Essentials to Building an Effective Stroke Team: Roles, Responsibilities and Relationships

Jennifer Brackman, RN, BSN, SCRN, Claranne Mathiesen, MSN, RN, CNRN, and Kathy Morrison, MSN, RN, CNRN, SCRN

• Disclosures:

  • Jennifer Brackman – no actual or potential conflict of interest in relation to this presentation.

  • Claranne Mathiesen - no actual or potential conflict of interest in relation to this presentation.

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

- Identify key components of program structure.
- Describe the difference between proactive program management and reactive program management.
- Discuss lessons learned and successful strategies in program maintenance.

What’s in a name? Stroke Team

Acute Stroke Team:
- ED Nurse
- CT Tech
- Lab Tech
- ED Provider
- Stroke Service Resident
- EMS provider

Stroke Core Team:
- Stroke Neurologist
- Stroke Coordinator

Stroke Oversight Team:
- Therapy Manager
- Case Manager/SW
- Quality Rep
- Radiology Manager
- Chaplain
- Pharmacist
- EMS provider
- Neuro Nurse Manager
- ED Nurse Manager
- Hospital Admin
The Economy Car Model

- Stroke Coordinator
  - May not be their only role in the organization
- Medical Director
  - A physician willing to participate

The Luxury Model

- Organizational Chart
- Stroke Center has a Cost Center and a Budget – and a dedicated coordinator
- Distinct office location/signage
- Job Descriptions have evolved to match work being done from center
- Moved from core measures → patient & program outcome metrics
The Hub & Spoke (Family Model)

Sharing services:
- Expertise, protocols, educational resources, community events, patients

Core Components

- Mission Statement
- Goals of the Stroke Program
- Scope of Service Statements
- Infrastructure
  - Administrative support
  - Key personnel
  - Care locations
- Performance Improvement Plan

A goal without a PLAN is just a Wish...
Plan for Care across Continuum

- Determine how stroke team fits in your organization’s structure
- Identify your organization’s stroke program continuum
  - What is feasible immediately & what will be established in future
- Representation from stroke team on hospital-wide initiatives, vs need to have ad hoc representation on your stroke team

Stroke System of Care

**Shared Resources**
- Primary Prevention/ Community Outreach
- EMS/Acute Care – Organization of Care
  - Development and utilization of clinical practice guidelines
  - Development of tools to facilitate evidence-based care
    - Protocols, Pathways, Algorithms
  - Development and facilitation of a quality improvement program
- Rehabilitation/Recovery

**Individual Requirements**
- Certification by external agency
- Development and facilitation of a quality improvement program
- Secondary Prevention/Follow-up
Proactive Management

- Use of data to drive PI
  - PDSA, aka Small Test of Change
  - Rapid Improvement Event
  - Six-Sigma/LEAN
  - Root Cause Analysis
- Established accountability
  - Each team member knows their role
- Structure
  - Schedule, location for meetings
  - Communication method

Lean Six Sigma DMAIC

- Define: Articulate problem, set objective and goal
- Measure: Collect data and establish baseline performance
- Analyze: Use formal methods to uncover underlying causes
- Improve: Develop and implement solutions
- Control: Maintain and extend the gains

- You have a gantt chart with all your reports mapped for next year
- You know what a RACI chart is
- The Lean Coach says “the stroke center is his favorite department because you have the most A3’s”

Proactive Management

- Know your financial data
  - Get acquainted with your financial liaison
- Work from a position of strength
  - Know the healthcare landscape
  - Communicate with C-suite in their terms
    - Master these terms: “return on investment” “contribution margin” “cost avoidance”
- Present financial impact of improved outcomes
  - Either projection or evidence you’ve gathered

 Example: 3% pneumonia rate; Cost/case = $33,155
  Annual volume: 300
  300 x 3% = 10 patients with pneumonia; 10 x $33,155 = $331,150
  Aggressive dysphagia screening =50% reduction = $16,577 in cost avoidance

- January 1, 2013 – required to report the Core Stroke Measures to avoid 2% penalty
- Publicly reported data
- January 1, 2014 – required to report 2 additional measures
- These results will affect reimbursement in FY2016 (Oct 1, 2015-Sept 30, 2016)
Reactive Management

• Data gets one-way trip
  • entered into a database
• Stroke team meetings treated as ad-hoc
  • Only called when there is a problem to be addressed
  • Not a priority for members, poor attendance
• Stroke coordinator is seen as the data/PI/compliance “POLICE”

• It is 3pm and the VP calls for your stroke core measure report
• You are slightly (2 months) behind with data entry
• You phone home to tell your spouse to feed the kids and put them to bed “you need to pull an all nighter!”

Lessons Learned

• Rome wasn’t built in a day
• Resource sharing between competing organizations does not result in loss of business
• No two organizations/programs are alike, so do not expect your team to function just like a colleague’s
• Nothing succeeds like success: communicating improved outcomes to your team will result in greater commitment to further PI
• Accountability – when it is well defined and supported, results in better engagement, and pride in the team accomplishments

It’s fine to celebrate success, but it’s more important to heed the lessons of failure. Bill Gates
I have not failed. I’ve just found 10,000 ways that won’t work. Thomas Edison
Successful Strategies

• Use flow charts or process maps whenever feasible
• Use gap analysis format
• Refer to evidence-based practice
  • in protocols, policies, process maps – time goals
• Use the PDSA or similar PI process – it works
• Benchmark whenever possible – good or bad comparison
• Network with other program coordinators
  • American Association of Neuroscience Nurses
    • Special focus group list-serve and resource area: Stroke
  • American Heart/American Stroke Association
    • Regional coordinator groups