

Adventist Health System (AHS)

Mission and the Management of an AHS Hospital

Purpose

The purpose of this document is to identify, describe and provide rationale for essential principles regarding the mission and culture of Adventist Health System (AHS) to be addressed in the process of negotiating mergers, acquisitions and joint operating agreements with external partners. These considerations reflect an expression of historic, ecclesiastic, moral and ethical foundations of AHS health care.

Mission Statement

The mission of Adventist Health System is “Extending the Healing Ministry of Christ” to the people and communities we serve. This mission is carried out through the healing and health-promoting work of our hospitals, clinics and related institutions. We aspire to offer wholeness to everyone touched by our ministry, including our patients, families, caregivers and the communities we serve. Responsible stewardship contributes to business success and financial viability, which provide essential support for extending this promise of wholeness.

Where We Came From

Our History and Legacy

The Seventh-day Adventist (SDA) Church, recognized today as a mainstream Protestant religion, arose out of the religious “Great Awakening” of the mid-19th century, and was officially organized in 1863. In that same year, two Church leaders, James and Ellen White, began to publish a health journal, *The Health Reformer*. Just three years later, in 1866, the Church purchased a farmhouse in Battle Creek, Michigan, and opened the Western Health Reform Institute.

In 1876, a young medical school graduate, John Harvey Kellogg, became medical director of the institute, and changed its name to the Battle Creek Medical and Surgical Sanitarium. Under Dr. Kellogg’s direction, the sanitarium grew quickly, attracting patients from around the country. Soon, a school of nursing was started,

followed later by a school of medicine. By the turn of the century, the Battle Creek “San,” as it was called, was a thriving 1,000-bed institution.

Graduates from the Battle Creek nursing and medical schools migrated across the United States, establishing health care institutions based on the original model of the sanitarium. More than 100 years later, some 15 of those legacy institutions, including Florida Hospital (1908), AMITA Health Adventist Medical Center Hinsdale (1905), Avista Adventist Hospital (1893), and Loma Linda University Medical Center (1905), continue to operate as an integral part of Adventist health care in the United States.

Today, over five hundred hospitals, clinics and health care facilities around the world identify with the Church. Adventist health care institutions (*i.e.*, hospitals, medical/dental clinics, nursing and retirement homes, hospice, rehabilitation centers, etc.) function as an integral part of the total ministry of the Church.

The goal of Adventist institutions, including AHS, in representing Christ to the community, and especially to those who utilize its services, is fulfilled through competent, compassionate staff who support our healing ministry. Many employees choose to work within AHS because of a personal sense of calling to a ministry of care for the sick. Employees are encouraged to live their faith in the workplace, not to impose or proselytize, but to provide care in a manner that addresses the whole person—body, mind and spirit. The SDA Church maintains a vital connection to AHS's health care ministry, beginning with the governing body of AHS, which is comprised of designated Church officials and lay leaders.

Who We Are

Mission, Vision and Values

MVV.1. Mission

AHS exists to extend the healing ministry of Christ to the people and communities we serve. This mission is drawn from the gospel accounts of the life and ministry of Jesus Christ as recorded in New Testament Scriptures, and compels a threefold directional purpose to provide care characterized by health, healing and hope throughout the continuum of AHS health care services and resources. It also drives our brand promise to deliver wholeness, which is inspired by the story of Creation, the healing ministry of Jesus and the biblical Book of Revelation.

