



ALIGNED INSTITUTIONAL MISSION PROGRAM™

A program of AAHC and AAHCI

AAHCI AIM Program™ Site Visit Guide

In this document:

1. [AIM Program Overview](#)
2. [Why participate in AIM?](#)
3. [Preparing for the AIM Program](#)
4. [Sample Site Visit Agendas](#)
5. [Site Visit Timeline](#)
6. [Sample timeline for participating AIM Program](#)

AIM Program Overview

The Aligned Institutional Mission (AIM) Program stems from the important observation that academic health centers are the only organizations with the capacity to align the education, research and clinical missions such that each informs and improves the other. Yet many academic health centers have not been able to achieve optimal alignment due to various reasons, including lack of applicable models to adopt and insufficient time to focus on this issue due to other priorities. The AIM Program therefore is intended to assist academic health centers to 1) **enhance and measure organizational alignment;** 2) **set and meet the strategic goals of this alignment;** and 3) **benchmark their degree of success.**

The founding principle of the program is that of respect for the diversity and cultural heterogeneity of our member institutions around the world. Therefore, **the program is not a “one size fits all,” but rather one that will be tailored to benefit each institution no matter its size, finances, or stage of development.** Each participating institution will commit to implementing a self-defined plan for improved organizational performance, with the goal of achieving an optimally aligned academic health center among its missions of education, research and patient care.

Core Components of the Program

The program involves both process and performance measures, and will be on-going in the sense that it reflects continuous activity designed to implement the selected strategic goals. The program is structured around five core components:

Five Core Components of the Program

<p>#1: Mission Alignment</p> <p><i>Demonstrated mission alignment, such that education, research and patient care inform one another and make each other more effective</i></p>	<p>The degree to which education, research, and patient care influence and improve each other is the key to mission alignment. The institution will provide evidence of alignment – including organizational structure and leadership authority, informed and socially responsive governance, and defined strategic plans for enhancing this alignment.</p>
<p>#2: Internal Accountability</p> <p><i>Measures of the impact of the aligned academic health center on its patients, students, faculty, and alumni</i></p>	<p>The academic health center will determine its contribution to the health and well-being of its patients, students, faculty, and alumni, and create a roadmap for improving performance. Performance indicators that measure patient safety, outcomes in chronic diseases, mental health, maternal child health and seniors’ health are all potential measures of the ROI in health investment. Performance indicators that measure the academic missions of research and innovation, and health professionals’ education and training are also potential measures, and may include institutional plans and processes to strengthen research integrity and reproducibility.</p>

<p>#3 External Accountability</p> <p>(Social Determinants of Health/Community Health/Well-being)</p> <p><i>Attention to the social determinants of health in all mission areas</i></p>	<p>The academic health center should determine its contribution to the community it serves (locally, regionally, and/or globally), encourage citizen participation, and inform government health policy to improve community health outcomes where possible. The institution should strive to demonstrate how the social determinants of health are acknowledged and aligned into its education, research and patient care programs and influenced by its practice. Tangible factors include population health management and outcomes, as well as economic and societal impact. The institution may choose to implement new programs to improve service provision for the underserved populations in their region. The institution will determine performance indicators that are relevant to their external audiences.</p>
<p>#4: Interprofessional Education and Practice</p> <p><i>Commitment to interprofessional education and practice</i></p>	<p>Evaluation and strategic planning will determine the degree to which there is commitment to interprofessional education and practice, ranging from combined curricular implementation to alignment among the various health professions educational programs, as well as the extent to which healthcare delivery is impacted by interprofessional teams.</p>
<p>#5: Knowledge Sharing</p> <p><i>Willingness to share information and best practices internally and with other academic health centers.</i></p>	<p>The institution is committed to sharing new knowledge and best practices between its mission areas and with other academic health centers. A management plan for sharing information should be developed and records of such practices kept.</p>

Why participate in AIM?

A key to success in 21st century medicine will be the ability to create learning health systems. In so doing, academic health centers have an advantage in that they are the only organizations with the ability to capture the synergy from the optimal alignment of education, research, and patient care, thus defining a new level of a learning health system. The AIM Program is intended to support this alignment on an individualized, institutional basis. To our knowledge, there is no other program like this in the world.

