the essential utility of the OPT plan is being realized, LLU looks forward to experiencing its continued positive impact on faculty and the students that they teach.

Diversity, Equity and Inclusion at LLU welcomes students, faculty, and staff from a broad spectrum of backgrounds. To address WSCUC Standard I for equity and inclusion, LLU has prepared a response that: 1. defines LLU's shared language around culture, diversity, equity, and inclusion; 2. provides data which describe LLU's students, faculty, and staff in terms of DEI; 3. gives an overview of LLU's policies and procedures regarding DEI; and 4. describes current and planned programs which are reflective of LLU's mission and commitment to advancing knowledge, values, and skills by providing a stimulating clinical and research environment for the education of health professionals ([Appendix C1D - Equity and Inclusion Report](#)).

An in-depth examination of DEI at LLU, initiated by the President, brought together a team (including the Provost, campus leadership, faculty, and student representatives) to engage in a robust discussion about LLU's history, successes, and challenges. The team began by articulating a shared language that expressed and defined LLU's calling to DEI; *the aim is to*

foster a culture where each person in the LLUH community feels valued, supported, and empowered to achieve individual and collective goals. The team then started the review process of existing student, faculty, and staff policies. The team found that policies are in line with regulatory requirements and decided on a 3-year plan to expand the review of institutional documents in view of the country's heightened awareness systemic racism.

LLU's student, faculty, and staff data reflect successes and challenges encountered since the last accreditation. LLU has increased student diversity in various ways—by race/ethnicity (mainly Hispanic/Latinx), non-SDA religious status, and local representation. Overall LLU completion rates are high. LLU's exit survey suggests LLU's graduating students (of all backgrounds) had positive experiences while at LLU. However, LLU successes have not extended equally to Black, Native American, and Pacific Islander students, who have lower enrollment and completion rates, and higher debt. Moreover, while students rate LLU's faculty high for quality and respect for diversity, LLU's faculty diversity does not closely reflect that of the student body or the surrounding communities. While LLU will continue the many programs that have promoted DEI, and with students beginning to reflect more of the demographic makeup of our local community, LLU is addressing solutions to challenges, including adding more student tuition support, structural programs that help make students more successful once they join the campus community, and increasing faculty diversity.

Response to 2010 Accreditation Recommendations

The ten years since LLU's 2010 reaffirmation of accreditation have been filled with exciting changes and significant progress. LLU was pleased with the outcome of the last review

when the visiting team recommended the maximum 10-year reaccreditation term. The

Commission Action Letter listed three recommendations as quoted below.

- 1. Developing Institutional Research and Utilizing Data in Strategic Planning.** *While the Commission found evidence of solid foundational work in the newly configured strategic planning process, it is also evident that it is still finding its position as an integrating function central to the University, supported by and responsive to the various schools. Similarly, the closely linked IR function, which provides data-supported decision making for strategic planning and operations, is developing common terminology and data definitions. IR will become even more critical as the student achievement data being generated at the school level from multiple program reviews are incorporated into the strategic planning process. (CFRs 3.1, 3.3, 3.4, 4.3-4.5)*

Recommendation 1 Response part 1: Developing Institutional Research

The combined efforts of Institutional Research in the Office of Educational Effectiveness and the Institutional Research Committee (IRC) has transitioned LLU into a data-informed university. In LLU's 2010 reaffirmation of accreditation it is realized that while much data had been collected it was not in a form easily understood or available and therefore not useful to decision makers. There were perceived quality issues associated with faculty data management and student success metrics such as application, acceptance, matriculation, and graduation data. Because of this, schools had siloed data to meet professional accreditor requirements and harbored a general distrust of central aggregated data.

A priority was to develop standardized data definitions to promote consistent use across programs and offices. Steps taken in meeting this challenge involved hiring a dedicated institutional researcher with the responsibility of not only canvassing available data sources but also presenting and analyzing data in a way suitable for strategic planning. Initial activities focused on increasing input and involvement by data consumers. This

resulted in a better understanding of issues faced at the program level, inconsistencies and gaps in data, and the need for readily available and archivable data. Trust needed to be built in the data and a “one source of truth” needed to be established. To accomplish this goal an institutional research strategic plan was developed ([Appendix C1E – LLU Institutional Research Strategic Plan 2016-2020](#)). New data filters and visuals which drill down to the individual student level allow end users to have confidence in the data and ultimately the newly created reports. Through concerted efforts across entities, retrieval of information from Banner® and other data sources and its subsequent translation into useable information is now the norm in coordinating definitions and expectations of the many accreditation and approval agencies to which the University reports.

Today LLU is recognized as a leader in educational data reporting, some who have seen this tool consider it a best practice in WSCUC. Using Power BI (a Microsoft 365 product) highly visual and interactive reports are available across nine general categories that include academics, applications, assessment, enrollment, faculty/staff, finance, research, success, and surveys ([Appendix C1F - LLU Power BI Dashboards](#)). To date there are over 200 reports available and these range from reports built for a specific requirement to general reports covering broad topics. Survey results come to life with both sentiment analysis (respondents’ general attitudes) and interactive drill downs. In 2020, LLU purchased premium licensing which allows campus-wide access to the dashboards. By utilizing row-level security, all students will be able to access purpose-built dashboards tailored to them individually but deployed as a single dashboard.

The current reaffirmation cycle reporting done through Power BI has brought together vast amounts of disparate data into a quickly searchable database allowing the user/decision-maker to locate required information. This has also been extended to the WSCUC's Handbook of Accreditation and CFRs (WSCUC's Handbook of Accreditation and CFRs Dashboard). Data usage continues to grow at LLU, and with it, a better understanding on how to best sustain student success and continue to promote the mission, vision, and values.

Recommendation 1 Response part 2: Utilizing Data in Strategic Planning

Loma Linda University credits its success in health sciences and health care education to its unifying mission, vision, and values, and to strategic initiatives. Site visitors and guests who come to LLU's campus note the impact of the mission and values throughout the enterprise. This commitment to collaborative planning and service defines *OLL*. Central to the campus culture is thinking strategically and diagnostically which requires an ongoing commitment of time and resource investments. Substantial human capital is devoted to strategy and operations. The University, through leadership councils, planning and management committees, and educational effectiveness committees, bring administration, staff, and faculty members together as a strategic planning team.

Data generated through the program review process serve as the basis for planning at both the school and university level. Program data are analyzed and reported in *Action Plans* that are shared administratively through interactive dashboards (Appendix C1G - Action Plan Examples). University officers (the President, the Provost, Vice Presidents, and Deans) use the schools' plans to identify common needs and themes for central planning

assessment. Increasingly data-rich resources inform school-specific and University-wide planning.

Each of the strategic plan's foundational strengths was reviewed by university administration, faculty, clinicians across disciplines, and hospital administration. Discussions have been lively, supportive, and have enhanced cross-unit communication. Among entities LLU has become aware that the goals and needs are essentially identical, but the ways of thinking, debating, and decision-making are pragmatically different.

LLU's strategic initiative for 2021-2025 focuses on six foundational strengths including Campus Culture, Educational Initiatives, Regional–National–Global Impact, Discovery and Innovation, Infrastructure Development, and Financial Strength – all areas that emphasize the need for both sustainability and innovation (Strategic Commitments).

2. **Advancing Scholarly Research Activity.** *The Commission encourages the University to vigorously pursue its goal of becoming a recognized academic research center, as stated in its Loma Linda University Adventist Health Sciences Center (LLUAHSC) Research Strategic Plan. This initiative promises to enhance the learning experiences of students, attract qualified faculty, and help the faculty remain current in their disciplines. It will also, however, require the allocation of financial and technological resources, the advancement of related policies, and the exercise of focused leadership, including at the board level. (CFRs 2.8, 2.9, 3.3, 3.4, 3.9-10)*

Recommendation 2 Response: Advancing Scholarly Research Activity

Research continues to be an important goal at LLU and is led on campus by the Office of Research Affairs. In recent years, the administration of the office was stabilized through the installation of the Vice President for Research Affairs. Efforts have concentrated on building strategies to increase both the quality and quantity of research and research facilities (Appendix C1H - Faculty Handbook, pp.127-138). These include significant steps to identify funding opportunities for the eight schools and to encourage and support faculty in

submitting proposals. Faculty development events focus on the young investigator, the role of mentorship and how to write effective grants (e.g., Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) grants) while junior faculty have the opportunity for obtaining advanced degrees. Professional leave time is an added incentive for faculty to engage in scholarly research through arrangements made within each school. Streamlining the research infrastructure has increased the efficiency in operations and has moved the university closer to industry standards in costs for extramural funding. At the same time, focus continues to be placed on maintaining a high standard of ethical research activity and continued compliance with sponsor regulations, fiscal management, and clean single audits.