- **Creation:** In the beginning, God created the heavens and the earth (Genesis 1:1) and He created us in His own image (Genesis 1:27). When God finished, He saw what He had made and it was “very good” (Genesis 1:31). All His creation was whole—without corruption and in perfect union with God—until sin entered the picture. This is when God’s plan of redemption was set in motion. Christ came to deliver healing and grace to a broken world, and to restore the wholeness that had been lost. We aspire to follow Christ’s example by offering everyone we touch the opportunity to feel whole.
- **Health:** Jesus said, “I came that they may have life, and have it abundantly” (John 10:10). Toward this end, AHS promotes a healthy lifestyle through CREATION Health©, a wellness program based upon principles and practices founded in Scripture and designed to prevent disease and prolong life.
- **Healing:** The gospel narrative describes more than 25 specific deeds of human healing performed by Jesus and countless others that are referenced in a more general manner. On one occasion, when the authenticity of His work was questioned, Jesus responded, “Go and report...what you have seen and heard: the blind receive sight, the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, the poor have the gospel preached to them” (Luke 7:22). In like manner, and following the example of Jesus, AHS’s mission is to care, with skill and compassion, for all who come to us seeking our help for relief from pain, recovery from illness and solace for the injured spirit.
- **Hope:** Believing that optimism and a positive outlook contribute to healing, AHS seeks to give hope to those in distress. Acknowledging, however, the

inevitability of human mortality, and based on Jesus' words in John 14:3, "I go to prepare a place for you...that where I am, there you may be also," the AHS message is characterized by hope for a future life that transcends the grave.

- **Revelation:** Hope for the future rests in the confidence of new life in a new earth restored to its original beauty and order. The Bible promises that God will wipe away every tear, and there will no longer be any death, mourning, crying, or pain (Revelation 21:1-5).

MVV.2. Vision

AHS Vision 2020 is succinctly expressed as follows:

- **Wholistic:** Our work should always manifest in making people feel whole, just as Christ did in His service to others during His earthly ministry. As such, we will actively seek how we can serve the needs of people in their physical, emotional, mental and spiritual health.
- **Exceptional:** As we seek to exemplify Christ and commit to quality and service excellence as our first value, the work we do and the quality of our work should exceed expectations – for every person, every time. This effort will ensure that our performance consistently ranks in the top quartile nationally.
- **Connected:** We are connecting the services that we provide, ensuring that those who entrust us with their care are “never discharged” and can easily navigate the system. This requires cultivation of a “we” culture – supporting and building each other up, and removing obstacles and barriers to service.
- **Affordable:** Affordability of care is determined by access (can the consumer get to the services needed?) and indexing (is the cost of care proportional to the consumers' ability to pay?). As stewards of finite resources, we strive to ensure that our services meet both of these critical benchmarks in the communities we serve.
- **Viable:** Driven by our value of stewardship, it is our responsibility to ensure that Adventist Health System operates efficiently, making thoughtful investments to better serve and adapt to changes occurring in the marketplace.

MVV.3. Values

- **Quality & Service Excellence:** We consistently strive to deliver exceptional care and pursue excellence in all we do.
- **Community Wellbeing:** We are committed to improving the health, prosperity and wellbeing of the communities we serve.
- **Ethical Standards:** We are called to uphold the highest ethical standards, with integrity driving every decision we make and every action we take.
- **Stewardship:** We are guided by relentless stewardship in the management of the resources entrusted to us.
- **Inclusiveness:** We celebrate the diverse backgrounds, cultures and experiences of our patients, visitors and colleagues, and embrace opportunities to learn and grow from new perspectives.

MVV.4. Service Standards

AHS's service standards provide a clear set of expectations for engaging with people – every person, every time.

- **Keep Me Safe**
 - I make safety my number one priority.
 - I protect privacy and confidentiality.
 - I keep my environment clean.
 - I follow AHS dress code and wear my badge correctly.
- **Love Me**
 - I listen and communicate effectively using iCARE (introduce, Connect, Anticipate, Reinforce, Extend).
 - I treat others with uncommon compassion.
 - I nurture whole-person care through CREATION Health (Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook, Nutrition).
 - I treat others with fairness and respect.
- **Make It Easy**
 - I help guests to their destination.
 - I speak highly of others to provide connected care.
 - I collaborate to create solutions rather than excuses.
 - I innovate and continually seek ways to improve our work.

- **Own It**
 - I am positive and aim to exceed all expectations.
 - I follow through on commitments.
 - I use discretion with personal devices.
 - I recover service and restore trust using ACT (Acknowledge/Apologize, Correct, Thank).