- **The AIM Program is tailored to your institution.** AIM participants can tailor the program to the needs and strategic goals of their institution regardless of size, finances, or stage of development. For example:
 - Participants can choose to focus on a specific part or parts of the academic health center or do a deep dive involving the entire institution (the latter is recommended.)
 - Participants can share areas they would like to focus on within the AIM Program and AAHCI will customize the program and group of consultants accordingly.
 - AAHCI will provide recommendations on how to complete a self-assessment and follow-up action plan, but will also work with each institution to create a format suitable to their needs.
- **AIM Program consultants have senior leadership experience as your peers.**
 - All AIM Program consultants are distinguished former leaders who have held a major leadership role at an academic health center. They understand in-depth the value and challenges of enhancing the alignment of research, education and patient care.
 - The AIM Program consultants come from a wide range of institutions (various regions, sizes, public/private, urban/rural, and so on.) We recommend AIM sites have at least one consultant from a different country, which offers a unique perspective and unbiased feedback.
- **AIM Site Visits provide a forum for honest, confidential discussion with leaders from all stakeholders of the academic health center** (university, hospitals, partners, etc.) to gain a better understanding of what is working well and where improvements in alignment can and/or should be made. Unlike accreditation programs, the results of the AIM Program are not graded or publicized.
- **AIM participants will receive access to a database of knowledge gained from the overall program** focused on the analysis, research, and data confidentially culled from AIM institutions involving the alignment of academic health center missions. AIM participants will be asked to share best practices throughout the three-year cycle, lessons learned from the program, and case studies where applicable. AIM participants will also have access to their peers from other institutions participating in the program.

AIM Self-Assessment and Site Visit Process – Recommendations

1. Appoint people for the following roles:

- Site Leader – orchestrates site visit, reviews and approves meeting teams, champions the process and encourages wide participation. It is recommended this be the top administrative or executive official. The typical title for this position includes: CEO, President, Vice President, Rector, Vice-Rector, Chancellor, Vice-Chancellor, etc. The site leaders should be willing to work with/involve leaders of partner organizations.
- Logistics manager and scheduler – determines site visit dates, agenda and meetings according to leadership schedules; reserves location for meetings during site visit; books hotel room and transportation for AIM team as needed; shares schedules, materials, questions, concerns, updates and requests as needed; ensures meetings run on time during site visit; updates and shares changes in agenda during site visit as needed; introduces participants of individual sessions to AIM consultants; acts as timekeeper for sessions; and provides full-time support to AIM team and site leadership during site visit.
- Principle author of AIM Briefing Book – gathers and synthesizes materials for briefing book prepared for AIM team.

2. **Select site visit dates** – we recommend having a minimum of five months between being selected as an AIM site and undergoing your site visit.

3. Prepare site visit agenda

- Site visits are expected to last two and a half to three full days. During the site visit, the consulting team will meet with teams of staff, leadership, and partners of the participating institution. A specific site visit schedule will be planned in collaboration with the institution to be visited (see sample agendas). We recommend:
 - i. It is essential the AIM team has the opportunity to meet key leaders – AAHC/I primary rep, top leader/decision maker of Academic Health Center/System, top leader of main hospital(s), Deans, CEO, CFO, CMO, key clinical chairs (medicine, surgery, pathology, nursing, primary care/public health etc.), research and educational vice deans. In certain countries the institution may want to also include government/health/education ministry leaders. Creating a short list of the most important 10-15 leaders to include upfront is helpful, as they often need to schedule meetings months in advance.
 - ii. Scheduling the remaining individuals according to the needs of the senior leaders included in the above, filling out the rest of the schedule by grouping people by areas of responsibility, specialty, community, and so on. Including resident groups (either separately or in the thematic block or component groups) in the agenda is also recommended.

4. Prepare self-assessment and associated documentation

- AIM Sites will prepare the self-assessment and associated documentation that is appropriate and relevant to their institution, guided by suggestions in the AIM Self-Assessment Tool, and submit this to AAHCI for consultant review 6-8 weeks in advance of the site visit (this ensures ample time for review and follow-up input as needed.)
- The principle author may want to schedule interviews, prepare document review, and gather written responses to questions in the tool prior to writing the report. Interviews conducted will help indicate who will be key to include in meeting with AIM consultants to share constructive input.

5. Submit self-assessment and documentation to AAHCI for consultant review 6-8 weeks in advance of the site visit.

- We ask AIM sites that have completed their self-assessment to prepare a briefing book structured around the five core components of the program. The briefing book should contain the following:
 - i. Self-assessment, including introductory materials about the institution and documentation (where available) to support the level of alignment.
 - ii. A summary of the institution's expectations and desired/ideal results for the AIM Program
 - iii. Draft visit agenda (see sample agenda below) to include meetings between the consulting team and institution staff, leaders, and partners. Names and titles of individuals included in each meeting and brief bios of key individuals should be included.
- Submit the above documents to AAHCI for distribution to the consulting team six to eight weeks prior to site visit. During the site visit, the consulting team will review documentation from the briefing book with select institution staff.
- Additionally, institutions may consider preparing case examples of best practices before and after the site visit. This is optional, and is designed to help AAHCI prepare a database of best practices. Institutions will be asked to provide lessons learned during the process, a few examples of areas of need, areas of strength, and areas of potential enhancement.

