

## Questions for Discussion: EBP Champion Team or Council/Committee

We want to align the process with our Magnet application; how we demonstrated different elements of leadership, EBP, etc.

All teams at UCH use evidence to guide practice improvement. A primary difference for champion teams is related to the use of a body of evidence on a specific clinical concept that encompasses patient care across the organization, in which patient outcomes can be measured.

1. Provide a Charter that clearly describes how the formation of a new champion's team will use research and EBP as driving forces in the team's purpose and function
  - a. Clearly identify the main concept
  - b. Demonstrate how the team is multidisciplinary and functions across practice areas (e.g. inpatient and outpatient)
  - c. Clinically focused concept with identified outcome measures to be tracked by the team
2. Discuss proposed time line (standing champions group; or temporary for a specific initiative)
3. Identify: Director's support, clinical expert co-chair, and proposed team membership

### For example:

Organ donation committee:

- a. Purpose: to improve provider awareness of organ donation process and improve time to referrals of potential donors.
- b. Membership: only ICU providers
- c. Focus: process related to triggers for identifying potential donors
- d. Outcome measures: monthly data related to donor processes

Skin Champion team:

- a. Purpose: improve patient care by applying best evidence related to skin, wound, and pressure ulcer prevention interventions.
- b. Membership: Multidisciplinary: inpatient and outpatient membership (CWOCNs, RNs, CNAs, Dietary, PT and MD adhoc)
- c. Focus: skin/wound care patient focused to include products, care protocols, documentation, policy and procedure, practice guidelines, fiscal accountability/reimbursement, and education (RN, CNAs, and MD)
- d. Outcome measures: HAPU rates