MVV.5. Accountability for Mission

Mission Governance: The AHS mission and ministry department functions under the auspices of the board committee for mission, ministry and advocacy. This standing committee of the board, chaired by a member of the executive committee, meets quarterly, and is responsible for determining mission strategy, assessing mission performance, and assuring consistency with established mission, vision and values. The committee also addresses advocacy issues, not so much in a political context as from the perspective of social responsibility and community benefit.

MVV.6. Mission and Ministry Department

The AHS mission and ministry department exists to:

- Sustain a clear and unwavering focus on fulfilling the AHS mission.
- Support the spiritual leadership of AHS executives, mission leaders and chaplains.
- Provide expertise in addressing religious and spiritual issues confronting the organization.
- Plan, resource and support a comprehensive program of spiritual care across the clinical continuum and related ancillary services.
- Maintain vigilance to identify and appropriately address issues suggestive of mission drift.

MVV.7. Mission Steering Committee

This committee is comprised of regional mission and ministry leaders representing the entire company, combined with leaders of the corporate mission and ministry department. Meeting four times annually, this committee participates in planning; reviews, approves and leads implementation of planned initiatives; recommends

metrics for mission assessment; and provides an organizational link for communication with AHS executive and spiritual leaders at all levels.

MVV.8. Senior Executive Leader and Chief Spiritual Officer

Regardless of the nuances of official title, the most senior executive leader (SEL) of each facility or institution within AHS (e.g. president, CEO, administrator, etc.) assumes the informal, though intentional, role of chief spiritual officer, and is thereby ultimately responsible for strategic focus, operational direction and overall fulfillment of mission goals.

It is the intention of AHS to identify and employ SELs who are professionally competent and who provide leadership that is consistent with Church religious beliefs and practices. Each senior executive leader in AHS is a representative of the Church---a person who embraces the Adventist religious faith, and comprehends its impact on various aspects of AHS mission and business.

MVV.9. Chief Mission Integration Officer

The chief mission integration officer reports to the AHS president/CEO and is responsible for providing direction and oversight to the department of mission and ministry; developing and implementing mission and ministry strategy; deploying and resourcing effective mission initiatives; identifying and developing emerging mission leaders; incorporating meaningful measures of mission effectiveness; and collaborating with institutional entities to adapt and promote successful mission ventures across all clinical and operational venues.

MVV.10. Executive Accountabilities

A portion of the annual incentive program for AHS is related to clearly-identified, annually-updated mission goals and objectives.

MVV.11. Mission Integration Peer Review

Designed to formally assess mission and ministry at an operational level, the Mission Integration Peer Review process is a formal, standardized, criteria-based review of mission performance at the facility level. It consists of a biennial, formal self-study,

followed by external on-site review, facilitated by a select committee of peers, resulting in commendations and recommendations as appropriate.

MVV.12. Conference on Mission (COM)

Convened annually in conjunction with a regularly scheduled meeting of the AHS Board of Directors, COM is a two-day meeting attended by the full Board, AHS CEOs and regional CFOs, AHS corporate executives, and invited guests. The purpose of the conference is to explore emerging or particularly challenging health care issues from the perspective of mission. Often touching on moral, ethical, religious and/or spiritual issues, recent themes have included palliative care, mission in the outpatient setting and health care's responsibility to the community.

MVV.13. President's Council

These week-long AHS business meetings convene selected Board members and executive leaders. Each daily business session begins with a devotional/reflectional/missional presentation followed by prayer. The closing weekend activities are highlighted by Sabbath worship services on Friday evening, Saturday morning and Saturday evening.

How We Manage

Social Responsibility

SR.1. AHS Commitment

AHS's commitment to our communities is to provide the highest quality care and service of which we are capable, given the unique characteristics, needs and resources of each community. Our goal is to continually seek an intersection of the concepts of "doing good and doing well," based on the principle that "doing good" should generate a sufficient return (doing well) to allow the "good" to be sustaining.