6. Prepare for Site Visit

- AIM Program sites are responsible for making transportation arrangements for AIM consultants (this includes airfare, transportation to and from the airport, and transportation to and from the academic health center as needed.) Sites are also responsible for selecting and booking a hotel appropriate for senior level executives convenient to the academic health center and for covering meals for the consulting team.
- Sites located in non-native English speaking countries may want to consider hiring a translator.

After the site visit, the consulting team will prepare a written report and review the report virtually (phone/video call) with the institution lead. The institution will then prepare a

response to the report (a sample template will be provided) with an action plan for the consulting team to review.

Site Visit timeline

Task	Deadline	Participants
Site overview call		Site team AAHCI staff
Briefing book, and draft site visit agenda due	6-8 weeks prior to site visit	Site team
Briefing book and agenda review	3-6 weeks prior to site visit	AAHCI Consultant team
Review call with Site	3 weeks prior to site visit	AAHCI staff Site team
Final briefing book and site visit agenda due	2 weeks prior to site visit	Site team
Site visit	Dates TBD	AAHCI Consultant team Site team
Report editing	1-3 weeks after site visit	AAHCI Consultant team
Final report due to AAHCI	3 weeks after site visit	AAHCI Consultant team
Final report due to Site	4 weeks after site visit	AAHCI staff

All correspondence and documentation should go directly to Liz Frank, efrank@aahtdc.org, with a copy to Chris Smith, csmith@aahtdc.org. Please do not send to outside parties or consultants.

Sample Site Visit Agenda

Note: individuals who meet with the consulting team should be chosen carefully to ensure a variety of stakeholders, while limited in numbers, are involved, and that each of the five core components is covered adequately. To maximize the usefulness of the site visit, all participants should understand the purpose of AIM and the site visit, and be prepared to discuss the goals and challenges delineated in the self-assessment tool.

Below are two sample agendas. The institution can block the agenda to best suit its needs. Potential agenda block themes include alignment component, challenge areas, programmatic areas (e.g., education, research, community relations), and more.

Sample Site Visit Agenda 1

Day/Time	Activity	Participants	Purpose
Day 1	Welcome and Overview	AIM Consulting Team Institution Lead	The Institution Lead will be asked to breakdown for the consulting team the groups they are meetings with, why they are important, and the specific wish list of things they would like to gain from the AIM visit.
	Site Walkthrough (Optional)	AIM Consulting Team Institution Lead	Institutions may choose to orient the Consulting Team to areas on campus that are relevant to elements of the AIM Program™ with a tour. Tours should last no longer than 90 minutes. Tours should be limited to new facilities/plans or unique entities
	Senior Leadership meeting	AIM Consulting Team Leaders	Consultants to meet with top 1-5 senior leaders of academic health center (provost, president, rector, chancellor, etc.) <i>It is important to include the most important individuals during the first half of day one, so the consultants have a good understanding of the organization chart, who are the managers and influencers of the various entities, how well the institution is aligned, and how the funds flow. The local/national government should also be included in this first block if they are a key player. Then they can focus on the specifics of the core components thereafter.</i>
	Break	AIM Consulting Team	30 minute break for internal discussion among consultants
	Thematic Block 1*	AIM Consulting Team Relevant Stakeholders	Content discussion to determine degree of alignment, areas of strength and areas in need of improvement (hereafter referred to content discussion)

	Break	AIM Consulting Team	30 minute break for internal discussion among consultants
	Thematic Block 2*	AIM Consulting Team Relevant Stakeholders	Content discussion
	Consulting Team Review	AIM Consulting Team	Consulting Team will meet to share knowledge gained from Day 1 and customize schedule for day 2
<p>Day 2</p> <p><i>Consulting Team will need flexibility to customize Day 2 Schedule according to knowledge gained from Day 1</i></p>	Thematic Block 3*	AIM Consulting Team Relevant Stakeholders	Content discussion
	Break	AIM Consulting Team	30 minute break for internal discussion among consultants
	Thematic Block 4*	AIM Consulting Team Relevant Stakeholders	Content discussion
	Break	AIM Consulting Team	30 minute break for internal discussion among consultants
	Thematic Block 5*	AIM Consulting Team Relevant Stakeholders	Content discussion
	Meeting with Leadership	AIM Consulting Team Leaders (group and/or individual meetings)	Meet with additional leadership to discuss gaps in alignment and opportunities for enhancement
	Consulting Team Review	AIM Consulting Team	Consulting Team will meet to share knowledge gained from Day 2
<p>Day 3</p> <p><i>Consulting Team will need flexibility to customize Day 3 Schedule according to</i></p>	Consulting Team Review	AIM Consulting Team	Consulting Team will meet to draft initial report
	Discussion on Findings and Draft Report	AIM Consulting Team Institution Lead	Discuss initial impressions, points for clarification, and address potential recommendations. Schedule 30 minutes to meet with the AAHC Primary Rep/Institution Lead individually, and then schedule time to meet with a larger group to discuss findings.

