Stroke Coordinator Boot Camp

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Objectives

- Review requirements for the Primary Stroke Center’s Core Team members and key competencies
- Describe two stroke competencies.
- Explain how inter rater reliability contributes to the accuracy of data collection.
Stroke Competencies and Education

Gena Kreiner RN BSN
Franciscan Health System
Stroke Coordinator
Women’s Baseball League During World War II
A Stroke Center of Excellence is a Team Effort

STROKE CENTER OF EXCELLENCE

- Providers
- Administration
- OP Services
- Care Management
- Stroke Units
- EMS
- ED
- Diagnostic Imaging
- Lab
- Pharmacy
- Stroke Core Team
Stroke Center Core Team

• Define the “Core Team”
  – Primary Stroke Center (PSC) Medical Director
    ◆ Does not have to be a board-certified in neurology or neurosurgery
    ◆ “Must have knowledge of CV disease to provide administrative leadership, clinical guidance, and input into the stroke program.”
  – Administrative Sponsor
    ◆ Written documentation of support by hospital administration
  – Stroke Coordinator
Stroke Core Team Members

• What does your “Core Team” look like?
Stroke Core Team Competencies

- PSC must have documentation of the roles and responsibilities of the members of the core stroke team and interdisciplinary team
Stroke Coordinator Role
Ideal or Evidence Based Practice State

• Stroke coordinator is essential to the success of the stroke program. He or she is the coach!

• Initial and on-going educational offerings are needed to increase the knowledge base for RNs in this pivotal role.
Educational Need/Gap Analysis

• There has been a 25-30% turnover in the stroke coordinator role since the last WA State Stroke Coordinators Workshop held in 2012

• Why?
Stroke Coordinator Roles and Responsibilities

• Each facility has a slightly different role of the Stroke Coordinator

• The foundation of the Stroke Coordinators responsibility to the PSC is always the same
  – Meeting and sustaining the requirements for PSC
Program Engagement

• The success of the PSC depends on more than one person
• PSC is a shared responsibility with the interdisciplinary team
• Administrative ownership of the program with long-term goals
It’s the Team
Your Team Should Always Play on a Well Lit Field
Provider and Staff Competencies and Education

• Identification and response to each practitioner’s program-specific learning needs
  – Emergency Department
  – Stroke Unit
  – Ancillary Staff
  – EMS
Provider and Staff Competencies

• New hire orientation
  – Training/information regarding specific responsibilities and accountability

• Assessment of competency on an ongoing basis
  – Include in annual evaluation

Documentation of this is required by Joint Commission for Primary Stroke Center Certification
Education/Competency Requirements for Primary Stroke Center

- Stroke Core Team requires 8 hours of stroke education yearly
- Emergency department staff, as identified by the organization, are required stroke educational activities twice a year at a minimum
  - Providers
  - RN staff
Emergency Department Practitioners PSC Requirements

- ED Practitioners have knowledge in IV thrombolytic protocols for acute stroke
  - Treatment within the first three hours after the patient is last known to be well
  - Indications for use
  - Contraindications
  - Education provided to patients and families regarding the risk and benefits
  - Signs and symptoms of deterioration post IV thrombolytics
Emergency Department Practitioners

- Must show documentation that eighty percent of ED Practitioners can demonstrate the following:
  - Communication system used with EMS
  - Location and application of stroke-related protocols
  - Knowledge of the care of patients with acute stroke
  - Competency in the diagnosis of acute stroke
  - Demonstrate utilization of stroke triage
  - Utilize protocols for monitoring of an acute stroke patient
Emergency Department Practitioners

- Eighty percent of emergency department practitioners are educated in the PSC’s acute stroke protocol
How Does Your Facility Achieve Staff Competency?