SR.2. Advocacy

AHS advocates to improve the health of our communities by identifying and influencing the external forces that impact AHS's mission and strategic imperatives. Our goal is to engage and inspire our communities to advocate for health, and promote/advance public policies that provide appropriate care for those in need while building a healthier nation.

The Advocacy Steering Committee provides advocacy direction and recommendations to AHS senior leadership; guides communication strategies for advocacy messaging; integrates community benefit strategies into the advocacy plan; and oversees the advocacy dashboard that measures progress in the priority areas.

SR.3. Community Partnerships

AHS facilities leverage their assets to improve the broad health of the community. Community health is defined as physical health/disease, health behaviors and the social/economic factors ("determinants") that influence personal and community health.

Facilities engage community partners in collaborative efforts to solve chronic issues affecting community health and well-being. They target and strengthen relationships with community, faith, education, business and government stakeholders. They support community improvement initiatives related to the AHS advocacy agenda and/or identified in their Community Health Needs Assessments.

In addition, a community committee that includes representation from low-income, minority and other medically underserved populations helps guide each facility's Community Health Needs Assessment process.

SR.4. Community Benefit Report

Each AHS facility conducts a Community Health Needs Assessment (CHNA) every three years. A three-year Community Health Plan (implementation strategies) is developed to address the priorities identified in the assessment. The plan is evaluated annually and included in the facility's IRS Form 990, Schedule H. Review of the needs assessment and plan are also included in the Mission Integration Peer Review process. The impact of AHS's community financial commitment is included in each quarterly report to local boards and to the AHS Board of Directors.

Pastoral/Spiritual Care

PSC.1. Faith

People of diverse cultural origins and various faith communities are attracted to AHS because of the faith-embracing nature of the organization. AHS is committed to maintaining the integrity of the Adventist Christian mission established by its founders and governing bodies while avoiding imposition or offense to those of other cultures and faith traditions, as we welcome them to our community of providers and caregivers.

PSC.2. Prayer

Prayer is a pervasive and defining characteristic of AHS culture. For example, prayer is offered upon request for patients or staff, at the beginning of key meetings, before meals, when facing difficult decisions, or as an expression of thankfulness for blessings. Employees and staff are encouraged to offer prayer with patients in an appropriate manner.

PSC.3. Imagery and Symbolism

AHS institutions deploy statues, artwork and other symbolism intended to depict the SDA Christian nature of the organization. Themes drawn from Scripture, nature,

legacy and other related sources create a sensate expression of mission. The mission statement, “Extending the Healing Ministry of Christ”, is prominently displayed in all AHS facilities.

PSC.4. Facilities Usage

In keeping with AHS’s companywide Facilities Use Policy (CWG-112), neither AHS departments, personnel nor any other organization that AHS may host in its facilities, including its chapels, should use AHS facilities for activities that conflict with principles and practices of the Seventh-day Adventist Church.

PSC.5. Chaplaincy/Pastoral Care

- **Philosophy:** It is expected that full-time chaplains employed by AHS will be members in good standing of the Seventh-day Adventist Church. AHS chaplains are generally employed by the local SDA Church conference through a contractual relationship with AHS. Part-time, contracted and volunteer chaplains from many different faiths and religions participate in the care of our diverse patient population.
- **Duties:** Chaplains are responsible for spiritual care and support of AHS employees, our patients and their families and caregivers. In addition, they have major responsibility, under the leadership of the CEO, for leading and sustaining the faith-based mission and culture of the institution through mission programming.
- **Chaplain Staffing Ratio:** AHS employs, on average, two FTE chaplains per 100 occupied patient beds. Clinical pastoral education (CPE) students and volunteer chaplains provide additional chaplaincy coverage in many AHS hospitals.
- **Accountability:** AHS chaplains have dual accountability to the leadership of their hospital and to the SDA conference by which they are employed.