*knowledge
gained from
Day 2*

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*Sample thematic blocks (to be no more than 90 minutes long):

- Bioscience
- Branding and promotion
- Central administration
- Clinical scientists
- Community programs
- Health informatics
- Interprofessional education
- Patient safety
- Population health
- Specialized care programs
- Strategic partners (this may be leaders from affiliated hospitals, research institutes, private companies, etc.)

Sample Site Visit Agenda 2

Day/Time	Activity	Participants	Purpose
<i>Day 1</i>	Welcome and Overview	AIM Consulting Team Institution Lead	The Institution Lead will be asked to breakdown for the consulting team the groups they are meetings with, why they are important, and the specific wish list of things they would like to gain from the AIM visit.
	Site Walkthrough (<i>Optional</i>)	AIM Consulting Team Institution Lead	Institutions may choose to orient the Consulting Team to areas on campus that are relevant to elements of the AIM Program™ with a tour. Tours should last no longer than 90 minutes. Tours should be limited to new facilities/plans or unique entities
	Component 1: Mission Alignment	AIM Consulting Team Component Team	Content discussion to determine degree of alignment, areas of strength and areas in need of improvement (hereafter referred to content discussion)
	Break	AIM Consulting Team	30 minute break for internal discussion among consultants
	Component 2: Internal Accountability	AIM Consulting Team Component Team	Content discussion
	Consulting Team Review	AIM Consulting Team	Consulting Team will meet to share knowledge gained from Day 1 and customize schedule for day 2
	Day 2 <i>Consulting Team will need flexibility to customize Day 2 Schedule according to knowledge gained from Day 1</i>	Component 3: External Accountability	AIM Consulting Team Component Team
Break		AIM Consulting Team	30 minute break for internal discussion among consultants
Component 4: Interprofessional Education and Practice		AIM Consulting Team Component Team	Content discussion
Break		AIM Consulting Team	30 minute break for internal discussion among consultants
Component 5: Knowledge Sharing		AIM Consulting Team Component Team	Content discussion
Break		AIM Consulting Team	30 minute break for internal discussion among consultants
Meeting with		AIM Consulting	Discuss gaps in alignment and

	Leadership	Team Leaders (both group and individual meetings)	opportunities for enhancement and plans for going forward
	Consulting Team Review	AIM Consulting Team	Consulting Team will meet to share knowledge gained from Day 2
<p>Day 3</p> <p><i>Consulting Team will need flexibility to customize Day 3 Schedule according to knowledge gained from Day 2</i></p>	Consulting Team Review	AIM Consulting Team	Consulting Team will meet to draft initial report
	Discussion on Findings and Draft Report	AIM Consulting Team Institution Lead	Discuss initial impressions, points for clarification, and address potential recommendations. Schedule 30 minutes to meet with the AAHC Primary Rep/Institution Lead individually, and then schedule time to meet with a larger group to discuss findings.

Sample Timeline for Participating AIM Program Sites						
Task	Lead	Status	Year 1			
			Q1	Q2	Q3	Q4
Self-Assessment						
Site accepted into AIM Program, MOU signed	AAHCI		■			
AIM Program Training, Review of Materials	AAHCI		■			
Site assembles AIM Team	Site		■			
Site attends AAHC Global Issues Forum (optional)	Site					
Site completes self-assessment	Site		■			
AAHCI and consultant review of self-assessment, revisions made as needed	AAHCI			■	■	
Site Visit Preparation						
AAHCI assembles consulting team for site approval	AAHCI		■			
AAHCI works with institution to prepare site-specific timeline	AAHCI		■			
Site prepares agenda for site visit with consultants	Site			■		
AIM Program Site Visit						
Site Visit	Site				■	
Site Visit Reporting						
Initial report provided on-site; last day of site visit	Consultants				■	
Full report shared with site one month after visit	AAHCI				■	
AIM Program - Initial Evaluation and Modification						
Site completes evaluation of AIM tools, site visit process and final reporting	Site					■
Action Plan						
Site completes action plan according to gaps defined during self assesment and site visit	Site					■
Consultants/AAHCI review action plan; provide input to site	Consultants					■
Completion of AIM Program						
AAHCI recognizes site completion of AIM Program	AAHCI					■