While predominately a clinical teaching/practice environment LLU has also focused its research productivity. Research Affairs has outlined specific areas to increase research on campus ([Appendix C1I – Research at Loma Linda University Health](#)). Goals include establishing areas of focus, overseeing internal seed funds, providing statistical assistance, and increasing funded activities in all eight schools. These efforts have already paid off. In FY2020 LLU investigators submitted the highest number of proposals and the largest amount in LLU's history. Total dollars requested increased 47% since FY2015 with over \$200M requested in FY2020. While federal funding remained the greatest source of extramural funding in FY2020 at \$7.8M, for-profit funding sources brought in just over \$3M and state-funded projects accounted for \$1.9M in new grants and contracts. FY2021 is starting off very encouraging with LLU receiving over \$28M in the first two months alone. Challenges remain though as LLU implemented a new financial system in FY2018 that

significantly impacted management of sponsored projects. The implementation did not provide a specific way for managing grants and contracts so the transition between the systems was difficult. This issue continues to be top priority, with efforts under way to fine-tune the system to create meaningful and useful reports.

Strategic initiatives include achieving National Cancer Institute (NCI) designation as a Comprehensive Cancer Center. The process of NCI-designation, sought under the P30 Cancer Center Support Grant (CCSG) mechanism, will help to transform the “currency of research” at LLU with the acquisition of extramural peer-reviewed funding.

In 2019, Research Affairs developed the Strategic Research Alliance group to promote research by leveraging LLU’s relationships with other Seventh-day Adventist (SDA) institutions worldwide, namely with SDA colleges, universities, and healthcare institutions. The early efforts have resulted in five grant submissions to the internal funding mechanism from LLU faculty along with collaborators from four other SDA medical schools or hospitals (Argentina, Brazil, Malawi, and Nigeria). Our long-term goal is to link the electronic medical records of the 200 SDA hospitals throughout the world. This initiative will allow LLU’s scientists to understand healthcare from a global perspective and will provide an opportunity for more collaboration.

3. **Assessment, Program Review, and Student Achievement.** *The Commission desires that the remarkable recent achievements in building a culture of assessment become even more systematically deployed across each of the schools. The University should continue to support its goals for enhancing the use of achievement data in budgeting and planning, for achieving uniformly high implementation of assessment in all schools through continuing faculty development efforts, and for including undergraduate general education within these initiatives. LLU also is urged to give serious attention to the role of the undergraduate programs and their place within the overall institution and to work to close achievement gaps among subpopulations. (CFRs 2.2a, 2.6, 2.7, 2.1-2.13, 3.4, 4.4, 4.7)*

Recommendation 3, Response: Assessment, Program Review, and Student Achievement

Assessment has always been a strength of LLU professional programs and became a university focus in 2009 as part of the preparation for the Educational Effectiveness Review in 2010. A series of committees was created to cover topics such as assessment, program review, and student learning outcomes (Educational Effectiveness Committees). After the 2010 site visit the decision was made to establish them as regular LLU committees and to continue to have faculty representation from the schools work together to develop and implement processes and goals in areas of assessment, program review, and student achievement (Appendix C1J - Faculty Handbook, p.127; Appendix C1K - LLU Educational Effectiveness Committees' Reports).

Each school has at least one Assessment Specialist to work collaboratively with others on the University Assessment Committee where they guide in planning and implementing university assessment, facilitate a forum for assessment, and provide assessment support in addition to participating in the analysis of survey responses and Power BI reports.

The University has made a number of major commitments to assessment and student achievement by: 1) designating the Office of Educational Effectiveness to provide administrative oversight for assessment, program review, and institutional research, 2) providing assessment programs (i.e., LiveText® and via™) to schools that are not required by their professional accreditors to use specific assessment programs, and 3) developing and maintaining LLU's Assessment Management System (AMS) for collection of assessment and annual program review reports, and to promote the analysis of data through Power BI

dashboards. Program assessment is conducted in compliance with the 20+ programmatic accreditors. LLU established five Institutional Learning Outcomes (ILOs) in 2015 streamlining the original eight Student Learning Outcomes (SLOs) and aligning with regional and federal requirements. Programs are expected to assess all ILOs for each cohort but can submit assessment results at any time for any of the ILOs; program assessment data are reviewed and analyzed annually. Success in assessment participation annually has varied from a low of 68.9% in 2016 to 92% in 2018.

Program Review began in early 2010 with programs that have no professional accreditation going through the process. LLU developed a robust Program Review Guide that is updated periodically ([LLU Program Review Guide](#)). For example, the first two program review cycles were five years each, but then was expanded to six years; thus, the next cycle begins in early 2021. After the external team gives their report to the program, the program develops its Action Plan, and enters each into the AMS to meet the annual requirement ([Appendix C1L - Overview of Program Review at LLU](#)). Many positive changes have come from this process over the years including updating or even reworking the curriculum, assessment, and other components of the program that promote student success. In addition, LLU has led the way in promoting that WSCUC accepts the review of programmatic accreditation as part of the program review process.

Student Success is also supported centrally through the Office of Educational Effectiveness and Institutional Research as well as through the Student Success Committee and other faculty-led committees; the Student Success Committee has recently embraced the responsibility of reviewing many student success Power BI Dashboards and reporting them

to appropriate committees and other entities on campus. Retention rates for academic years 2012 to 2016 for the entire University were high, with a mean of 94.5% for the five years (Appendix C1M - Student Success Report for LLU).

As noted in the response for the Commission's first recommendation, student achievement data have always been collected, but have not always been visually accessible to those who need the data for program review, budgeting, planning, and other needs. In 2016 when Power BI became widely available, Institutional Research at LLU regularly mined the data warehouse and developed multiple dashboards for monitoring assessment, program review, and student success. This is addressed in Component 2.

LLU is primarily a graduate and professional institution. Undergraduate education holds an important place at LLU with its 31 programs and about 33% of total enrollment. This gives LLU an opportunity to prepare different groups of valued health care professionals. Their retention, completion, and graduation rates are typically higher than many traditional colleges and universities: graduation rate (finished in the allotted time) for academic years 2014 to 2018: 86%; completion rate (completed beyond the allotted time): 89% (Appendix C1N - Undergraduate Student Success).

The unique nature of the LLU campus structure allows students to participate in a variety of interprofessional activities, gain clinical competency in advanced health care environments, learn from a perspective of wholeness, and learn in a spiritual environment. The quality, diversity, and mission of LLU's degrees produce graduates who find meaningful healthcare professions.

Component 2 – Compliance with Standards

Review under the WSCUC Standards and Compliance with Federal Requirements

Inventory of Educational Effectiveness Indicators

LLU's Office of Educational Effectiveness (OEE) was tasked to align evidence showing compliance with the WSCUC Standards and Federal Requirements. To house and showcase the information collected in support of this, a purpose-built tracking dashboard was created in Microsoft Power BI. Links to evidence in the catalog, website, or school reports are readily available to senior leadership, members of the Accreditation Steering Committee, deans, program directors, faculty, and WSCUC site visitors through the dashboard. Utilizing the Power BI dashboard, the OEE team was able to easily monitor the collection progress, organize the evidence, and categorize it as either WSCUC-stipulated evidence, University-direct evidence, or related evidence providing a greater understanding of compliance with the Criteria for Review (CFR) ([Appendix C2A - Component 2 Compliance Power BI Dashboard](#)). (CFR 1.2, 1.8, 2.1-2.7, 3.3)

LLU is pleased to report that 100% of university degree programs successfully completed the Inventory of Educational Effectiveness Indicators (IEEI). It is encouraging to note that the data evidence is collected at multiple times in a program and is discussed and analyzed by faculty. IEEI findings are being used in a variety of ways ([Appendix C2B - IEEI Dashboard](#)). Strengths found in the Standard/CFR review have been identified and demonstrate that a culture of assessment is fostered by OEE through its provision of a comprehensive infrastructure for academic assessment and program review. Evidence points to significant progress in academic learning outcomes assessment and program review ([Appendix C2C - Program Review Compliance Dashboard](#)). Academic programs with professional accreditation

(WSCUC-Plus) conduct program reviews as required by their accrediting bodies, while programs covered under LLU's regional accreditor (WSCUC-Only) maintain a six-year cycle for program review. Assessment at LLU includes an annual Institutional Learning Outcomes (ILOs) assessment report and an annual action plan update. Compliance is tracked in the proprietary Assessment Management System (AMS) that was originally developed at LLU during the 2009-10 academic year and has been updated many times since then. (CFR 2.6, 2.7)

Published guides for annual assessment plans, including annual reports and program review, assist faculty and programs through critical processes. (LLU Assessment Guide and LLU Program Review Guide.) The annual assessment reports and action plans from individual programs are collected and housed in the AMS for easy access and administrative review. Program review documents are submitted to and tracked through OEE. All programs across the institution have completed at least one comprehensive program review since 2015 with three completing a subsequent one this academic year. (CFR 2.7, 4.1)

The Institutional Research office assists in collecting and compiling the requisite data to complete a comprehensive program review. Data from a variety of sources, e.g., enrollment, student and faculty demographics, tuition income, etc., are stored in the data warehouse. Power BI is used to access and display this data in dashboards allowing programs to readily analyze, draw appropriate conclusions, and write action plans as needed. The dashboards can be customized allowing programs to disaggregate data and drill down to further analyze trends thus providing a powerful resource to support data-informed decisions. (CFR 4.2)

LLU schools have dedicated faculty who revamp curricula in response to changing needs in the professions (Appendix C2D - From Probation to Full Accreditation: PA Case Study;

Appendix C2E - School of Dentistry Curriculum Restructure; and Appendix C2F - A Case Study: Restructuring the Basic Science Graduate Programs Action Plan: Basic Sciences). The university continues to enjoy high board certification pass rates further validating the quality education LLU provides. In addition, LLUH hospitals and outpatient sites are committed to LLU students through the *OLL* initiative which has resulted in a positive trend in clinical placements (Appendix C2G - LLU Behavioral Medicine Center). (CFR 2.2b, 2.7, 2.8, 2.10)

Reflection on the Standards

Reflecting on the level of adherence to the Commission Standards, the following issues emerged: assessment of co-curricular activities, assessment of student services, enrollment stability and growth, timely financial reporting, distance education, and student success metrics within demographic groups.