PSC.6. Clinical Mission Integration (CMI)

Since the majority of AHS patient contacts occur in the outpatient setting, AHS has initiated a major commitment to the incorporation of mission into the outpatient setting. The two major components of this initiative include a commitment to physician engagement and to the integration of missional components in various AHS outpatient entities, including physician practices, home health, hospice and

other related entities. A core component is the incorporation of a brief spiritual assessment into the clinical encounter.

PSC.7. Faith Community Initiative (FCI)

This initiative is designed to develop, facilitate and support collaborative relationships between AHS hospitals and faith communities in the markets we serve, including churches and other faith-based organizations, agencies and services.

PSC.8. Spiritual Ambassadors

This employee-initiated program is designed to encourage, train and support employees in providing timely and appropriate spiritual support for fellow employees in time of need. At the close of 2017, there are more than 4,000 trained Spiritual Ambassadors across the company.

PSC.9. Communal Worship

AHS encourages the provision of regular opportunities for communal worship in a variety of settings and in ways that fit the character and culture of the organization.

PSC.10. Week of Spiritual Renewal

Twice annually, AHS sponsors a corporate-wide Week of Spiritual Renewal by providing professionally prepared media messages that are made available for viewing by each individual employee or in a group setting as desired.

Seventh-day Adventist Church & Beliefs

SDA.1. Relationship with the Church

The Seventh-day Adventist Church is a Christian denomination with a worldwide presence. AHS is an expression of the health ministry of the Church, operating in harmony with the beliefs and guidelines it holds. However, Church funds are not used in the operations of Adventist Health System.

SDA.2. SDA Beliefs

Adventist beliefs are founded in the Holy Bible, which we believe to be the inspired Word of God. We believe in a loving God who created all that is, who works continually to restore and redeem the world from pain and sorrow, and who will one day make all things new. We believe in the healing and saving ministry of Jesus Christ and in the transformational presence of God’s Spirit in our lives. We believe that it is our responsibility and privilege to participate by grace, through faith, in the healing of humanity.

SDA.3. Sabbath

Seventh-day Adventists observe the seventh day of the week, Saturday, as a gift and blessing—a day of worship known as the Sabbath. This practice finds scriptural support in the Book of Genesis, which describes God’s creation of the earth.

“Thus the heavens and the earth were completed, and all their hosts. By the seventh day God completed his work which he had done, and he rested on the seventh day from his work which he had done. Then God blessed the seventh day and sanctified it, because in it he rested from all his work which God had created and made” (Genesis 2:1-3).

God’s particular regard for the seventh day Sabbath was later memorialized in the Ten Commandment law, “Six days shall you labor and do all your work, but the seventh day is a Sabbath of the Lord your God...” (Exodus 20:9-10).

Jesus Himself observed the Sabbath by attending worship services. His constant commitment to a healing ministry is demonstrated by the fact that fully one quarter of His specific acts of healing were performed on Sabbath, even occasionally in the synagogue.

In recognition that disease, illness and injury take no holiday, Adventist hospitals and health care facilities provide necessary health care services around the clock, every day of the year. The needs of patients are fully met during the Sabbath hours, which extend from Friday evening sunset to Saturday evening sunset. However, every effort is made to eliminate non-essential work that does not compromise patient care, including general administrative and business functions, medical staff and management meetings, employee training and education, and ordinary social

events. AHS senior executive leaders understand the importance of honoring Sabbath without in any way compromising patient care.

SDA.4. Health Emphasis/CREATION Health

Early Adventists (1863) promoted healthy living in a healthy environment—with sunshine, fresh air, pure water, proper diet, exercise and rest, trust in God, and avoidance of bad habits. Today, AHS continues this legacy of disease prevention and health promotion through an updated version of these early principles in a program called “CREATION Health,” which is designed with applications available for employee wellness and community health promotion. The CREATION acronym refers to:

- Choice:** The first step toward good health.
- Rest:** Taking time for relaxation and restoration.
- Environment:** Paying attention to all that surrounds you.
- Activity:** Getting out and doing more.
- Trust in God:** Faith and belief in God, which is associated with longevity.
- Interpersonal Relationships:** Cultivating friendships, which has healing potential.
- Outlook:** Happiness and optimism, which contribute to longevity.
- Nutrition:** Good fuel, which makes our bodies work more effectively.

