Your Immunity Necklace:
A Stroke Coordinator’s Toolbox,
Resources to Help in Role
Leigh Allen

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FINANCIAL DISCLOSURE: None

UNLABELED/UNAPPROVED USES DISCLOSURE: None
How many of you is this your first job away from direct patient care/bedside?
How many of you are less than 2 years in your stroke coordinator role?
How many of you received orientation to your stroke coordinator role from the previous stroke coordinator?
How many of you have previously conducted performance improvement activities – any kind?
Under what department does your current job position fall under? Hospital? Neurology? Quality? (Free text your answer)
Stroke Coordinator

- Who is the gatekeeper of your role?
- Do those of you with experience feel that you meet the qualifications of your job description?
- Does your job description spell it out for you?
- Did you feel prepared for being stroke coordinator as you started your role?
Objectives

- Define the **key responsibilities** of a stroke coordinator related to interaction with physicians; hospital clinicians; administrators and external partners including EMS
- Discuss strategies the stroke coordinator can utilize to help **navigate the waters** of stroke program development.
- Identify the important **first steps** of performance improvement, peer review and multi-disciplinary planning
- Practical options for **organizing** the daily, weekly and monthly priorities
Key Responsibilities

• Stroke Expert
• Direct patient care
• Program development  
  – Scope of Service  
  – Stroke Alert Policy  
  – Performance Improvement Plan  
  – Peer Review  
  – Multidisciplinary Rounds 
• Run meetings
• Communicate with leadership, physicians and staff
What makes you a good stroke coordinator?

- You like to be in charge
- You are not afraid to speak up
- You can present in front of a crowd of your superiors
- You want to have more knowledge
- You like projects and you aren’t afraid to be the lead
- You are at least somewhat organized
- You like things done the same way every time
- You don’t mind data but don’t want do it all
Standards of Care

• Know the Joint Commission/DNV Stroke Standards like the back of your hand but use “best practice” to motivate your physicians and staff
  – Easy to use TJC/DNV as the “hammer” to enforce but this may turn people off – “Doing this because they say we have to” rather than “Yes, performing and documenting vital signs and neuro checks is the best way to monitor the patient during this vulnerable time”

• Where are your resources?
Clinical Practice Guidelines

- They are long but read them
- ASA guidelines are typically updated every three years
- Order sets and guidelines of care reflect the CPGs you choose
- CPGs should be readily available for physicians and staff
- Review them annually

Stroke

Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association
Meetings

• Is the meeting necessary?
• Which meetings should you have?
  – Regularly scheduled Stroke Committee/Council are the norm
  – Stroke Leadership meeting
  – Peer Review meeting
  – Subcommittee meetings
    • PI implementation (i.e., Target Stroke, Stroke Alert, Dysphagia, Education)
    • Certification preparation
Meetings

• Prepare
  – Keep a running list of topics throughout the month
  – Send out an agenda early
  – Identify “hot topics” and try to feel key stakeholders out prior to the meeting (can help to avoid conflict)
  – Bring key documents, protocols, data etc. to refer to in case someone has a question you need to answer (such as the Standards of Care or hospitals protocols)

• Control the meeting (as best as you can!)
  – “In the interest of time, we need to move on to the next topic”
Meetings

• Identify “Actionable Items” and target due dates during the meeting and verbally sum them up
  – Someone else needs to take minutes and bullet point the actionable item as you go

• Meeting minutes are your friend
  – Do them right after the meeting
  – Don’t be too wordy
  – Highlight peoples assignments with due dates
First Steps for PI

• Make good friends in the Quality Department
• Identify the key stakeholders for each project
• Really use the PI process, don’t just say you use it.
  – PDSA, Lean, etc. – know your facilities methodology
  – Use PI language when you are discussing projects
    • Cycle 1, Cycle 2
    • Run charts
    • Balancing measures
    • Unintended consequences
    • Tipping point
First Steps for Peer Review

• Review the Standards for requirements for complication data

• Put together a trigger list (ie: what types of events will “trigger” a review)

• Identify levels of review. For example:
  – First level is the data abstractor and stroke coordinator
  – Second Level is a Neuro/Stroke specific; PI/Peer Review Meeting;
  – Third Level is referral to the hospital wide Peer Review.
PI or Peer Review?

• Peer Review should be part of the PI plan
• PI and Peer Review needs to report up through Hospital committees
• If during Peer Review, a system issue is identified, the Stroke Peer Review committee can refer items to Stroke Council for evaluation of process issues
Multidisciplinary Planning

• Stroke Committee/Council
  – Have the different disciplines be prepared to give a 5 min update
• Offer continuing education credits for therapy at case conferences, educational events etc.
• Engage therapy, respiratory, pharmacy etc in your PI plan
• Multidisciplinary rounding should involve all disciplines. If applicable, document in the chart.
Organizing the daily, weekly and monthly priorities

• Daily
  – Attend Stroke Alerts
  – Identify stroke patients in the house
  – Concurrent chart review
  – Keep up the “Stroke Log” including documenting details regarding Stroke Alerts
  – Review all treatment cases
  – Round if part of your job description
Organization

• Weekly
  – Staff education
  – Performance Improvement projects
  – Analyze data
  – Provide feedback on treated cases
Organization

• Monthly
  – Prepare for Stroke Committee/Council meetings
  – Keep timeline for upcoming certifications so that you are not cramming so much at the end
  – Public education
On the Outside

• Network with other stroke coordinators.
  – SHARE experiences – MENTORSHIP

• Have you met your AHA rep?

• Do you have a regional EMS meeting?

• Attend regional education for support and rejuvenation.

• Can you attend the International Stroke Conference??
  – Have you thought about getting involved in stroke research?
Survival Tips

• Again, know the standards and the CPGs
• Round with neurology or neurosurgery as much as you can
• Develop a good relationship with the Stroke Program medical director
• Find a mentor in administration
• Sign up for Alerts
• Register for listserves

• Avoid burnout: “Work/Life balance” ➔ “Work/Life Integration”, Set limits on your time, be efficient, schedule time in your day for your daily, weekly, monthly to do list.
Thank you!

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