OVERVIEW OF THE ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS NATIONAL INITIATIVE

Why a National Initiative?

Both the public and our profession acknowledge that quality and safety efforts are falling short, and many hospitals and healthcare systems are seeking rapid improvements in patient care. Those of us in academic medicine realize that residents play an important role in patient care at teaching institutions; however, residents are generally not visible in safety and quality efforts. The Alliance of Independent Academic Medical Centers (AIAMC) recognized that resident quality improvement efforts—shared across multiple programs and systems—had the potential to improve care quickly and effectively.

Role of the AIAMC

The AIAMC was founded in 1989 as a national network of large academic medical centers. Membership in the association is unique in that AIAMC members are affiliated with medical schools but are independent of medical school ownership or governance. Approximately 80 major medical centers across the United States are members, representing more than 750 senior academic leaders.

National Initiative I

In early 2007, the AIAMC launched *Improving Patient Care Through GME: A National Initiative of Independent Academic Medical Centers*. The National Initiative (NI) featured 5 meetings over the course of 18 months that served as touchstones for ongoing quality improvement in 19 AIAMC participating organizations. These meetings, as well as the monthly collaborative calls held in between, provided structure, discussion, and networking opportunities around specific quality improvement initiatives. NI I was supported by a grant from the foundation of HealthPartners Institute for Medical Education, an AIAMC member institution located in Minneapolis, MN. As a result of these efforts, we developed initial findings that demonstrated the efficacy of integrating GME into patient safety and quality improvement initiatives. These findings were organized into a series of articles that were published in the December 2009 issue of *Academic Medicine*.

National Initiative II

In 2009, we launched NI II and expanded participation to 35 AIAMC-member teaching hospitals from Seattle to Maine. Each participating hospital developed a quality improvement team led by a resident or faculty member. These teams met onsite 4 times and participated in monthly conference calls over an 18-month period. Quality improvement projects focused on one of the following areas: communication, handoffs, infection control, readmissions, and transitions of care. Results from NI II were published in a variety of publications, including the February 2011 issue of the *AAMC Reporter*, and in the May/June 2012 special supplement issue of the *American Journal of Medical Quality*.

National Initiative III

NI III, launched in 2011 with 35 teams, built on the strengths of the first 2 NIs and moved beyond direct support of local quality improvement teams to the development of teaching leadership and changing organizational culture to support quality improvement initiatives. Graduate medical education *and* continuing medical education were emphasized as platforms for improving patient care. The focus of NI III was faculty/leadership development. We recognized that part of our responsibility as medical educators was to train the next generation of practicing physicians; thus, residents must be considered as junior faculty and were integral in this effort. Results from NI

III were published in a variety of publications, including the Spring 2014 issue of the *Ochsner Journal* and the *Journal of the American College of Surgeons.*

National Initiative IV

NI IV: *Achieving Mastery of CLER*, launched in 2013 with 34 AIAMC-member and—for the first time—nonmember teams, focused on navigating the ACGME's Clinical Learning Environment Review (CLER) program. The CLER program was designed to evaluate the level of institutional responsibility for the quality and safety of the learning and patient care environment, and NI IV provided teams the training and guidance necessary to identify strengths and weaknesses across the 6 focus areas and significantly and measurably advance the institutional level of preparedness. Results from NI IV were published in numerous publications, including the *Journal of Graduate Medical Education* and the *Ochsner Journal,* the official publication of the AIAMC National Initiatives.

National Initiative V

NI V: *Improving Community Health and Health Equity Through Medical Education* launched in fall 2015 with 29 AIAMC member teams participating and focused on navigating the disparities component of the ACGME's Clinical Learning Environment program. Four onsite learning sessions addressed understanding and engaging with institutional leaders in the Community Health Needs Assessments; graduate medical education in improving health equity, cultural competency, and community engagement; and how to better engage the C-suite. NI V concluded in March 2017, and various writing teams are preparing manuscripts for publication.

The AIAMC National Initiative is the only national and multiinstitutional collaborative of its kind in which residents lead multidisciplinary teams in quality improvement projects aligned to their institution's strategic goals. Fifty-eight hospitals and health systems and nearly 700 individuals have participated in the AIAMC National Initiatives since 2007 and have driven change that resulted in meaningful and sustainable outcomes that improved the quality and safety of patient care.