• Who is responsible for education?
• Who is responsible for tracking?
Achieving Stroke Competencies in the Emergency Department

- ED Providers
- ED Nursing
- Ancillary Staff
Achieving ED Provider Competency

- ED Medical Director
  - He or she must be part of the team!
  - Provide clear expectations of education requirements of Providers
Achieving ED Provider Competency

• Make it short and sweet!
Achieving ED Provider Competency

• Provide the education with post test to ensure areas of compliance are achieved

• Monitor compliance of education
  – Provide a compliance report to medical director every six months
  – Provide clear expectations of the medical directors responsibility to follow-up with Providers who are not in compliance
What Might a Competency for ED Providers Look Like?
Competency Content

• Provide a copy guidelines/protocols for providers to review

• Provide a summary of what is new and what has changed in the guidelines and PSC requirements
  – NIHSS is used for the initial assessment of patients with acute stroke
  – Physician performs an assessment within 15 min of arrival

• Provide clear expectations of responsibilities and how they can be successful
ED Nursing Staff

• Yearly education on IV tPA
  – Administration
  – Monitoring guidelines (vital signs/neuro checks)
  – Monitoring for complications
    ♦ Angioedema
    ♦ Systemic vs intracranial hemorrhage
  – Treatment options for patients with adverse reactions
ED Nursing Competencies

• Who provides the education?
• Who monitors the compliance with completing and maintaining the education?
• Stroke Coordinator?
• Educator?
• Department Manager?
ED Ancillary Staff

• What education should be provided to these staff members?
  – ED tech
  – Registration
  – Lab
  – Pharmacy
  – Diagnostic Imaging

• Job descriptions should include responsibility with the acute stroke patient
Competencies and Education: Stroke Unit Staff

• RN
• Hospitalist
• CNA/Health Unit Coordinators (HUC)
• Dietician
• Therapy Services
• Care management
Stroke Unit Staff Competencies and Education

- New hire orientation
- Job description
- Annual performance evaluation
- Ongoing education of RN staff
  - What is required in your facility for RN stroke education?
EMS Partnership

- EMS education
  - This is defined by the organization
- EMS participation in stroke center activities
  - Stroke Center meetings
  - Joint Comission will review meeting minutes for attendance
Stroke Patient Education

• Who is responsible?
• What is the purpose?
• What is the expectations of a Primary Stroke Center?
Two Key Staff Competencies

- NIH Stroke Scale
- Swallow Screen
RN Swallow Screen

- RN staff education and training
  - How is this achieved in your facility?
- PSC requirements for swallow screen
  - Evidenced-based guideline approved by the organization
RN Swallow Screen

- How do you evaluate competency of swallow screens performed?
- Aspiration pneumonia incidence?
- Screening results?
NIH Stroke Scale

• Practitioner and Staff training
  – Testing provides verification of competency completed

• Handoff NIH Stroke Scale
  – Provides for consistency in assessment

• What staff are required to be certified in your facility?
Tracking of Required Competencies

• Who is responsible for tracking?
  – Stroke Coordinator
  – Staff
  – Dept managers

• What are some of the challenges?

• What are some of the possible solutions?
Summary

• The Stroke Coordinator and Stroke Center Medical Director ensure compliance with Joint Commission standards of care and the Stroke Center’s growth

• A stroke Center of Excellence is interdisciplinary responsibility
Summary

• Department leaders should also be responsible for tracking compliance of competencies and holding staff accountable

• Interdisciplinary responsibility will assist with Stroke Coordinator job satisfaction
Thank you!
BREAK
Stroke Nurse
Basic Survival Guide Session 2
Performance Improvement

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PRMC- Everett Stroke Program Coordinator
Stroke Performance Improvement

• Stroke Population
• Data Collection, Reports & Inter-Rater Reliability
• PDCA
  – Smoking Cessation Plan Example
  – Action Plans
  – Communicator & Feedback
Stroke Population

• Determined when setting up stroke program
• Include in the scope of service
  ▪ TJC Criteria
  ▪ GWTG Criteria
  ▪ Your hospital’s criteria
Data Collection & Reports

