



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. Seventy-eight major medical centers across the United States are members, representing more than 700 senior academic leaders.

Fifty-five hospitals and health systems and more than 450 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.

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* featured 5 meetings over the course of 18 months that served as touchstones for ongoing quality improvement in 19 participating organizations. National Initiative I was supported by a grant from the foundation of HealthPartners Institute for Medical Education, an AIAMC member institution located in Minneapolis, MN. 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, we launched National Initiative 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 during 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 National Initiative 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*.

On the cover: Pictured on the cover is the Our Lady of the Lake Regional Medical Center Academic Affairs team receiving the 2015 AIAMC Innovation Award. On the front row (from left) are Lauren Rabalais, MPA, Mandi Musso, PhD, Laurinda Calongne, EdD, Rich Vat, MeD, and Keith Rhynes, MD. On the back row (from left) are Savarra Mantzor, MD, Stephen Hosea, MD, Bear Cafferty MD, Michael Bolton, MD, Bud O'Neal, MD, and Trey Dunbar, MD. Our Lady of the Lake Regional Medical Center is located in Baton Rouge, LA.

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 National Initiative III was faculty/leadership development. The 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.

Results from National Initiative III were published in a variety of publications, including the Fall 2013 issue of *The Ochsner Journal* and a special *Proceedings of National Initiative III* supplement to *The Ochsner Journal* published in Spring 2014.

National Initiative IV

National Initiative IV: Achieving Mastery of CLER, launched in 2013 with 34 AIAMC member and—for the first time—nonmember teams focused on navigating the Accreditation Council for Graduate Medical Education (ACGME) 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 National Initiative IV provided teams the training and guidance necessary to identify strengths and weaknesses across the 6 focus areas; prioritize areas for improvement; outline, streamline, and implement improvement strategies; and significantly and measurably advance the institutional level of preparedness.

In addition, 3 writing groups were formed to capture the collective work and learning of the initiative: Program Descriptions, focused on describing the purpose, structure, and progress of the overall initiative; Initiative-wide Research, focused on projects that engage the participating institutions or entire initiative as a research project; and Resource Materials, focused on scholarly work that can be used as a future resource for others. During National Initiative IV, a group of leaders published an article titled “Integrating Quality with Graduate Medical Education: Lessons Learned from the AIAMC National Initiatives” in the *American Journal of Medical Quality*.

This proceedings book presents abstracts of each National Initiative IV 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 ACGME requirements for scholarly activity.

Kimberly Pierce-Boggs

AIAMC Executive Director

www.aiamc.org

kimberly@aiamc.org

312-836-3712

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I want to extend my personal congratulations and appreciation to all the participants in National Initiative IV.

Great job!

Joe Portoghese, MD
Florida Hospital
Chair, National Initiative IV

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

Marcella de la Torre, EdD, co-chair

Joseph Portoghese, MD, co-chair

Ronald Amedee, MD

Lynne Chafetz, JD

Rob Dressler, MD, MBA

Judith Gravdal, MD

Joseph Jaeger, DrPH

Samantha Kealey, MD

Justin Liberman, MD

Tsveti Markova, MD

Hania Wehbe-Janek, PhD

Advisory Role

Chip Finch, DO

Brian Owens, MD

Carl Patow, MD

ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS

National Initiative IV Participating Institutions and Team Leaders

Advocate Lutheran Hospital
Judi Gravdal, MD

Akron General Medical Center
Cheryl Goliath, PhD

Atlantic Health System–Goryeb Children’s Hospital
Alan Meltzer, MD

Aurora Health Care
Jeff Stearns, MD

Bassett Medical Center
Jim Dalton, MD

Baylor University Medical Center at Dallas
Adan Mora, Jr, MD

Baystate Medical Center
Heather Sankey, MD

Beaumont Health System
Jeffrey Devries, MD

Carolinas HealthCare System
Eric Anderson, MEd

Christiana Care Health System
Neil Jasani, MD

Crittenton Hospital Medical Center/Wayne
State University
Tsveti Markova, MD

Florida Hospital
Joseph Portoghese, MD

HealthPartners Institute for Education &
Research/Regions Hospital
Kelly Frisch, MD

Jersey Shore University Medical Center
David Kountz, MD

JPS Health Network
Josephine Fowler, MD

Kaiser Permanente Northern California
Alex Dummett, MD

Main Line Health System
Joe Greco, MD

Maricopa Integrated Health System
Michael Grossman, MD

Marshfield Clinic
Matthew Jansen, MD

Monmouth Medical Center
Joe Jaeger, MD

Ochsner Clinic Foundation
Ron Amedee, MD

OhioHealth Riverside Methodist Hospital
Sara Sukalich, MD

Orlando Health
Kwabena Ayesu, MD

OSF Saint Francis Medical Center/University of
Illinois College of Medicine
Crystal Davis-Coan, MA

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

Saint Francis Care Medical Center
Jeri Hepworth, PhD

Scott & White Healthcare
Ravi Kallur, MD

Scottsdale Lincoln Health Network
Moe Bell, MD

TriHealth
Dave Dhanraj, MD

University of Utah Health Sciences Center
Alan Smith, PhD, MEd

Virginia Mason Medical Center
Ananth Shenoy, MD