BOTH PHYSICIAN AND NURSE CHAMPIONS IN AMI CARE

Evidence Brief

CLINICAL CHAMPIONS ARE KEY TO EFFORTS to improve patient care and health outcomes.¹⁻⁵ Clinical champions (also referred to as opinion leaders) are not necessarily authority figures in formally designated roles; they are seen as competent and trustworthy professionals who are able to influence others to adopt new and useful practices.^{1,3,6} Champions cannot always be identified at the outset of a change process. Evidence suggests the organic emergence of champions from within units or departments may be as effective for enabling and sustaining change.⁷ Clinical champions have been shown to positively affect guideline implementation and patient outcomes in areas such as antibiotic prescribing, CVC insertion bundle implementation, urinary catheter use in emergency departments, health care associated infections, patient information on prostate cancer and outcomes in intensive care units.⁷⁻¹²

IN CARE OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION (AMI), clinical champions are typically physicians and nurses who actively promote new evidence based approaches and facilitate creative problem solving in teams.^{1, 3, 5, 13} Clinical champions in AMI have made contributions to coordination of care with emergency medical services; decreased mortality rates, implementing guidelines and quality improvement initiatives, prescribing patterns and accelerating adoption of AMI therapies.^{3-5; 13-15}

The presence of both physician and nurse champions in AMI care is associated with better hospital performance as well as lower risk standardized mortality rates. ¹³⁻¹⁴ An authentic, collaborative dyad of physician and nurse champion is especially important, as having either no champions or a single nurse or physician champion is associated with poorer outcomes (and may signal an organizational culture that does not support interdisciplinary collaboration for quality improvement). ¹³⁻¹⁴

A nurse provides an illustration from the Curry et al 2011 study:¹⁴

"We have very engaged physician leadership in our quality department. We started the clinical vision of healthcare quality about 12 years ago. It was him [physician], myself [nurse] and the secretary...our job was to be the change agents. So we were kind of out there getting people engaged thinking about quality, safety and measurement and how did they interrelate and how can we use those three things to move the patient care forward? We started with AMI because the evidence was there."



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