- Required from TJC
- WA State Expectations
- CMS
- Sampling vs. 100% capture
- Hospital Specific Data Points
Inter-Rater Reliability

• Definition
• Process form your QM department
• Have a Plan to Assure Accuracy and Consistency
• Provide Plan in Scope of Service
Performance Improvement Plan

• Group work
  – Develop a Smoking Cessation Program
Four Rules of LEAN

• **ALL WORK IS HIGHLY SPECIFIED**

• **EVERY CUSTOMER/SUPPLIER RELATIONSHIP IS DIRECT BINARY AND SELF-DIAGNOSTIC**

• **THE PATHWAY FOR EACH PRODUCT AND SERVICE IS SIMPLE, PRE-SPECIFIED AND SELF-DIAGNOSTIC**

• **PROBLEMS ARE SOLVED USING A SCIENTIFIC METHOD* AT THE LOWEST LEVEL SUPPORTED BY A CAPABLE TEACHER**

*Plan – Do – Check – Adjust
4-Step problems Solving Approach

**PDCA**

**STEP 1: GRASP CURRENT SITUATION**
Is it a vague concern or a quantifiable problem?
- What should be happening? (WSH)
- What is actually happening? (WAH)
- GAP = THE PROBLEM

How big is the gap? Identify the impacts of the gap by asking, “What happens to customers as a result of the gap?”

**STEP 2: UNDERSTAND THE PROBLEM**

Do root cause analyses using Cause and Effect (Fishbone), 5 Whys and Pareto.

**5 Whys Analysis**
Identify the biggest sources of the problem and prioritize (Pareto) them.

Root causes typically fall into one of 3 categories:
1. Inadequate STANDARD or process (i.e. unclear expectations/Service Level Agreement)
2. Inadequate ADHERENCE to a standard or process
3. Inadequate SYSTEM (collection of processes working together)

**STEP 3: DEVELOP & TEST COUNTERMEASURES**

Define the hypothesis and test countermeasures that will reduce or eliminate the root causes.
- A countermeasure is not a solution. It’s action taken, aimed at addressing the root cause of a problem to close the gap.
- Perform small tests of change.

**STEP 4: CONFIRM OVER TIME THAT COUNTERMEASURES ARE SUCCESSFUL**

Check implementation and ensure performance is sustained.

Ensure sustainment by hard-wiring the “Check the Checker” process.
- Who is responsible for checking that the countermeasure is working? (the checker)
- Who is responsible for “checking the checker”

Adjust countermeasures if performance is not sustaining.

**ADDITIONAL INFO & RESOURCES:**

- [American Heart Association](http://www.americanheart.org)
- [Learn and Live](http://www.heart.org)
# PDCA - Template

Strategy:

Strategic Initiative:

Stakeholders (people involved/impacted by the initiative):

<table>
<thead>
<tr>
<th>PLAN</th>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Information:</td>
<td>See Action Plan: <em>(add action plan title here!)</em></td>
</tr>
<tr>
<td>Problem Statement:</td>
<td>CHECK</td>
</tr>
<tr>
<td>Goal (think SMART):</td>
<td>ACT</td>
</tr>
<tr>
<td>Cause Analysis:</td>
<td></td>
</tr>
</tbody>
</table>

Leader:

Department/Branch:
Plan

• Where do things stand today (current state)?

• What are the perceived symptoms that makes us believe we need to act?
Visit the *Gemba* (‘the real place’)

**What is it?**
- *Gemba* walk, is an activity that takes management to the front lines to look for waste and opportunities.