Assessment of co-curricular programs is supported by several rubrics and surveys and continues to evolve. All students participate in a self-evaluation survey (when they begin and end their degree programs) that track students' achievement of LLU's Mission-Focused Learning Outcomes. All students also can engage and reflect on their overall experiences and level of personal wholeness – through the “LLU Experience” assessment process. Questions for this survey are embedded with questions about student services and distributed each term and completed when students register. A summative exit survey further supports students' reflection on their LLU experience. Recently the University added an academic service-learning course requirement—reflecting the institution's strong commitment to service. Course embedded service-learning experiences must assure evidence of societal reciprocity, the confirmation of which is supported by the surveys that students complete at the end of these

courses. Students also evaluate the co-curricular experiences provided through Students in Mission Service (SIMS) and Community-Academic Partners in Service (CAPS). Some schools have also excelled in the development and implementation of co-curricular assessment (Appendix C2H - LLU School of Pharmacy Co-Curricular Assessment). Assessment support for co-curricular programs continues to be addressed by several campus committees to ensure that all make use of standardized systematic review processes. (CFR 1.4, 2.3, 2.7, 2.11, 4.1, 4.2)

Assessment of student services on campus is supported by LLU's climate survey where a subset of questions is aligned with a student's academic standing. These questions are sequentially administered during registration each quarter. The aggregated data are reviewed by the Vice President for Student Experience and Student Affairs Committee. The results of the survey are further disseminated to the Joint Officers Committee and appropriate other service committees with recommendations to address issues and needs that arise. (CFR 1.4, 4.1)

Enrollment stability and future growth are continuing institutional themes. Although overall enrollment at LLU has remained relatively constant, some LLU programs have not reached desired enrollment targets and/or have variable certainty about future enrollment stability. Precipitating factors include increased competition from neighboring academic institutions, lack of marketing efforts, and current uncertainty from COVID-19. Previously LLU was one of just two institutions in the Inland Empire offering education in the health sciences. Over the last 10 years most institutions in the region have begun offering similar healthcare programs. This has impacted both the number of enrolled students and the number of available clinical placements in hospitals and other local organizations. To support stability and build enrollment, LLU's marketing division has recently developed a campaign to highlight the

advantages of an LLU education (Appendix C2I - Marketing Academia at LLU; Appendix C2J - PBI Enrollment). (CFR 2.10, 2.12, 3.3)

Timely and accurate financial statements in support of enrollment management is a strategic priority for LLU that supports both sustainability in foundational operations while also supporting educational, research, and clinical innovation. Albeit challenged by the institution's transition to a centralized accounting system and COVID-19, the institution through collaboration and collective commitment continues to address and resolve the need for greater fiscal transparency. Despite the issues associated with fiscal reporting it is encouraging to note that both applications and initial summer enrollment numbers are meeting expectations. While overall within the higher education industry enrollment fell 1.3% to a ten-year low, LLU's FTE enrollment during the 2020 spring term was up 2.15% year over year (Appendix C2K - LLU Enrollment Trends). Given LLU's core strength as a primarily graduate, health education institution, and undergraduates are transfer-in only, enrollment for the coming academic year is expected to remain strong despite the COVID-19 pandemic (Appendix C2L - LLU Finance Report). (CFRs 2.14, 3.4, 4.3, 4.6, 4.7)

Distance education is an area that LLU sees as a great opportunity for growth. When the COVID-19 pandemic escalated, the University quickly and successfully embarked into emergency remote teaching (ERT). Zoom videoconferencing, Canvas (LLU's Learning Management System), a strong offering of training workshops, and robust support enabled faculty to make a quick transition from face-to-face to ERT. Although not all students were pleased with the need to shift to ERT, there was appreciation for the rapid response of faculty and the entire institution to assure that students were able to continue to progress toward

degree completion with very few delays to reported campus-wide. With the highly skilled support personnel from the Educational Technology Services readily available to assist faculty to build their quality online courses, schools and programs have now begun to see online programs as a viable option for growth. In fact, many curricular and practice areas once thought unsuited for online engagement have discovered creative options to engage students in completing learning objectives and professional competencies. Moving forward to support the expansion of distance education as guided by the Online Program Transformation (OPT) project, the university recently contracted with Ellucian Academic Services to assist the faculty in transitioning their courses from ERT to fully online or hybrid experiences commensurate with student expectations for a full year. (CFRs 2.1, 3.4, 3.5, 4.3, 4.4, 4.5, 4.6, 4.7)

Student success metrics within demographic groups that support DEI are important to LLU. Considering recent realities of disparities for persons of color, and as part of its commitment to self-reflection and institutional learning, the University has reviewed the graduation rates of its students of color and recognizes that additional support is needed. Early identification of at-risk students and determining the factor or factors influencing these outcomes is key. Conversations with enrolled students of color regarding their experiences e.g., recruitment, financial aid, mentoring, etc. have begun and can help determine areas lacking support for DEI. LLU is committed to supporting the pathway to success for all. As a faith-based institution, it recognizes that everyone is of equal worth in the sight of God and seeks to provide all persons the opportunity to realize his or her fullest potential (Appendix C2M - Implicit Curriculum 3.0). (CFR 1.4, 2.7, 2.13, 4.5, 4.6)

Component 8 – Institution-Specific Theme

One Loma Linda

Multiple Ways to View Being *One*

Facing constant change in a world of uncertainty requires complex organizations to regularly reevaluate who they are, know their unique purpose, and effectively prioritize the most important problems to resolve. Future success for LLU and its LLUH entity partners depends on fully understanding the nature of being *One*, both corporately and in purpose (Appendix C8A - One LL - Getting Back to the Mission of Teaching and Healing). (CFR 1.1)

Synergy is the operational goal of being *One Loma Linda (OLL)*. Conceptually, there are five concepts or ways of being *One* birthed by the Mission and campus culture. We use these concepts to frame the reporting of our *OLL* accomplishments. Institutionally, LLU is committed to being *One*: one corporately (aligned in actions and purpose); one in commitment to a Christocentric-bio-psycho-social-spiritual model of wholeness; one in culture of inclusion; one in service locally and globally; and one in dedication to academic and clinical excellence.

What Does Success Look Like for *One Loma Linda*?

The proposed outcomes of *OLL* are three-fold: 1) systematic strengthening of goal alignment, 2) mutual respect, by which healthcare professionals work together at the top of their training and licensure, and 3) problem-solving through collaborative and innovative critical thinking. Results will be beneficial to all parts of the corporation, thus truly illustrating the concept that *together we are greater than the sum of our parts*.

Why *One Loma Linda*?

OLL is a newly TPR energized initiative, but the desire for unified functionality (i.e., bridging silos, forming partnerships) has been discussed for years. The theme is a natural continuation of goals presented in our WSCUC CPR and EER reports: to unite LLU. This theme presents fundamental and carefully designed campus changes to demonstrate enhanced cooperation and mutual understanding to support the concept of being *One*.

The *OLL* plan began by initiating structural corporate changes involving bylaws and Board operations. The process continued with the creation of new operational and decision-making committees that integrate key representation from across the LLUH enterprise. LLU proudly reports throughout Component 8, products of these endeavors as accomplishments of planning and evidence of *OLL* success, thus far.

The WSCUC CPR and EER were focused on the eight siloed schools forming a stronger sense of one university. While those efforts produced results, there is continued need for more collaboration and alignment. Our *OLL* TPR has expanded the focus on being *One* to include the entire LLUH enterprise. A spirit of cooperation and goodwill has been present with differing degrees of success among the component parts of LLUH, while distancing between the entities has been obvious at times (Appendix C8B - One Loma Linda and Information Services).

Throughout the history of LLUH, the University and hospital(s) have seen changes in operational relationships that give merit to the importance of more intentional collaboration and cooperation to support shared aims.

