



DOING IT A LITTLE DIFFERENT: CONTEMPORARY IDEAS TO IMPROVE PATIENT OUTCOMES

OBJECTIVES

Upon completion of this activity, participants will be able to:

1. Consider innovative strategies to optimize patient care coordination including expansion of stroke program positions
2. Participants will be able to verbalize the understanding of the stroke transfer coordinator role and its impact on stroke processes efficiency



DISCLOSURES

- No disclosures to report





POLLING QUESTION

My Stroke Program Coordinator role is:

- A. Full Time Role
- B. Part Time Role
- c. Duties assigned on top of my already full-time job



STROKE CARE:

A TEAM APPROACH



STROKE CARE NETWORK

STROKE CARE: TEAM APPROACH

“Stroke is a leading cause of serious, long-term disability, the effects of which may be prolonged with physical, emotional, social, and financial consequences not only for those affected but also for their family and friends.

Evidence for the effectiveness of stroke unit care and the benefits of thrombolysis have transformed treatment for people after stroke. Previously viewed nihilistically, stroke is now seen as a medical emergency with clear evidence-based care pathways from hospital admission to discharge.

However, stroke remains a complex clinical condition that requires health professionals to work together to bring to bear their collective knowledge and specialist skills for the benefit of stroke survivors. Multidisciplinary team working is regarded as fundamental to delivering effective care across the stroke pathway.”



STROKE CARE NETWORK

Source: Improving post-stroke recovery: the role of the multidisciplinary health care team by David J Clarke and Anne Forster in Journal of Multidisciplinary Healthcare 2015:8



STROKE CARE: TEAM APPROACH

“ A systems approach to stroke care is a multidisciplinary team strategy with the goal of reducing stroke risk.”

Source: Systems Approach to Standardization of Care in the Secondary Prevention of Noncardioembolic Ischemic Stroke 2008 Society of Hospital Medicine DOI 10.1002/jhm.334 Page S29 Published online in Wiley InterScience (www.interscience.wiley.com).



WHO IS ON YOUR STROKE TEAM?



2019





POLLING QUESTION

How many members do you currently have in your Stroke team?

- A. 1-3
- B. 4-6
- C. 7-9
- D. Greater than 9



WHO IS ON YOUR STROKE TEAM : UPDATED!!



2021

Addition of Stroke Data Coordinator, Stroke PI Coordinator, NVQI Data Coordinator and Stroke Transfer Coordinators



UKHC STROKE TEAM



2019
Pre-
COVID
Stroke
Team
Picture

2020 Pre-COVID
SCOPE Event
Event



GOALS OF QUALITY STROKE CARE

1. Improve patient outcomes and provide quality care for all patients.
2. Improve process of transition from hospital admission to discharge.
3. Risk factor reduction education to reduce risk for future strokes.



TEAM COMMUNICATION: CLOSING THE LOOP

- Referral Hospital Communication
- EMS/Flight Crew Communication/Education
- Direct feedback to outpatient stroke clinic and primary care clinic



UKHC STROKE PROGRAM: BACKGROUND

- Stroke Program began in 2004
- TJC Primary Certification in 2005
- TJC Comprehensive Stroke Certification in 2014
- Stroke Volumes FY06: 714 (AIS, ICH, SAH, TIA)
- Stroke Volumes FY15: 1,385 (AIS, ICH, SAH, TIA)
- Updated Stroke Volumes from FY20: 1,550 (AIS, ICH, SAH, TIA)



FACTORS INFLUENCING NEED FOR GROWTH IN STROKE TEAM

- Stroke Certification
- Need for Stroke Data Abstraction
- Increased Stroke Volumes (AIS, ICH, SAH, and TIA)
- Increased Stroke Care Complexity requiring additional resources for stroke treatment and stroke etiology workup
- Technology/Platform Additions (for example VQI, NVQI, Viz.ai, Epic)
- Increased Volume of Stroke Metric Tracking related to Alteplase/Thrombectomy





POLLING QUESTION

What patient care area could use additional resources to improve stroke patient outcomes?

