



OVERVIEW OF THE ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS NATIONAL INITIATIVE

Role of the AIAMC

The Alliance of Independent Academic Medical Centers (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. Eighty-six major medical centers across the United States are members, representing more than 800 senior academic leaders.

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 AIAMC recognized that resident quality improvement efforts—shared across multiple programs and systems—had the potential to improve care quickly and effectively.

National Initiative I and II

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 participating organizations. The NI I was supported by a grant from the foundation of HealthPartners Institute for Medical Education, an AIAMC member institution located in Minneapolis, Minnesota. The result of these efforts was initial findings that demonstrated the efficacy of integrating graduate medical education 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*.

In 2009, the AIAMC launched the National Initiative II and expanded participation to 35 member teaching hospitals from Seattle to Maine. Each participating hospital developed a quality improvement team led by a resident or faculty member. Quality improvement projects—which spanned an 18-month period—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 the May/June 2012 special supplement issue of the *American Journal of Medical Quality*.

National Initiative III

National Initiative III, launched in 2011 with 35 teams, built on the strengths of the first 2 phases of the AIAMC National Initiative 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. AIAMC recognized that part of our responsibility as medical educators is to train the next generation of practicing physicians; thus, residents must be considered as junior faculty and were integral in this effort. Structurally, NI III engaged faculty members, program directors, residents, continuing education specialists, and quality improvement leaders in a cohort model of learning. Quality improvement projects focused on one of the following: Comprehensive Faculty Development Program, Specific Faculty Development Program (eg, professionalism, teamwork, feedback), Quality Improvement Faculty Development Program, Specific Quality Improvement Project (eg, lab response time, resilience, obstetrics rapid response time), Handoffs, and Resident Quality Councils. Results from NI III were published in a variety of publications, including the Fall 2013 issue of *The Ochsner Journal*.

This proceedings book presents abstracts of each NI III project, along with the institution's work plan. Publishing these materials in a special supplement to *The Ochsner Journal* not only makes the project descriptions and results available to other institutions worldwide (the entire issue is posted at PubMed Central) but also addresses Accreditation Council for Graduate Medical Education (ACGME) requirements for scholarly activity.

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