University History

Our journey to becoming an AHC began in 1905 as a sanitarium focused on local health care and the education of nurses and doctors to become medical evangelists for the Seventh-day Adventist Church. Today, this institution is internationally recognized as a comprehensive AHC serving our region as well as the world through education, research and patient care. We are proud to be and remain dedicated to being an AHC and sees its institutional work not only as a profession, but also as a calling, a ministry from God for the public good.

For its first 75 years, LLU functioned as an integrated academic institution with a teaching hospital. In 1980, the Medical Center separated from the University due to bond issuance, governmental reimbursement, and salary considerations. The Loma Linda University Adventist Health Sciences Center (now LLUH) was established in 1995 as the nonprofit corporation to lead the academic and healthcare components in a coordinated manner. Throughout LLU's history, it has operated as a collection of siloes, for reasons that include AHC program autonomy and collegiality within the spirit of positive professional freedom.

In time, LLUH recognized the value in having the many parts of the corporation reporting up to a single entity; thus, in 2013, a concerted effort was made to improve cohesion throughout LLUH. Support service departments common to all entities (e.g., Human Resource Management, Risk Management, and Philanthropy) were transferred to a new nonprofit corporation: Loma Linda University Shared Services. This consolidation aims to standardize policies and procedures across the campus to improve the solution-driven, service-related dialogue among the different entities (Appendix C8C - Shared Services – Efficiency, Process Improvement, and Service Excellence for One LLUH).

In 2016, LLUH executed a single set of bylaws that encompassed all its entities. This solidified the corporate purposes, with education and academia listed as a global purpose “to continue Christ’s teaching and healing ministry.” This will be accomplished through education of health care professionals, scholars, and scientists; through delivery of health care; and through research. Thus, LLUH directs, sponsors, supports, and harmonizes the activities of the Seventh-day Adventist educational and healthcare institutions affiliated with LLUH.” Article X of the revised Board bylaws goes on to indicate “Loma Linda University, Loma Linda University Hospitals and Affiliated Organizations (if any) shall be responsible for all matters relating to quality of education and professional services.”

The LLUH structure is multi-faceted, complex, and dependent on collaboration and systemic structures to operate effectively. It is necessary for the leadership of the university, the hospitals, and Faculty Medical Group (LLUH’s faculty practice plan) to cooperate in shared governance; this occurs through the LLUH Board, the Executive Leadership Council, and the LLUH President’s Council. Overlapping membership amongst the LLUH, university, and hospital boards aids in tightening linkages among the academic, healthcare, and physician practice areas, and has been key in facilitating common governance.

Having common governance provides LLUH the opportunity to share the resource of a knowledge base represented by this cohort of leadership. Though structured to function independently (especially in areas such as finance), often collaboration and expertise from another group has resulted in great success across campus, especially in times of critical need (e.g., unified philanthropy plan and campus-wide COVID-19 response). This is yet another way in which the values of *OLL* are evidenced and is the foundation of this initiative. As dialogue

regarding institutional change continues, there will be an ongoing focus as how to best address representative governance i.e., membership to ELC and Board.

Academic Health Centers: Definition, Impact to Society, and *One Loma Linda*

The following section regarding Academic Health Centers (AHC) introduces the vital nature of our theme to success. LLUH must mature its collective understanding of what it means to be a teaching hospital and academic center that is truly a leading AHC. There is no standard model for an AHC, thus, it is imperative for all LLUH entities to clarify and unambiguously promote a LLUH model for AHC governance. There are many differing ideas, on campus, of what *OLL* means; each with a different set of expectations. Many may not understand the true value or true cost of being a teaching hospital. Few know the dedication that LLU faculty have toward preparing students to be competent but also to be cost conscious, problem-solving professional healthcare providers. Deciding who we are institutionally, where we are going, and working collaboratively, is essential for LLUH to be a leader among AHCs.

AHCs require an accredited Medical School, along with an additional health science degree program, but the most distinguishing characteristic of an AHC is the required three-fold focus on education, research, and patient care. These three foci are deeply woven into the heart of LLU's history and culture. Our motto "To Make Man [*humanity*] Whole" is foundational to our Whole-Person Care (WPC) philosophy. Our WPC model focuses on a person's biological, psychological, social, cultural, and spiritual well-being. Our distinctive AHC educates ethical and proficient health professionals to provide comprehensive, competent, and compassionate whole-person care.

AHC Fiscal and Governance Challenges

AHCs face unique financial and governance distress that have been exacerbated by the novel coronavirus pandemic (COVID-19). The three-fold focus of an AHC makes those emphases highly vulnerable fiscally, as they respond to the rising costs of education, research, and patient care. These challenges are potentiated by the moral and societal contract AHCs have with the public—to serve the underserved and underinsured. LLUH sees this as a high calling as it is an honor to serve, despite the substantial fiscal challenges. Most AHCs see a high percentage of their caseload coming from Medicaid, Medicare, and other government programs. Often, based in urban areas they are the primary providers for the uninsured and the homeless; such is the case with LLUH. A question often asked is will AHCs survive current and foreseen crises? The cost structures of many AHCs are simply unsustainable in a healthcare system built around accountable care and pay-for-performance. An additional and immediate challenge to LLUH is California's unfunded mandate to build two new hospitals, and the debt management that this requires. LLU along with LLUH entities, through strategic initiatives, are exploring ways to maintain fiscal strength and address infrastructure development (Appendix C8D - Loma Linda University's Financial Future and Sustainability).

There is no standard model for AHC governance, and range from a university-centric model, in which the university owns and runs a hospital, to the inverse, in which a hospital operates a medical school and related allied health programs. Maturing LLUH's AHC's governance concept has and will continue to require analysis of our assumptions regarding control, ownership, business processes, and culture. The University is committed to its current structure, as an independent 501(c)(3), with its own board and financial structure. However,

some faculty have expressed doubts about the authenticity or effectiveness of OLL. Such concerns continue to inform analysis and issues to be addressed (Appendix C8E - OLL Taskforce Report). In contrast, there are those who greatly value and have identified the many benefits of the LLUH model to date. Reports have shown that "academic structure and culture have proven difficult to change to meet current societal needs, because they entail a deeply entrenched faculty value system" these deeply rooted sociocultural beliefs "impede organizational innovations and leadership diversity." AHCs with their inherent complexity compared to other university settings have even greater challenges. This "makes leaders reluctant to abandon practices in which they are heavily invested" (Managing Mission Tensions). Continuing dialogue beyond this WSCUC thematic study will be essential to address issues that inhibit mutualism and promote synergy.

Regional Challenges

California has one of the lowest federal healthcare reimbursement rates in the nation, and San Bernardino City and County's poverty levels are among the highest in California (San Bernardino City is one of the poorest cities in the United States). Thirty percent of San Bernardino city's population lives below federal poverty line (the U.S. average is 13%) and 54% receive welfare benefits. Again, due to LLUH's geographic location, our insurance payer-mix is heavily and increasingly Medicare, Medicaid, and the uninsured.

San Bernardino County's high school and college graduation rates are below average, and the area experiences high rates of homelessness, unemployment, violence and crime. Furthermore, San Bernardino has some of worst health indicators in California – obesity, diabetes, high blood pressure. While these are extreme challenges to LLUH, they also provide

incredible opportunities for us to serve others, and to share LLUH's healthy living insights (LLUH-Blue Zone).

Vital Nature of *OLL*

The *OLL* theme is vital to the future of the University and its mission, as LLUH faces increasing threats to its sustainability. New models of governance, financing, and organizational interdependency must be periodically evaluated. Even when recommitments to *OLL* are reviewed, renewed, and formalized, they must guide strategic planning. And they must be reviewed and promoted to meet the reality of the constant onboarding of new employees (a growing workforce of 17,000+ employees), addressing leadership changes, along with the need to train new students. This requires a clear message of LLUH's AHC identity. This message must be unambiguous, inspiring, and guide policies, strategic priorities, assessment, and financial decisions.

Baseline SWOT Analysis

At the start of the *OLL* self-study, the TPR executive committee solicited input from various campus sources, including faculty groups and standing university committees, to develop a baseline SWOT analysis regarding our institution's readiness to become more integrated as a corporation. Insights from perceived weaknesses and threats were especially informative in designing next steps. A brief summary of the SWOT analysis follows:

Strengths - A faith-based Christian service-focused university with dedicated students, staff, and faculty from eight schools and one college with strong, successful academic programs dedicated to the Mission, Vision, and Values

Weaknesses - Fiscal uncertainties, addressing enrollment forecasts, federal research funding, strong independent schools and specializations causing silos

Opportunities - New levels of program collaboration with hospital clinical leadership, two new hospitals designed to be teaching hospitals, new blended modalities for teaching and learning

Threats - Competition from the array of new health science degree programs in the region, fiscal challenges, healthcare and higher education economics (Appendix C8F - SWOT Analysis).

