



ROLES & FUNCTIONS

Stroke Coordinator





Stroke Program Coordinator Role & Functions I:

8:15-8:45



Panel Members

- **Karen Kiesz:** Stroke Program Coordinator of Tacoma General Hospital and Allenmore Hospital
- **Kerry Stewart:** Trauma Coordinator, Lake Chelan Community Hospital
- **Valerie Lyttle:** Stroke Program Coordinator for MultiCare Good Samaritan Hospital & Covington Emergency Department
- **Carole Hardy:** Stroke Coordinator, Overlake Hospital Medical Center
- **Sherene Schlegel:** Stroke and Telestroke Program Manager of Swedish Neuroscience Institute at Swedish Medical Center



Objectives

- Describe the various leadership roles critical to the success of stroke program
- List and describe the key components of a Stroke Coordinator role



Global Overview of Stroke Coordinator Role

- Work in conjunction with Stroke Medical Director and Hospital Administration
- Lead development of care plans or paths, protocols, order sets, guidelines for stroke (TIA, Ischemic and Hemorrhagic)
- Set and review yearly goals for stroke program
- Provide education for nurses in all locations of the hospital



Global Overview of Role

- Review clinical data
- Support entry into data base
- Provide education/feedback to EMS providers
- Represent stroke program at administrative and related departmental meetings



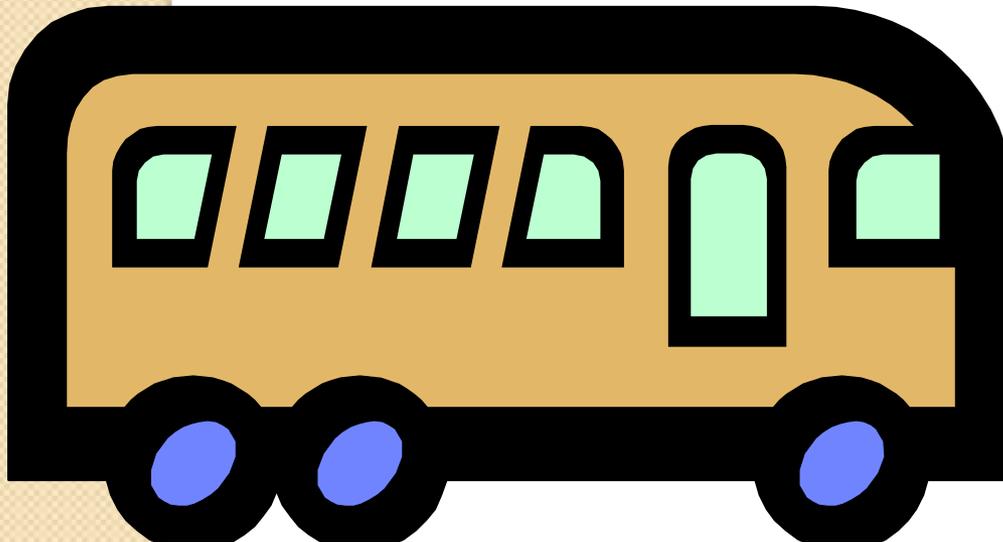
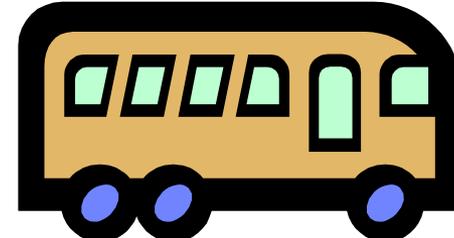
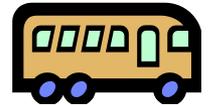
Global Overview of Role

- Participate in State/Regional/County Stroke System of Care Meetings
- Lead DOH application categorization process
- Lead other certifications as necessary (TJC, etc.)
- Knowledgeable about the CMS Core Measures for Stroke

Global Overview of Role

Be attentive to you area of responsibility

- Drive the “STROKE Bus”
- Foster support
- Stay energized





Level 3 CA Stroke Coordinator

- Code Stroke Team Member
- Program Oversight
 - Ensure proper training and continuing education
 - Provider training
 - Nurse training
 - Fiscal responsibility
 - Budget
 - Review and analyze data abstracted
 - Report to QI committee
 - Ability to make change
 - Protocol creator



Level 3 CA Stroke Coordinator

- EMS liaison
 - Collect data from EMS
 - Ensure EMS involvement in case review
- Meetings
 - Internal committee co-chair
 - Regional QI meeting
 - Consortium QI meeting
- Communicator
 - Keep the information alive



Level 3 Stroke Coordinator

- As previous slides
- Leadership Role
 - Report to Staff, Physicians, Administration, and System Level entities
 - Physician engagement
 - Staff engagement



