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 your 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

- Meeting At tender
- Data Abstractor
- Data Analyzer
- Staff Educator
- Community Event Educator
- EMS Educator
- Physician Mediator
- Protocol Creator
- Patient Educator
- Case Manager
- Acute Stroke Responder
- Meeting Organizer

Anything else that needs to be done
References


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

Encounter dates 7-1-12 through 12-31-12.


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