Accomplishments of OLL

At the heart of this report is the description of achievements resulting from our focus on and investment in system-wide cooperation and integration. We summarize the extensive list of accomplishments that have resulted directly and indirectly from this *OLL* initiative.

The achievements reported here are significant and numerous, and were often difficult to develop, negotiate, and operationalize. Many required years of careful planning, political will, and entity-wide negotiations. Achievements are supported by survey responses of 600+ faculty, staff and administrators and are summarized in the following table. (CFR 4.6, 4.7)

Survey-Identified Achievements of the One Loma Linda Initiative

<p>Organizational Integration</p> <ul style="list-style-type: none"> • LLUH Values (newly combined/integrated) • Integrated Committees: <ul style="list-style-type: none"> ○ Spiritual Master Planning ○ Sabbath Policy Committee ○ Campus Master Planning Committee ○ University Leadership Council (ULC) – representatives from LLUH • Integration of Services: <ul style="list-style-type: none"> ○ Advancement (Philanthropy, Marketing/Communications, Public Relations) ○ Decision Support (budget processing) ○ Human Resources (working on consistency of the benefits across entities) ○ LLIFT and Concur (financial systems) ○ Risk Management (combining employee and student health services) ○ Staff Development • Fiscal Year/Audit Team alignment • PolicyTech (coordination of policies) • Wayfinding and integrated campus signage • IT Services (new levels of cooperation) <p>Institution-wide Events</p> <ul style="list-style-type: none"> • One Homecoming (alumni weekend); replacing 8 separate events • One Summit (annual meeting bringing all LLUH department heads together) • New Employee Orientation (all new LLUH employees) • Combined Employee Service Recognition Banquets • Philanthropy Campaign: Vision 2020 	<p>Enterprise-wide Communication</p> <ul style="list-style-type: none"> • President's News Notes - A clear and consistent monthly message from the President • Centralized Intranet Page: one.LLUH.org • President's Forums • News of the Week <p>Coordinated Opportunities/Projects</p> <ul style="list-style-type: none"> • Clinical Training Committee (CTC) (coordinates student clinical/experiential rotations) • Clinical Trials Center (academic/research, clinical opportunities) • International mission trips/service (number of student/employee participants have doubled) • LLUH Winter Quarter Week of Renewal with events for the full enterprise • Chaplain Services. Regular interaction, strategic planning, professional enrichment opportunities. • Center for Spiritual Life and Wholeness. Developed Whole Person Care model and engaged MC and several schools. • Community Engagement in the Inland Empire Region and beyond, reflects a LLUH-wide value to improve the lives of those we serve • Drayson Center – serves all students, employees, and community. • Campus Transformation Project • Magnet Status – two hospitals (MC and CH) during COVID-19 • International Opportunities for education and affiliation, Clinical Field Stations
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Structure-Function-Product

OLL's major achievements are presented through the five previously introduced categories of being *One*. Conceptually, the *OLL* initiative has been guided by a *structure-function-product* design. Achievements have followed, imperfectly, in three steps: 1) Change bylaws and create Boards that meet simultaneously to support collaboration, and by giving the Faculty Medical Group (FMG) representative seats on the LLUH Board, 2) Create coordinating and decision-making bodies focused on system-wide integration, and 3) Implement changes to bring the corporation closer together.

Five Categories of Being *One*

1. Corporate Structural Change: Bylaw and Board Structure and Composition

In April 2015, a special constituency meeting approved LLUH bylaw changes to pave the way for *OLL*. The University and each of the six hospitals within the LLUH system (University Hospital, Children's Hospital, East Campus Hospital, Surgical Hospital, Behavioral Medicine Center, LLUMC-Murrieta) have realigned their governing board such that each respective board is similarly structured to the governing board of LLUH. Next, operating boards have been formed for the Children's Hospital, Behavioral Medicine Center, and LLUMC-Murrieta. The intent of this process is to align the board of each respective hospital under LLUH. The University and hospitals are membered to LLUH to bring their strategic and operational decision-making into alignment. Each entity has an independent Board with overlapping membership for coordination. The University has its own financial officer and separate audited financials.

A major and significant accomplishment was the consolidation of the physician practice plans. Previously, there were 20+ independent clinical faculty medical groups; these have now been integrated into the FMG and are faculty within the School of Medicine. The implications of this consolidation are profound and positive, resulting in a successful placement of faculty practice plan representatives on the LLUH Board.

Leadership and Governance Committees

Under the new board governance model, University Deans have been designated Vice Presidents of their respective areas in the corporate structure of LLUH (LLU and LLUH Organizational Chart). Three Executive Vice President (EVP) positions were established (Hospital Affairs, Medical Affairs [School of Medicine Faculty and Faculty Medical Group], and University Affairs). The Provost serves as the EVP for University Affairs, a position that helps address issues raised in the 2010 WASC visit (i.e., responsibilities of the Provost).

Changes in board structure and bylaws paved the way for new leadership and governance committees. A significant new committee is the Executive Leadership Council (ELC), a weekly meeting chaired by the President with senior leadership from the University, Medical Center, FMG, Advancement, Risk Management and General Counsel (Appendix C8G - ELC Membership).

2. Integration of Values: Christocentric-bio-psycho-social-spiritual

In 2019, an important decision was made to bolster the corporation-wide integration of spiritual life and wholeness. LLUH appointed a Vice President for Spiritual Life and Mission. As a corporate administrator in conjunction with his Senior Pastor role in our largest campus church, he convenes individuals and departments involved in spiritual

leadership, significantly this includes the collaboration of university and hospital chaplains; school-specific spiritual life committees; Whole Person Care leaders; School of Religion faculty; and University @ Worship leadership in order to guide a coordinated effort and support a deeper spiritual integration of our values. Faculty identified the newly revised LLUH Spiritual Plan as a significant contribution to our Christ-centered philosophy (Spiritual Plan).

An additional achievement is the recent School of Religion Taskforce that reevaluated the purpose, influence, and practices of the School of Religion (SR). This review was particularly relevant since the SR has the unique and integral responsibility of teaching all LLU's students the required courses in ethics, relational studies, and theology as it applies to an understanding of spirituality in healthcare service. The taskforce resulted in new insight and direction for SR's teaching priorities, methods of delivery, and strategic plan (Appendix C8H - School of Religion Taskforce Report).

Another notable achievement was the School of Medicine's curricular redesign and the creative new ways in which SR courses are integrated into the new SM curriculum. LLU celebrates the ongoing work of the OEE Mission Focused Learning Co-Curricular Committee, and the weekly University @ Worship (chapel) (Appendix C8I - Educational Effectiveness Committee's Report).

3. Culture of Inclusion

LLUH is committed to being *One* with humanity in its fullest capacity, as an essential understanding of *OLL* is to respect diversity, equity, and inclusion (DEI). LLU accepts students and hires employees of all faiths, nationalities, and gender orientation in support of

LLU's mission, vision and values. LLUH serves all patients that seek its services. LLU is proud of its campus diversity, within any given year, has students representing more than 70 nations and 80 Christian denominations and world religions. The Health Disparities Campus Center is recognized for its regularly funded research and its industry-leading publications and pipeline programs that work with diverse and at-risk populations (School of Medicine Center for Health Disparities & Molecular Medicine).

LLU's commitment to equity, diversity and inclusion is also demonstrated by the President who has chosen to create and personally chair the LLUH Diversity Council. For the past few years, this novel campus approach has dealt with difficult issues for the SDA Church, such as OK2BME biology, lifestyle, and acceptance. Recent race-related nationwide events have heightened LLU's attention to forms of discrimination (microaggression and unconscious/subconscious bias) that must be addressed more directly. To that end, the LLUH Diversity Council and HR department have developed a new plan that involves education and a zero-tolerance anti-discrimination policy (Appendix C8J - LLU DEI Strategic Focus).

4. Local and Global Community

LLU's mission of healthcare education and healthcare delivery serves the local region and the world. LLU is famous for its international service; much has been written about its open-heart surgery teams that have saved hundreds of lives internationally and in education of surgeons on heart transplant protocols. The University along with LLUH hospital personnel have advanced healthcare education through medical field stations that are affiliated with hospitals throughout the world (Appendix C8K - One Loma Linda and

the Global Health Institute 2009-2019). Highly sought-after volunteer mission trips send approximately 800 students and staff per year (pre-COVID-19) who participate on short-term and extended international service trips (SIMS and GHI PBI Dashboards; SIMS; International Behavioral Health Trauma Team). (CFR 2.8)

Community pipeline programs are not only a way to promote diversity in higher education but also a tool to ensure equity to information and resources to access higher education. LLUH has a myriad of pipeline programs focused on marginalized populations and includes the Minority Introduction to the Health Sciences, the Apprenticeship Bridge to College, the Undergraduate Training Program, Medical Training Program, Discovery Program, My Campus, Robotics Surgery Simulation Event, and Behavioral Health Summer Academy (Appendix C8L - Service Learning and Pipeline Summary; Behavioral Health Summer Academy). (CFR 2.8)

LLU is *One* with the local community. All students are required to take at least one service-learning class that meets the high standards for interacting with the community with reciprocity. LLU has decided upon four principles to guide our service-learning practice that are: 1) sufficient duration and intensity; 2) instructional strategy to meet learning goals of the course and to enrich what is taking place in the classroom; 3) collaborative, mutually beneficial, and address community needs; 4) challenging reflection activities that are ongoing and that prompt deep thinking and analysis about oneself and one's relationship to society.