**How to do it?**
- While at the place where the work is happening (*Gemba*), ask the questions to the right.

**Results:**
- Understanding of what is really happening

<table>
<thead>
<tr>
<th>Work Flow</th>
<th>What disrupts the work?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
| Errors    | Where could mistakes be made?  
|           | What keeps those mistakes from being made? |
|           | Is it just vigilance? |
|           | Or is there some mechanism to prevent mistake? |
| Rework    | Is there any backtracking, rework, looping around? |
|           | Are things where they are actually needed? |
|           | Do people have to look around for things? |
| Visual Mgmt | How do they know what they should be doing? |
|           | What is their source of information? |
|           | Do they have to hunt it down, or worse, guess at what should be done? |
|           | Or is the “right thing” and the “right way” crystal clear to even the casual observer (that would be you). |
Process Mapping Basics

What is it?
- Visual step-by-step process flow outlining how work is done
- One ‘Post-it’ note per process step to depict main activities, information flows, and interconnections
- Apply 80/20 Rule – 80% stays in main path or flow
- Overlay Data, Value Added, and Waste Identification

Results:
- Allows an observer to ‘walk-through’ the whole process and see it in its entirety.

RN Gets Gown for Patient

Start & End Points = clearly define scope of the process
Data Analysis

• Baseline data analysis provides a view of how big the current problem is, where there is opportunity to improve.

• Re-measure data analysis demonstrates if the solution has improved the problem and is sustained.
How to do it

• Investigate various available reports, understand definitions

• Collect manual data if there is not electronic data available

• Analyze the data to quantify the problem
Problem Statement

• Write a sentence that defines the problem you are trying to solve. The problem is the gap between the current state and the goal.

• What is the gap that you are trying to close?

• Select one problem per PDCA
Goal

How will we know if we are achieving the future state?
How will we know if we are successful?

Metrics must be SMART
• Specific – Measurable – Achievable
• Relevant – Timely
Cause Analysis

• What is causing the problem?

• What prevents us from achieving the goal?

• Why does the cause exist?

• Is there a highest priority cause?
Root Cause Analysis

- An iterative, question-asking method used to explore the cause/effect relationships underlying a particular problem

- Ultimate goal is to determine a root cause of a defect or problem
5 Whys

5 Why's Worksheet

Define the Problem:

Why is it happening?

1. _Why is that?_

2. _Why is that?_

3. _Why is that?_

4. _Why is that?_

Caution: If your last answer is something you cannot control, go back up to previous answer.

5.
Five Why’s - Example

1. Why does the memorial deteriorate faster?
2. Why is it washed more frequently?
3. Why are there more bird droppings?
4. Why are more birds attracted to the monument?
5. Why are there more spiders in and around the monument?
Action Plan

What is it:
Tool that specifies the necessary tasks that must be executed to implement the solution to your problem. It contains the name(s) of person(s) responsible and a time frame for completing the task.

How to do it:
• Define the key steps to implement the solution
  • Who will do each step
  • When the step should be completed
• Identify plan to follow up and review the status of all assigned tasks

Results:
• Critical to document and make visually available all action items planned by the team.
Brainstorming

Group technique for generating many ideas in a short period of time

An invitation to think outside of the box

Clearly state the topic and brainstorming guidelines

Give people plenty of time on their own at the start of the session to generate as many ideas as possible.
Check

• Make sure you are making progress
• Update action plan accordingly
• Review metric chart
• Did you achieve your goal?
• Continue for 30/60/90-day sustainment
Act/Adjust

• Adjust if it didn’t work, reassess and make changes.
• Standardize if it worked, document standard process if solution solved the problem.
• Expand implementation to other areas as appropriate.
• Ensure ongoing PDCA to sustain results.
• Celebrate WINS!
What Worked/What Didn’t Work

What is it:
• A simple tool to capture what you learned.

Results:
• A list of positive and negative outcomes of your attempt to solve the problem.
Key Takeaways

• Build confidence with the PDCA tools by applying to small problems
• Different problems require different tools, you don’t have to use them all
• PDCA is to engage front line staff
• Don’t be afraid to experiment. There is no failure if you learned with your PDCA!
• Continuous improvement is an ongoing effort
Resources

• AANN- List Serve SIG
• AHA/ASA- Stroke Group
• TJC/Disease Specific
• WA State Stroke Coord Group
• Regional
• County
• Reference Books