Level 3 Stroke Coordinator

- Data Mining & Management
- Facility/site/position may be differently resourced
- May have to be creative to meet education requirements
- Driving Force



Level 2 Stroke Coordinator

Program Governance

- Create structure and practices to guide the program and provide oversight to the program.
- You are the link to administration and to the staff.
 - QI reports
 - Strategic planning
 - Committees
 - Patient Satisfaction
- The regulatory bodies , TJC, WADOH, CMS , guide program development



Level 2 Stroke Coordinator

- Operations
- Manage both projects and the program
 - Infrastructure
 - Physical environment of the stroke units
 - Equipment
 - Physicians and team PT, OT, SP, Nutrition, Pharmacy
 - Financial obligations



Level 2 Stroke Coordinator

- Planning –activities at various levels with different goals
 - Education for staff
 - Education for physicians
 - EMS
 - Community education and services
 - QI activities or performance improvement projects



Level 2 Stroke Coordinator

- Case Management
 - Respond to Code Strokes
 - Patient advocate
 - Follow patient through hospitalization
 - Concurrent and retrospective chart reviews
 - Patient educator
 - Discharge letters, follow up calls
 - Patient complaints



Level 2 Stroke Coordinator

- Outcomes and performance data
 - Data miner and analyzer
 - Data is used to strategically plan performance improvement activities
 - Stroke core measures for regulatory bodies (CMS, TJC, WADOH)
 - Satisfaction survey
 - Door to lytic



Level I Comprehensive Stroke Center (CSC) Stroke Coordinator

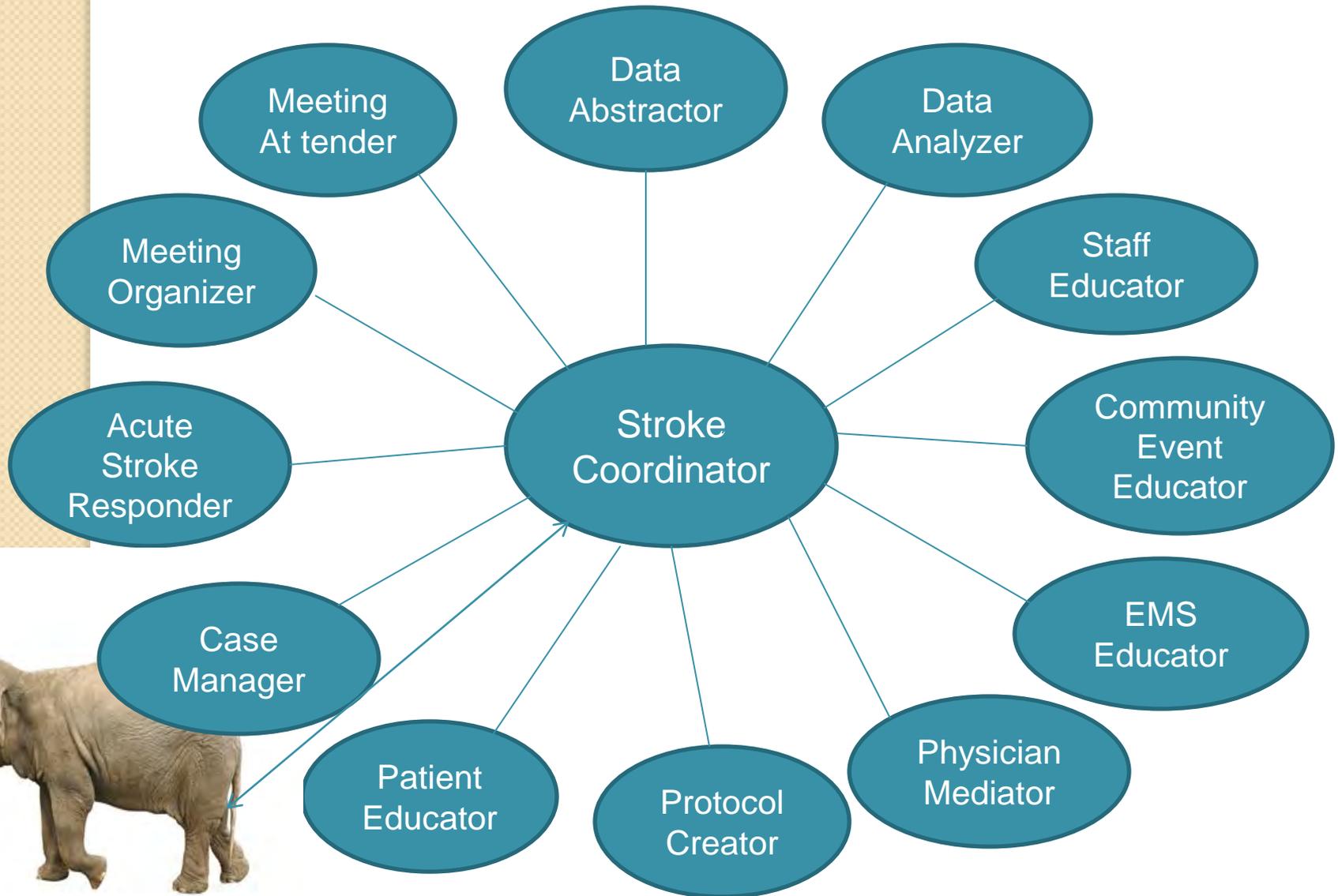
- Extended Stroke leadership committee, additional quality metrics
- Collaboration with referring centers- streamline transfers, resource for process/clinical management