Drayson Center is one of the Inland Empire's top fitness centers in the region and is the University's center dedicated to health and fitness—and having fun. It focuses on the

whole person—body, mind, and spirit—and offers patrons a wide range of exercise, sports, recreation, and social activities to renew your spirit and empower you to meet life's challenges as well as enjoy life to its fullest (Appendix C8M - Drayson Center Report; Drayson Center).

In addition to course activities the University offers several co-curricular community engagement programs for students, faculty, and staff (CAPS). Innovative programs include San Manuel Gateway College (SMGC), SACHS clinics, street ministries, that been in existence for many years and impact community health and student success (Appendix C8N - A Brief Timeline of Loma Linda University, SACHS Health System, and the Consortium).

Students for International Mission Service (SIMS) exemplifies LLU's commitment to global service, incorporating international service opportunities into academic curriculum to prepare health professions students for a career of effective global service and to promote the health of global communities. The SIMS mission is to provide students with high-quality service-learning opportunities empowers them to become caring, competent, and socially responsible health professionals who value service as a lifelong process (SIMS). Schools also provide international professional practice trips for their students, faculty, alumni, and LLUH clinicians.

LLU EXSEED—**EX**cellence in **STEM** Experiential **ED**ucation—began in 2011 to energize and inspire K-12 educators with STEM and project-based learning (PBL). Each summer EXSEED gives a one-week conference for 100 teachers. This conference begins a year-long journey of learning and applying what is learned with their students in the classroom. EXSEED has over 1,000 alumni across the country and around the world. When

the COVID-19 pandemic hit the decision was made to provide an experimental virtual conference via Zoom. Over 700 educators from the U.S. and 20 countries including Papua New Guinea, India, and the Philippines. Participants asked to have a virtual EXSEED Conference every summer which is now planned ([Appendix C8O - EXSEED 2020; EXSEED](#)).

5. Excellence in Academic and Healthcare Delivery

LLUH is a rare AHC that is private, not-for-profit, unequivocally faith-based, and is a comprehensive health science center represented on one campus that is committed to academic student success. The behavior of LLU graduates are making a difference in the world and have been recognized in a national survey ([Graduates Who Make the World a Better Place](#)). The following are exciting examples of *OLL* at work on campus:

- Center for Interprofessional Education and Practice (CIPEP)
- Vision 2020 Campaign (a real success story)
- A leader in preparing health care professionals
- Meeting University budget challenges
- Major provider of health professionals for LLUH and regional health care and academic organizations
- Online Program Transformation – Emergency Remote Teaching (OPT-ERT) to Quality Matters; go-forward plan
- COVID-19 response and enterprise cooperation
- San Manuel Gateway College
- LLU academic marketing plan
- Clinical Training Committee successes and commitments
- *OLL* Taskforce
- Survey of faculty concerns and responses of how we are addressing them.

Five selected examples from the list above exemplify outcomes of *OLL*:

1) *Center for Interprofessional Education and Practice (CIPEP)*

The focus on integrating expertise and collaboration across LLUH is exemplified by the CIPEP. For a number of the years, located within the Medical Simulation Center,

CIPEP has brought together the eight schools and college with hospital personnel to share expertise, develop team skills, break down professional barriers, and value the expertise, training, and skills of each health care profession (Appendix C8P – CIPEP).

The *OLL* TPR facilitated taking a deeper look at LLU's commitment to IPE. The result of this deeper examination is now a better understanding of the vital role of IPE in supporting both improved health professional education and patient care. This commitment to expanding and sustaining IPE has led to the creation of the LLU Center for Interprofessional Education and Practice (CIPEP), which acts to further the goal of interprofessional competency by creating vision, inspiring value, and facilitating strategic planning to support the implementation of the interprofessional activities and curricula on campus. Supported by faculty and clinicians from across the LLUH enterprise, IPE is now a multifaceted approach to weaving interprofessional collaborative experiences throughout LLUH's culture. As such, CIPEP supports the development and implementation of IPE by contributing to five collaborating domains—curricular, extracurricular, faculty development, health care simulation, and translational research—each of which capture and benefit from an IPE component.

Complimentary to CIPEP are interdisciplinary programs that encourage collaborative and translational research across LLUH through campus seed grants. A growing number of LLU research interdisciplinary projects connect hospital and University employees to address translational research questions important to the Medical Center.

2) *Vision 2020 Campaign*

The story of Vision 2020 is one of tremendous success. The philanthropic goal to raise funds for two new hospitals and campus and school initiatives was \$366M, the largest fundraising project in the history of Loma Linda and within the Seventh-day Adventist Church worldwide. To date LLUH Philanthropy has raised funds in excess of the goal. At the beginning of the project, all LLU schools were asked to share their alumni lists, stop their individual school fundraising efforts, and work within one centrally organized campaign. The approach was difficult for most Deans to accept, but for the LLUH greater good, the project was voted and the hospital goals were reached and the schools at the same time, received more academic philanthropic gifts than any time previously (Appendix C8Q – Vision 2020). (CFRs 3.4, 3.7, 4.6)

3) *COVID-19 Response and Enterprise Cooperation*

The pandemic has caused enormous worldwide loss and has challenged LLUH as an AHC in so many obvious ways. It has demonstrated the extreme dedication of LLUH's employees, faculty, and students to the Mission. Our culture of selfless service to humankind has been in evidence during the pandemic struggles.

Operating as *One* with a shared understanding of the challenges and emergent needs faced by different entities within LLUH created unique opportunities to give and receive essential resources. As the impact of COVID-19 spread throughout the country, LLUH faced challenges in procuring Personal Protective Equipment (PPE) like most organizations. Essential supplies such as hand sanitizer and face shields were extremely limited. In response, the School of Pharmacy began compounding hand sanitizer as soon

as the supplies were procured. The Drayson Center was closed in line with public health guidelines but made a point to loan their hand sanitizer stations to Nutritional Services so the hospital cafeterias could remain operational. LLU Campus Engineering supported needs across campus – from donating their entire stock of N-95 respirators for clinical use, to helping set up and equip patient surge tents (Appendix C8R - COVID-19 Command Center).

Intentional system-wide steps were taken to continue essential operations, including but not limited to, educating students effectively, health safety precautions, and a transition to telehealth, which resulted in lower infection rate reported at LLUH that continues to remain lower than the infection rate of the community. LLU's students, given their contribution to healthcare, have been classified as essential workers by the county of San Bernardino, thus enabling them to not only support health care needs but to continue their clinical work and complete their programs on time. LLU has made a concerted effort to protect students and this has been appreciated (LLU COVID-19).

An unexpected consequence of COVID-19 is that it has accelerated LLUH's strategic plan for more online program development. Efforts to improve LLU's online programs has been a long and slow process. COVID-19 thrust the University into hyperactivity just before the start of Spring Quarter, 2020. The campus is moving rapidly from ERT to true quality online and hybrid coursework. Student response to the move for all classes to online was recorded and mostly cooperative and appreciative. The campus has developed an aggressive plan to upgrade emergency remote teaching by utilizing specialized tools (e.g., Quality Matters, Ellucian, iDesign), as well as providing

training and special assistance to faculty teaching online and in hybrid modality fall quarter (Appendix C8S - OLL, Course Continuity, and COVID-19).

4) *Loma Linda University Health – San Manuel Gateway College*

A rewarding and excellent example of OLL is San Manuel Gateway College (SMGC). This is a successful collaboration of LLU schools, LLUMC Medical Residents, the Social Action Community Health System, a Federally Qualified Health Center, community agencies, and workforce development partners. The San Manuel Band of Mission Indians provided the founding gift of \$10M in recognition of LLU being the sole provider of medical care to their nation in the early to mid-20th century.

This collaboration is part of a new era of service to individuals and families in the Inland Empire and provides a unique educational model for the nation. It demonstrates an ideal relationship between traditional higher education and career/vocational training. LLU and SMGC are testing a model that is rarely attempted by universities – a partnership between community workforce development and university scholars. This model exposes SMGC students to a multi-faceted, interprofessional structure of career training in which all levels of healthcare practice (seasoned practitioners, residents, university students, and SMGC students) are participants in both teaching and learning. Their training is embedded in a higher education atmosphere, therefore, SMGC students are required to take a small number of transferrable credits to build competency and confidence, while also encouraging them to consider academic degree programs in the future.