SDA.5. Dietary

In light of growing understanding of the health benefits of a plant-based diet, AHS seeks to provide appealing and nourishing meals based on a lacto-ovo-vegetarian diet, supplemented by lean, unprocessed meats, including fish, chicken and beef. Certain meats, prominently including pork and shellfish, are not offered by AHS hospitals in keeping with dietary restrictions based on the SDA understanding of scriptural prohibitions found in the Old Testament Book of Leviticus. It is the responsibility of food service leaders to understand dietary distinctives while providing healthful and attractive foods.

SDA.6. Alcohol

Alcohol is not reimbursed as a legitimate business expense. Alcoholic beverages are neither sold nor served in AHS facilities. The sale or service of alcoholic beverages (e.g. wine tasting or cash bar) at events that may be identified, or that appear to be associated, with an AHS institution (e.g. medical staff or independent philanthropic foundation) is inconsistent with AHS principles and is strongly discouraged.

SDA.7. Tobacco

AHS facilities observe a “non-smoking campus” policy. Smoking is prohibited within the confines of AHS buildings and property. Tobacco products are not commercially available on AHS premises.

SDA.8. Labor Unions

AHS promotes a positive work environment and strongly believes in the employee’s ability to interact with management directly. Team members have multiple avenues available for addressing issues, including town hall meetings, leadership, human resources and an employee reporting hotline.

Church teaching discourages members from joining labor unions. The historic basis for this teaching is multi-faceted and focuses upon the conviction that each person is endowed by the Creator with choice, including the choice to work. While labor unions can point to a role in the advancement of various social initiatives, the Church teaches that participation in a labor union represents an unscriptural surrender of personal autonomy. Consistent with this teaching, AHS moves rapidly to counteract any attempt to organize its workforce into labor bargaining units and has no employees represented by a labor union.

Clinical Care

CC.1. Professional/Patient Relationship

AHS’s mission is fulfilled through the active engagement of thousands of skilled, dedicated caregivers, including physicians, providers, nurses, therapists, technicians

and staff who care for the patients who enter our doors each day. Hence, “Extending the Healing Ministry of Christ” to, and through, caregivers is essential to our success.

AHS established a physician well-being and engagement program in 2004. This program is focused on addressing the issue of physician burnout, now at epidemic levels in the medical profession, thereby preventing physician burnout, turnover, divorce, depression and suicide. Physician counseling/coaching, relationship building, access to emotional and spiritual resources, and offering solutions to the growing burden of bureaucracy and regulation—each and all seem to be part of the solution.

CC.2. Biomedical Ethics

AHS’s approach to biomedical ethics is informed by Scripture, particularly the belief that humankind is created in the image of God with unique capacities and associated responsibilities, the centuries-old Judean-Christian heritage of health and healing, and the fundamental principles of ethical consideration.

CC.3. Beginning of Life

In accordance with SDA theological beliefs regarding human creation in the image of God and the sanctity of human life, elective abortion is prohibited in AHS institutions.

Therapeutic termination of pregnancy is allowable in three specific circumstances--for conditions that pose a clear threat to maternal health and life; fetal conditions that are incompatible with life outside the womb; documented cases of rape or incest. Each potential termination of pregnancy is subject to review by the duly constituted institutional ethics process. Across AHS, the average annual incidence of pregnancy terminations is less than one per 1,000 live births.

CC.4. Seriously Ill and Dying

AHS adheres to a high view of the value of human life. Euthanasia and physician-assisted suicide are unacceptable alternatives for the care of the seriously ill and dying. Palliative care, embracing the relief of pain and suffering while optimizing life-supportive choices, is more in keeping with Adventist Christian belief and AHS’s philosophy and practice.