Level I Comprehensive Stroke Center (CSC) Stroke Coordinator

- Facilitate Neurosurgical and Neuro-interventional processes
 - In addition to Code Stroke for IV rtPA window, also have Code Stroke IR processes- for extended treatment window options
- Emphasis on research, acute rehab post hospitalization, outpatient follow up and community education

Overall Stroke Coordinator Role



Anything else that needs to be done

References

Alberts, et. al. (2011). Revised and Updated Recommendations for the Establishment of Primary Stroke Centers: Summary Statement From The Brain Attack Coalition. STROKEAHA.111.615336 .

Emergency Cardiac and Stroke Care in Washington Stroke Triage Tool, Reference lists for stroke regional and state care

<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/HeartDiseaseandStroke/EmergencyCardiacandStrokeCareinWashington.aspx>

Hospital Outpatient Measures. Measure ID# OP-23 . Hospital OQR Specifications Manual www.qualitynet.org Encounter dates 7-1-12 through 12-31-12.

Rymer, M. , Summers, D., & Khatri, P. (2007). The Stroke Center Handbook Organizing Care for Better Outcomes. London , United Kingdom: Informa Healthcare Ltd.

Schwamm, L. et.. Al. (2005). Recommendations for the Establishment of Stroke Systems of Care. Recommendations From the American Stroke Association's Task Force on the Development of Stroke Systems. Stroke. 2005; 36: 690-703.

Stroke National Hospital Inpatient Quality Measures. Specifications manual for national Hospital Inpatient Quality Measures. www.qualitynet.org Discharges 7-1-12 through 12-31-12.

The Joint Commission. Disease-Specific Care Certification Manuel. (2012). Core and Advanced Standards Element of Performance Scoring and Certification Policies.



Stroke Coordinator Role & Functions Part II

8:45-9:15



Objective

Brainstorm and summarize strategies and tools for a successful stroke program



Break up into Groups

- Kerry = Table leader Level 3 Critical Access
- Valerie = Table leader Level 3
- Carol = Table leader Level 2
- Sherene = Table leader Level 1
- Karen = Floater



List of “top 10” challenges

- Administration/Hospital Leadership support
- Nursing or physician staffing
- Staff education
- Neurology coverage
- Meeting facilitation
- Physician challenges or physician champion
- Order sets/protocols
- EMS coordination
- Process Improvement
- Acute in-house stroke process



Other comments from survey.....

Clinical Related

- Getting EMS on course and in conversations started out very difficult
- NIHSS (designation and use)
- We are so small in numbers of staff and stroke patients- MD staff has a great effect
- How to treat your Non-acute strokes??...What is best practice? How do we get the staff to treat TIAs with a sense of urgency due to the risk the patient is still at?
- It is mostly the continuous challenges to reliability every time, with every staff member and every person.
- Inadequate neurology coverage- 20 min timeline eyes on patient really requires call neurologist to have lightly scheduled day- never happens

Other comments from survey.....

Administrative Related

- Overall organizational support for a stroke registry for data other than required CMS metrics
- Trying to do all of this when you're a department of one!
- Telestroke EPIC Comprehensive stroke designation
- Insufficient hours as stroke coordinator fiscal budgetary constraints
- No Vascular Neurologist/Director; No budget or cost center. No ability to have classes outside of work hours. ED & CCU are closed environments, difficult to get in. No stroke team.
- Push-back from Administration to use GWTG. If mandated by state, Administration would approve--otherwise do not see it as a necessary tool
- Capturing data from stroke team activations - would this be included in process improvements? Team process improvements #1



Stroke Coordinator Role & Functions Part III

8:45-9:15



Objectives

- Provide a summary of the group discussions from each section
- Identify reference tools or Stroke Center Guidebook
- Document ideas and challenges for future stroke coordinator group work and follow up after the conference



Report Out

- Level 3 Critical Access



Report Out

- Level 3



Report Out

- Level 2



Report Out

- Level 1

Summary

- Summary of flip charts to be put into an electronic working document for each group to continued reference during the day (after the report outs)
- To be successful we can work together to assure the state has a successful stroke network and is able to provide excellent care of the stroke patient at all levels



Break

15 minutes – Please be back at 10am