Programs admitted their first class in 2016. They now offer certificates in Medical Assistant, Certified Nurse Assistant, Pharmacy Technician, Surgical Technician, and Community Health Worker (CHW). The CHW program is the largest program, as they offer both basic and advanced educational and clinical training.

Students are generally from low income families. Most receive supplemental funding, which allows tuition costs to remain low in comparison to career colleges. Upon acceptance into their respective programs, they often feel unprepared or lack confidence for education beyond high school. However, because of the learning environment and skilled faculty mentoring and tutoring provided at SMGC, students are encouraged and have achieved success. SMGC has graduated 317 students with a 98.8% completion rate. Approximately 80% of the graduates gained employment in their area of study upon graduation, while 15% continued advanced studies after graduation (Appendix C8T - San Manuel Gateway College Students 2016-2020).

5) Clinical Training Committee Successes and Commitments

LLUH hospitals are highly sought after for their clinical training positions. Although LLUH values clinical ties with area institutions it has become increasingly difficult for LLU to find adequate clinical training opportunities. As such, the Clinical Training Committee (CTC) has changed institutional policies to give preference to LLU students for clinical rotations. In support of this change there is now increased mutual agreement that embedding health professional education and clinical rotations within LLUH's health delivery system is part of providing the highest standards of clinical care to patients and their families. However, to fully realize this impact, further development

of CTC will require more cooperation in the spirit of *OLL*, given that not all clinical training opportunities are under the oversight and management of CTC.

Strategic Planning

All areas of LLUH regularly and actively engage in planning. The University's academic degree programs interact with more than 20 professional accrediting bodies, and LLU's own University program review process. Preparing and responding to accreditation guidelines successfully requires extensive planning and strategic processes. The University's history of professional/programmatic accreditation is stellar (Appendix C8U- Review of Program Specific Accreditation Findings and Recommendations). LLUH's six hospitals and their service lines prepare for reports and visits from licensing and accrediting bodies frequently. Both LLU and the hospitals achieve high marks, resulting from performance improvement initiatives to receive high-quality service and education.

Success in academic program accreditation, program development, facilities expansion, endowment and investment growth, and major changes in operations and management structures give evidence that planning at LLU is based on data-rich information and is a part of LLUH culture. Strategic plans across the enterprise are numerous and are often highly detailed and area-specific (LLUH Strategic Commitments).

Shifts in Planning

COVID-19 has dictated a rethinking of the priorities for the next five-year strategic plan and how the focus on the following commitments will be impacted:

- To be the premier global faith-based AHC
- To be nationally ranked as a top AHC for clinical care instruction and delivery
- To be research leaders in the study of spirituality and health (WPC and MFL)

- To excel in healthcare educational methodologies
- To achieve National Cancer Institute designation
- To meet fiscal/debt payment goals (increase investment portfolio, endowments; stabilize tuition rates)
- To increase diversity and equity support funding
- To develop curricular changes to address racial bias
- To implement university branding and market strategies for academic programs

The *OLL* TPR strategic planning processes and dialogue have continued and support the shared institutional purpose of increased planning alignment where appropriate. Although a fully integrated plan may not be realistic, planning that intentionally links and maximizes LLU's understanding of mutual opportunities and challenges remains the ultimate target. With the emergence of critical societal altering events (including COVID-19 and the burgeoning realities of unresolved systemic racism), our institution has purposefully halted the progression of the prior planning documents to address these issues and rethink priorities. As a comprehensive AHC, responsible for supporting the highest quality learning and healing environment, it is believed that LLU would be remiss in its service to members (students, staff, patients, and community) if it did not take this step back so that LLU's strategic way forward is responsive to the new and deeper needs of those LLU serves.

Component 9 – Conclusion

Reflection and Plans for Improvement

The *One Loma Linda* (OLL) theme has been a natural continuation of goals presented in LLU's WASC 2008 CPR and the 2010 EER, which emphasized the furthering of the interschool collaboration of the eight university schools. Moving forward, the selection of the OLL theme was influenced by the desire to enhance synergy across the entire LLUH institutional enterprise to support shared institutional aims as an academic health sciences center. Prior to selecting this theme there was acknowledgement that collaboration and good-will have been present throughout the history of LLU. However, it was also recognized that the uncompromising requirements and expectations of delivering high quality education and high-quality health care have at times pushed the education and health care components of the institution toward bifurcated resolves—despite LLU's wishes to the contrary. In contrast, the intentionality of pursuing the theme of OLL provided focus, process, and has enabled LLU to identify the shared resolutions that continue to be underpinned by the strength of LLU's collaborative perseverance and commitment to its unifying mission and values.

Review of the OLL Original Purposes

The primary purposes of the OLL theme identified in the Theme Submission Guide were (briefly summarized):

- *Clarification of the unique issues of university autonomy and academic integration within the structure and purposes of an AHC and the corporation of LLUH*
- *Formalize and operationalize the corporate commitment as an AHC that prioritizes the focus on health professional education as the articulated priority as reflected in the university's mission statement, i.e., the 'teaching and healing ministry of Jesus Christ'*
- *To bring emphasis and focus to an institution-wide commitment to student success and academic excellence, including strengthening clinical proficiency through expanding Interprofessional*

Education (IPE) guided by the principles of Whole Person Care, engaged reflective practice and research (patient outcomes)

In addition, the OLL theme included a deep review of the needs and opportunities associated with growth and fiscal responsibility. And finally, the unifying nature of the OLL theme supported the institution to further its overarching strategic planning efforts, while also acknowledging the shared concurrent yet necessarily varied priorities.

Clarification of the unique issue of autonomy and academic integration within the structure and purposes of an academic health sciences center and corporation of LLUH

LLU continues to be a strong and separate academic corporation, while also an integrated component of our AHC. The TPR process has provided focused opportunity to promote clarity to organizational members regarding the unique and complex nature of corporate independence and simultaneous integrated academic responsibilities and purposes that are common to AHCs. As a result of this increased understanding and deep commitment to our institution, entities have already engaged in change processes and will continue to engage in the dialogue about fiscal choices that will enable us to realize future opportunities. These choices and the focus for the next steps related to fiscal efficiencies and future opportunities as outlined in Strategic Commitment 6: Fiscal Strength of the Loma Linda University Health-Strategic

Commitments (2021-2025) are:

Operational Efficiencies—Implement cost effective operations in both clinical and educational programs across campus, with hospitals and the university maintaining A-rated medians in EBITDA margins

- Next steps to achieve this commitment will involve assessing metrics that have been used to determine needs
- Evaluation of opportunities to increase the cost effectiveness of operations while maintaining quality

- Identification of areas where rightsizing of operational costs (including facilities and personnel) may be out of step with current volume and/or future needs
- Implement fiscal efficiencies with a priority to transparency

Tuition Stabilization—Guide academic related expenses/salaries carefully, including utilization of operational endowments, scholarship funds, faculty/departmental support funds, and the transition to online learning, with the goal of holding tuition increases to an annual rate of less than 3 percent

- Targeted growth and utilization of scholarship and operational endowments
- Identify ways that ‘new normal’ of telecommuting can result in operational savings (e.g., travel and facilities expansion) can assist in capping tuition and fee charges and support increased student scholarships
- Analyze actual cost differentials of face-to-face versus hybrid and online models of education and determine where and if cost savings can be transferred to students (*Strategic Commitment 5: Further the Development of Infrastructure—Academic Learning Transitions*)
- Continued investment in faculty development to support the expansion of online and face-to-face education where quality standards of health professional education can be maintained
- Continue efforts to benchmark faculty and staff salaries to national professional norms while maintaining academic and clinical expertise and quality standards

Philanthropy Strategy—Develop a Bridge Campaign for 2021 because of the COVID-19 pandemic and transition to an extended philanthropy campaign for 2022-2024 that will balance the needs of LLUH’s strategic plan with the expressed interests of donors

- Reassess priorities to support academic and clinical needs and expansion in light of increased focus on online education, interprofessional education, translational research, and growth in telehealth services

Formalize and operationalize the corporate commitment as an AHC that prioritizes the focus on health professional education as the articulated priority as reflected in the university's mission statement, i.e., the 'teaching and healing ministry of Jesus Christ.'

Focus on this TPR purpose has afforded LLU opportunities to identify the shared benefits that are unique to AHCs. Notably, educating health professionals for a rapidly changing world supports both the academic and clinical components of LLU. And albeit that the TPR process has identified both needs and challenges associated with expanding clinical rotation opportunities within LLUH, there is now increased mutual agreement that embedding health professional education and clinical rotations within LLUH's health delivery system is part of providing the highest standards of clinical care to patients and their families.