Kimberly Pierce-Boggs
AIAMC Executive Director

www.aiamc.org
kimberly@aiamc.org
312-836-3712

ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS BOARD OF DIRECTORS

Ronald G. Amedee, MD
Designated Institutional Official
Ochsner Health System

Laurinda Calongne, EdD
Chief Academic Officer
Our Lady of the Lake Regional Medical Center

Lynne A. Chafetz, JD
Senior Vice President and General Counsel
Virginia Mason Medical Center

Robert Dressler, MD, MBA
Quality and Safety Officer, Academic
and Medical Affairs
Christiana Care Health System

Judith A. Gravdal, MD
Chairman, Family Medicine
Advocate Lutheran General Hospital

Kevin T. Hinchey, MD
Chief Academic Officer
Baystate Medical Center

Joseph Jaeger, DrPH
Chief Academic Officer
Monmouth Medical Center

David S. Kountz, MD
Vice President, Academic Affairs
Jersey Shore University Medical Center

Barry D. Mann, MD
Chief Academic Officer
Main Line Health

Tsveti Markova, MD
Designated Institutional Official
Crittenton Hospital Medical Center

Shelly Monks, MBA
System Vice President, Education
Ochsner Health System

Brian D. Owens, MD
Director of Graduate Medical Education
Virginia Mason Medical Center

Joseph Portoghese, MD
Chief Academic Officer
Florida Hospital

Deborah Simpson, PhD
Director, Medical Education Programs
Aurora Health Care

ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS COMMITTEE ON THE INTEGRATION OF ACADEMICS AND QUALITY – NATIONAL INITIATIVE V

Rob Dressler, MD, MBA, Chairman
Christiana Care Health System

Hania Wehbe-Janek, PhD, Vice-Chairman
Baylor Scott & White Health

Lynne A. Chafetz, JD
Virginia Mason Medical Center

Alex Dummett, MD
Kaiser Permanente Northern California

Jehan El-Bayoumi, MD
Rodham Institute

Judith A. Gravdal, MD
Advocate Health Care – Advocate Lutheran General Hospital

Victor Herrera, MD
Florida Hospital

David S. Kountz, MD
Meridian Health – Jersey Shore University Medical Center

Chinwe Onyekere, MPH
Main Line Health System – Lankenau Medical Center

Kimberly Pierce-Boggs
Alliance of Independent Academic Medical Centers

ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS
National Initiative V Participating Institutions and Team Leaders

Advocate Health Care – Advocate Illinois Masonic Medical Center
Mohammed Samee, MD
Barbra White, MHA

Advocate Health Care – Advocate Lutheran General Hospital
Judith A. Gravdal, MD

Aurora Health Care
Jeffrey Stearns, MD

Bassett Medical Center
James Dalton, MD
Charlotte Hoag

Baylor Scott & White (Scott & White)
Austin Metting, MD, FACP

Baylor Scott & White (Baylor University Medical Center)
Cristie Columbus, MD

Christiana Care Health System
Arlene Smalls, MD
Regina Smith, DO

Cleveland Clinic – Akron General Medical Center
Cheryl Goliath, PhD

Crittenton Hospital Medical Center
Tsveti Markova, MD, FAAFP

Florida Hospital
Victor Herrera, MD

Guthrie/Robert Packer Hospital
Victor Kolade, MD

Hackensack Meridian Health – Jersey Shore University Medical Center
David S. Kountz, MD

HealthPartners Institute for Education and Research
Julie Cole, MPP
Miguel Ruiz, MD

HonorHealth Scottsdale Healthcare Osborn
Javier Zayas-Bazan, MD

Kaiser Permanente Northern California
Theresa Azevedo, BA

Main Line Health System – Bryn Mawr Hospital
Joseph Greco, MD, FAAFP

Ochsner Clinic Foundation
Raja Gala, MD

Orlando Health
Kwabena Ayesu, MD

OSF Saint Francis Medical Center
Caroline Kim-Kupfer, MD

Our Lady of the Lake Regional Medical Center
Laurinda Calongne, EdD
Lauren Rabalais, MPA

RWJBarnabas Health – Monmouth Medical Center
Joseph Jaeger, DrPH
Alex Puma

Saint Francis Hospital and Medical Center
Jeri Hepworth, PhD
Marcus McKinney, DMin, LPC

Sparrow Hospital
Lisa Powell, MBA

Swedish Medical Center
Leah Baruch, MD
I-Nong Lee, MHA
Andie Lesowske, MD
Sandra B. Norris, MBA
Isabelle Trepiccione, MD
Hailey Wilson, MD

The Christ Hospital Health Network
Jennifer Reemtsma, MEd

TriHealth, Inc.
Dave Dhanraj, MD
Elizabeth (Lily) Browning, DO

UnityPoint Health – Des Moines
Chanteau Ayers, JD

Virginia Mason Medical Center
Brian D. Owens, MD
Gillian Abshire, RN
Leah Geyer, MD
Elly Bhatraju, MD

ABBREVIATIONS/ACRONYMS

ACGME – Accreditation Council for Graduate Medical Education

CEO – Chief executive officer

CHNA – Community Health Needs Assessment

CLER – Clinical Learning Environment Review

CT – Computed tomography

ED – Emergency department

EHR – Electronic health record

EMR – Electronic medical record

ENT – Ear, nose, and throat

GME – Graduate medical education

HIPAA – Health Insurance Portability and Accountability Act of 1996

IRB – Institutional review board

IT – Information technology

LGBTQ – Lesbian, gay, bisexual, transgender, and queer

NI V – National Initiative V

OBGYN – Obstetrics and gynecology

PCP – Primary care provider

PDSA – Plan, Do, Study, Act

REAL-G – Race, ethnicity, age, language-gender

RN – Registered nurse