Traditional and Emerging Roles of the Stroke Coordinator

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Disclosures:

Kathy Morrison - I have no actual or potential conflict of interest in relation to this presentation.

Jeanie Luciano- Genentech Speaker Bureau
Penn State Hershey Medical Center

- 563 bed University Hospital & Children’s Hospital
- Magnet Designation since 2007
- Joint Commission Comprehensive Stroke Center 2013
- LionNet Telestroke Hub
Penn Medicine

• A 4 hospital system: Hospital of the University of Pennsylvania (HUP), Pennsylvania Hospital, Presbyterian University of Pennsylvania, and Chester County (Chester County new to the system in late 2013, not included in the statistics).

• Licensed Beds 1,632; HUP: 784
• HUP: 1.9 million sq. ft
• Physicians 2,593
• Adult Admissions 78,262
• Outpatient Visits 2,080,269
• Emergency Dept. Visits 136,374
STROKE CARE at Penn Medicine

• HUP is a Comprehensive Stroke Center-about 90 stroke patients per month. Tele-stroke HUB and Spoke Model.

• PAH, PPMC, and Chester County are Primary Stroke Centers.

• Good Shepherd-Penn Partners is a CARF- Stroke certified rehabilitation center.
Teamwork
Objective

• To identify the varying roles of the stroke coordinator including administrative, clinical, data management and team building.
Origin of Coordinator Role

1990’s – Managed Care Coordinators
   - Cancer Nurse Navigators
   - Trauma Program Coordinators

2000’s – Stroke Program Coordinators

- Research Evidence
- Best Practice Guidelines
- Quality Indicators
What’s missing from the 2000 BAC Recommendations for PSC and the 2011 updates?

1. Acute Stroke Teams
2. Written Care Protocols
3. Emergency Medical Services
4. Emergency Department
5. Stroke Unit
6. neurosurgical Services
7. Commitment and Support of the Medical Organization
8. Neuroimaging
9. Laboratory Services
10. Outcomes and Quality Improvement
11. Educational Programs
Early Evidence of Stroke Program Coordinators

The Stroke Team Concept as Implemented in the Area VIII Regional Medical Program

BY BERTRAM L. TESMAN, M.D.*
AND BERNARD J. MICHELA, M.D.†


1965-68 – Memorial Hospital of Long Beach, California

- Conducted a “stroke team” program
- 3 phases of rehab services starting in acute hospital
- Coordinated by rehab nurse coordinator
- Published in 1970

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Measuring the Impact of an Acute Stroke Program on Patient Outcomes

Margaret Ackerman Pasquarello, RN, MSN

Journal of Neuroscience Nursing, 1990, 22(2); 76-82

- Study done to measure impact of nurse-managed acute stroke program on patient outcomes.
- Parkland Memorial Hospital, Dallas, Texas
- Variables measured were LOS, disposition, readmission, and compliance with follow-up appts
- Compared pre-implementation (1987) to post (1988) – 25 pts each year
- LOS down from 17 days to 8 days
- Complications down from 22 to 5
- Increase in patients d/c’d to home or rehab
- Improved compliance with follow-up appts
ABSTRACT: Stroke is the third leading cause of death in the United States, affecting 400,000 persons annually. A uniform medical treatment is yet to be established. Little nursing research has been conducted which measures the impact of specific nursing interventions on patient outcomes. The purpose of this study was to measure the impact of a nurse-managed acute stroke program on patient outcomes. Aspects of the stroke program included daily nursing assessment, patient teaching, two support groups, staff education, family discharge planning and telephone follow-up. Variables examined were length of stay, disposition, readmission and compliance factors. Charts of patients admitted during the first six months of 1987 (before implementation of the stroke program) were compared to those of patients admitted during the first six months of 1988 (after implementation of the stroke program). Findings support continued development of the stroke program. There are implications for nursing practice, education and research.
Stroke Program Coordinators

• Not always a nurse
  – Therapist, MBA, physician, Social worker, Pharmacist

• Often wear more than one hat
  – Director of Clinical Quality
  – Clinical Educator
  – Nurse Practitioner

• Staff nurse
  – Temporarily pulled from bedside duties
  – Often just part-time schedule
  – Preparation for TJC PSC certification visit
Pennsylvania Experience

2000
- Brain Attack Coalition recommendations
- Many organizations did self-evaluation

2004
- TJC PSC certification program (Pilot in 2003)
- GWTG database available (Pilot in 2003)

2012
- Act 54 – Identification of certified PSC’s
- EMS mandate to take suspected strokes to PSC’s
Is there such a thing as a “Natural-born” Stroke Program Coordinator?
Early Coordinators Role

- Data abstraction/entry into GWTG or other database
- Facilitate multidisciplinary team
- Community outreach – health fairs
- Round on patients in-house:
  - Ensure performance measure adherence
  - Provide stroke education material to patient/family
Current Coordinator Role

• Collaborate with quality department for data abstraction/entry
  – Core Measures reporting has necessitated change
• Community Outreach – organize school programs, lectures for community groups
• Educational programs for EMS
• Round on patients in-house
• Provide education to nurses, providers, patient care assistants, therapists, radiology staff, volunteers, etc
• Develop competency demonstration for staff
Current Coordinator Role (con’t)

• Review of myriad new guidelines
• Vigilance over clinical practice guidelines, protocols, policies to ensure following latest guidelines
• Data analysis and reporting to internal & external groups
  – Different rules = different data (Good luck keeping that straight)
  – Report cards, PI plans
• Organization of certification visit details
• Professional organization membership
  – Support & resource sharing, & support, support, support - AANN
• Professional certifications – CNRN, SCRN
Opportunities with the Role

A successful coordinator develops:

- Master communicator/negotiator skills
- Data analysis terminology – median, mode, statistical significance, etc
- Expertise in use of Windows Office products – ppt, excel
- Team builder skills
- Multi-lingual ability - Regulatory language as your second language
- Multi-tasking ability – most nurses are already naturals at this, but ability is perfected in this role
- Network of friends/acquaintances in all departments
- Publication of data/processes
- Presentation at regional, national conferences
Is There Life After Program Coordination?

- Program Directors
- Service Line Directors
- Nursing Informatics Directors
- Chief Nursing Officers
- Advanced Practice Clinicians
- Joint Commission, DNV, HFAP certification reviewers
Evolution...

New Stroke Coordinator

Seasoned Stroke Coordinator