Commitment to support next steps in this area are outlined in Strategic Commitment 5: Further the Development of Infrastructure of the Loma Linda University Health-Strategic Commitments (2021-2025) as:

Academic Learning Transitions—Broaden the academic and clinical capacity of each school by maximizing professor/student interactions, expanding LLU's online learning potential, and developing quality clinical rotations at affiliated hospitals and clinics

- Identify alternative models of shared supervision that will support increasing the number of available clinical rotations and further enhance academic clinical integration
- Identify expanded ways that telehealth can be used to support students' integration in the delivery of both inpatient and outpatient health services
- Increase the number of clinical professionals with faculty appointments in related health professional degree programs
- Identify additional ways of using health professional students to support patient care

Occupy New Medical Center—Occupy the new facility by January 2021, including a buildout of previously shelled adult and pediatric floors, and proceed with the installation of equipment and patient utilization for Spring 2021 opening

- Implement the use of academic clinical space that has been integrated into the new hospital in support of expanding students' clinical engagement

Comprehensive Cancer Center—Expand and integrate clinical cancer services that includes modalities for optimum cancer therapy, providing more dedicated space when necessary

- Identify shared faculty recruitment and appointments that can maximize opportunities for translational research and support LLUH obtaining a National Cancer Institute designation (*also Strategic Commitment 1—Build the LLUH Campus Culture—Organizational Synergy*)
- Increase the number of integrated practice-research rotations for doctoral and master's students

Recent national events that highlighted the continuing need to address health disparities, have also made it clearer than ever before, that the *OLL* learning and practice environment is in an inimitable position to continue and expand efforts to prepare practitioners from underrepresented populations to serve the local communities and beyond. Best practices in this area supports LLUH's strategic commitments to DEI throughout the institution and underpin LLUH's role in addressing the population-oriented paradigm needed to positively impact health disparities and health system inequities. This realization is reflected in LLUH's strategic initiatives and point to the needs and opportunities for integrated academic-clinical engagement with networked institutions that are also responding to the issues that underpin health determinants. Dialogues around these issues underscore the vital importance of our strategic initiatives to expand LLU's clinical and laboratory research and innovations that support improved patient outcomes and community engaged scholarship. This area is

supported by Strategic Commitment 1—Build the LLUH Campus Culture—

Diversity/Equity/Inclusion of the Loma Linda University Health-Strategic Commitments (2021-2025).

Diversity/Equity/Inclusion—Strengthen LLU’s commitment to value all individuals as children of God with unique and special gifts and provide a learning and growth environment for each to succeed. The current and next steps are:

- An LLUH DEI committee has created four working groups to examine LLUH’s history, culture, education, and policies to understand and address issues pertaining to diversity, equity, and culture
- Culture working group developed the Culture Statement for LLUH that is the foundation for strategic planning efforts of each working group. Diversity Council voted the approval of the Culture Statement on August 13, 2020. (insert link to Culture Statement)
- History working group has identified list of people to interview and are working with the marketing team on the best approach to interview and support story telling
- Policies working group has identified all applicable policies, handbooks, documents and have begun the detailed review of all identified materials
- Education working group started on the Toolkit for Department Heads (books, videos, podcast) to support education
- Town Hall/Listening Forums were held during June, July, and August across the institution to discuss DEI at LLUH
- Education working group has developed a Bias E-learning module requirement that is active. Managers are being assigned to monitor compliance with completing this module
- Education working group has developed a voluntary unconscious Bias Training. Monthly course dates from July to December have been published. Departments may choose to require this training for leadership and staff
- The LLU “Neighbor-Good” initiative will soon roll out across the LLUH campus

To bring emphasis and focus to an institution-wide commitment to student success and academic excellence, including strengthening clinical proficiency through expanding Interprofessional Education (IPE) guided by the principles of Whole Person Care, engaged reflective practice and research (patient outcomes)

Through the TPR process LLU discovered that IPE occurs more often on the campus than previously realized. In addition, by using the TPR process to examine IPE, LLU believes the interprofessional culture and learning environment at LLU has been enhanced, will continue to expand, and now operates within a sustainable structure. The operationalization of LLU's commitment to IPE will be further facilitated by the infrastructure initiatives provided by the new hospital, the comprehensive cancer center, and institution's academic learning initiatives—among others. Because of these factors, LLU is now confident in the ability to provide the types of IPE learning experiences for LLU's students that will assure that graduates are prepared to participate as effective team members in interprofessional, collaborative health care, and research settings. The next steps to accomplish this are supported by Strategic

Commitment 1: Build the One LLUH Campus Culture of the Loma Linda University Health-Strategic

Commitments (2021-2025):

Educational/Clinical/Research Collaborations—Balance and guide strategic decisions across all entities of the institution

- Identify areas for increased collaborative learning exchange between schools to support expanded multi-disciplinary and transdisciplinary teams (*also Commitment 2: Enhance Academic Programs-Innovative Learning Experience*)
- Identify areas for increased collaborative learning exchange between schools and clinical areas, to support cross-mutual academicians and clinical exchange of cutting-edge interventions (*also Commitment 5: Further the Development of Infrastructure—Academic Learning Transitions*)

- Identify areas for increased and sustainable translational research between schools and clinical areas (*also Commitment 4: Foster Discovery and Innovation—Research Faculty Development and Translational Research*)

Growth and Fiscal Responsibility

An extension of the *OLL* theme has included a deep review of the needs and opportunities associated with growth and continued fiscal responsibility. The national uncertainty of student enrollment along with an increasingly competitive regional market for both education and health care has required that LLU begins to identify fiscal efficiencies and areas of expansion. As part of this, the TPR process has brought substantial attention to the need to convert fiscal efficiencies into tuition stabilization. Parallel to this dialogue has been the recognition that LLU needed to engage in the marketing of the academic enterprise to fully inform future students and others about the excellence of its academic and clinical programs and learning environments that emphasize both professional and personal wholeness and life-long learning. This initiative is now a priority that has already begun to bring benefit and opportunity to the future of LLU. The results of these efforts are promising and infusing excitement about future growth for the campus. These efforts are supported by *Strategic*

Commitment 2: Enhance Academic Program-of the Loma Linda University Health-Strategic

Commitments (2021-2025):

Student Success - Identify and recruit students who can flourish in LLU's campus culture as they develop, professional, ethical, and spiritual values

- Continue the articulation of the University brand that translates both academic and integrated clinical excellence
- Engage with current students, alumni, and constituents to develop and disseminate the LLU brand of health professional education, mission-focused learning, global engagement, and social responsibility

Strategic Planning and Institutional Responsiveness to Change

The unifying nature of the *OLL* theme inspired LLUH to further its overarching strategic planning dialogue to emphasize alignment of strategic planning commitments and processes where possible. As a result, LLUH has been able to identify both shared/concurrent initiatives and the reality and need for varied priorities—variations that are inherent in the operation of an AHC. The initial result of these dialogues, which will continue, is the diverse nature of academic versus health care planning. As such, there is greater appreciation for the rapid adjustments and fluidity needed in health care planning as compared with strategic planning that occurs in academic institutions. Moving forward, the TPR process has highlighted the need and commitment for continuous communication and appreciation where divergence versus convergence are appropriate. Regardless of what comes next, the experience of the COVID-19 pandemic has shown that all components of LLUH are deeply collaborative, responsive, and capable of rapid and dramatic change—and can maintain excellence while doing so.

Additional Discoveries and Unintended Consequences

There have been several discoveries resulting from the *OLL* TPR. Among those that appear to be most salient is LLU's institutional communication. Albeit, improvement does need to continue, it is recognized that the communication overarching and within many of the specific academic-clinical areas is deep and effective—despite significant demands on time and distinct responsibilities. The identification of effective communication practices discovered through the TPR process support framing new traditions that can be shared within the institution.

Growth and the continued desire for collaborative discovery and innovation to support improved patient outcomes also appear to be an artifact of the *OLL* TPR. The amount of reaching across the academic-clinical lines to address ways to improve patient care and add dynamic and new dimensions to faculty and students' clinical and research engagement is exciting. Sustainability of these burgeoning efforts appear to be linked to an increased realization that provider burden and educational advancement are both buoyed through the uplifting experience of shared problem-solving, innovation, and discovery. Supporting this is the evidence that LLU's faculty and students (across the disciplines at LLU) are well prepared in clinical interventions and science to engage in collaborative clinical discovery. The sum of these insights has prompted a reawakening of the value of active interprofessional teams to bring forth the range and depth of perspectives needed to achieve the greatest outcomes.

Last, upon reflection it is likely that the *OLL* TPR supported LLUH's campus-wide preparedness for the rapid adjustments that needed to be made because of the COVID-19 pandemic. The intentional ramping up of cross-institutional communication and recommitment to collaboration and shared values made the unified call to action response-ready. This action-focused collaboration and recognition of shared values further prepared LLUH for the even deeper layers of dialogue and institutional action that were needed when the national issues of continuing racism became so pronounced. As a result, plans are in place and being implemented that will support sustainable communication and continuing transformative DEI practices for the entire institution.

In Conclusion

This experience has helped LLU to identify areas for new and dynamic collaboration, while also solidifying the deep commitment to both academic and clinical excellence. The *OLL* theme has shown how and where LLU can and needs to continue to live the mission and values through an integrated academic-clinical alliance that is the foundation of LLUH's AHC.