CC.5. Quality of Care

Adventist Health System embraces the practice of evidence-based western medicine and invests in state-of-the-art technology and resources to support quality clinical care, patient safety and excellent patient experience.

Business Relationships

BR.1. Identity

Adventist Health System is a faith-based, mission-focused, community-oriented, comprehensive, multi-state health care system. This identity is reflected in distinctive cultural, missional programming, and appropriate signage and related means of communication. Financial opportunity alone, in the absence of intentional mission focus and/or AHS identity, is inconsistent with AHS mission.

BR.2. Leadership

It is the intention of AHS to identify and employ leaders who are professionally competent and who provide leadership that is consistent with AHS mission and practices. Integral to AHS's religious exercise, assembly and speech rights, leadership candidates and staff must in AHS's exclusive judgment:

- Embrace the mission of AHS without reservation.
- Be of good reputation in the community.
- Function as institutional administrative and spiritual leaders and overseers.
- Rightly represent the values and service standards of AHS.
- Pursue a lifestyle consistent with AHS guidelines.

Senior executive leaders, including the AHS president/CEO, AHS executive vice presidents, CEOs of divisions or regions, and CEOs of systems and hospitals, must be members in good standing of the SDA Church.

BR.3. Human Resources

Fulfillment of the mission of AHS is dependent upon the understanding and commitment of the employee population of the organization. Therefore, in facilities owned, operated or managed by AHS, AHS reserves the right to retain human resource functions, including, but not limited to, recruitment, hiring, evaluation, termination and other related functions.

BR.4. The Whole Care Experience

“The Whole Care Experience” is a four-hour interactive immersion into Adventist Health System’s common cultural framework (mission, vision, values and legacy) and service standards (Keep Me Safe, Love Me, Make It Easy and Own It). It puts employees at the center of the conversation, bringing their experiences and perspective to the forefront of who we are as a system and how we care for the patients, visitors and employees we interact with every day.

The Whole Care Experience is being deployed to existing employees and physicians across Adventist Health System between February and August of 2018. Upon deployment, it immediately becomes a permanent and integral part of the onboarding of all new employees and physicians across Adventist Health System facilities.

BR.5. Management Internship and Residency Training

AHS sponsors leadership development programs designed to attract and prepare college graduates for management opportunities within the company. These specialized leadership programs are aligned with AHS mission and provide opportunity for participants to coordinate special projects and interact with leaders at all levels of the organization.

BR.6. Leadership Institute

The mission of Adventist Health System’s Leadership Institute is to identify, nurture and develop executive leaders for Adventist Health System. We believe that leadership and culture makes an entity faith-based. In the absence of discerning and sensitive leadership, missional values are at risk of being lost due to the demands of the urgent.

Through this investment in Leadership Development, AHS is committed to ensuring its mission and future. Programs offered by the Leadership Institute are anchored in the AHS mission and its faith-based principles. In its broadest sense, this mission embraces the spiritual as well as clinical, operational and financial excellence. The Leadership Institute, therefore, is focused on developing this wholistic philosophy of head, hands and heart. Our goal is to nurture in our future leaders a strong sense of stewardship towards oneself and to one's community, and to the heritage of extending Christ's healing ministry.

BR.7. Performance Review Process

Three times annually, AHS reviews the overall performance of each hospital. These reviews, 90-minutes in duration per entity, are attended by senior executive leadership at the corporate, regional and local levels. The review includes organizational strategy, performance to budget, market characteristics and operational issues. A component of the final operational review of each year is a metric-based review of mission, designed to assess organizational performance on standard measures of mission accomplishment.

To do health care well and to transform people's lives is not some sort of marketing ploy for the gospel; it's not a prolegomenon (prelude) to the gospel; it doesn't lead to the gospel; it doesn't help us think about the gospel; it doesn't warm people up for the gospel - it is the gospel! -Chuck Sandefer