- A. Emergency Department
- B. Inpatient Area
- C. Outpatient Areas
- D. All the above



INNOVATIVE APPROACHES TO PROVIDING QUALITY STROKE CARE

Utilizing Resources currently at your institution in different roles:

1. Pharmacy assisting with eligibility and mixing Alteplase
2. Quality staff assisting with stroke data/metrics
3. PT/OT Department assisting with BEFAST and discharge education related to mobility and lifestyle modifications
4. Light Duty Staff assisting with chart audits and quality metrics



POSITION EVOLUTION IN UKHC STROKE PROGRAM

- Stroke Program Coordinator (SPC)
- Stroke Data Coordinator- GWTG
- Stroke Performance Improvement (PI) Coordinator and Stroke NVQI Data Coordinator
- Dedicated Stroke APP Team
- Stroke Transfer Coordinators
- Two additional Neuro-Interventional Radiology attending physicians



STROKE PROGRAM COORDINATOR ROLE

- Central point of clinical expertise for the stroke program
- Participates within clinical program initiatives and processes and monitors outcomes
- Collaborates/confers with support departments to provide quality services to enhance patient care
- Coordinates and monitors the development, utilization, and revisions of standards of care
- Serves as a content expert for the Joint Commission (TJC) stroke standards of care and helps maintain constant survey readiness
- Ensures appropriate planning for patient care delivery, including age specific competencies
- Attends ED and Inpatient Stroke Alerts
- Rotation on stroke multidisciplinary daily meeting and core measure monitoring
- Point of contact for Implantable Loop Recorder (ILR) devices and detection of atrial fibrillation identification/follow up



STROKE DATA COORDINATOR - GWTG ROLE

- Primary responsibility data abstraction and data entry into GWTG data base
- Reports for various stroke team members/stroke support staff from GWTG-S
- Monthly core measure failure summary document for use in Stroke Committees for performance improvement efforts
- Stroke alert volume excel sheet data entry and tracking
- Rotation on stroke multidisciplinary daily meeting and core measure monitoring



STROKE PERFORMANCE IMPROVEMENT (PI) COORDINATOR ROLE

- Position filled by Registered Nurse
- Vascular Quality Initiative database data abstraction/Neurovascular Quality Initiative Oversight
- ED Stroke Metrics database
- Data abstraction from ED database
- Comprehensive Stroke Certification documentation monitoring
- Referral information to outside hospitals (OSH), EMS and flight crews
- EMS run and flight records on stroke patient population
- Member of Stroke Committees that focus on PI
- Rotation on Stroke Multidisciplinary Daily meeting and Core Measure
- Attend Stroke Alert (ED and Inpatient)
- Member of Stroke Committee that focuses on review of readmission/mortality cases



STROKE NEUROVASCULAR QUALITY INITIATIVE (NVQI) DATA COORDINATOR ROLE

- Position filled by Radiology Technologist (RT)
- Data abstraction and data entry in NVQI database
- EMS run and flight records on stroke patient population
- Member of Stroke Committees that focus on PI
- Rotation on Stroke Multidisciplinary Daily meeting and Core Measure monitoring
- Member of Stroke Committee that focuses on review of readmission/mortality cases
- Viz.ai Data Coordinator including data abstraction from Viz.ai information
- Contact for Spoke/UKHC sites Viz.ai users
- Pre and post-thrombectomy pictures to OSH/EMS/Flight staff



STROKE ADVANCED PRACTICE PROVIDER ROLE

- Single point of contact for patient and caregivers post discharge through Stroke Clinic
- Obtains patient health histories, reviews outside records and performs complete physical examinations. Documents findings in the Electronic Health Record, noting pertinent normal and abnormal findings
- Formulates and implements treatment plan for chronic disease management in collaboration with the supervising attending
- Utilizes current research and evidence-based decision making in all clinical practice
- Participates in daily APP led rounds with the multidisciplinary team and supervising attending
- Completes discharge documentation and addresses outpatient follow-up needs
- Performs clinic duties for stroke follow-up patients. Utilizes evidence-based practice to provide comprehensive care and an ongoing treatment plan, reinforcing secondary stroke prevention by assessing and educating on risk reduction. Assess tertiary stroke prevention patterns through recovery



NORTON
HEALTHCARE

STROKE CARE NETWORK



STROKE TRANSFER COORDINATORS

- Monitoring of Viz App for patient transfers from OSH
- Facilitating direct transfer patients from Viz spoke hospitals
- Carry Stroke Alert pagers for ED and Inpatient areas
- Facilitate transfer of thrombectomy patients from ED to IR suite and coordinate post-thrombectomy placement in ICU bed
- Facilitate transfer of other stroke intervention cases
- ED Stroke metric data collection and data entry in tracking tools for alteplase and thrombectomy
- Stroke resource in ED, ICU and progressive areas
- **Future Goal: Direct to IR for thrombectomy cases**



FUTURE STATE: STROKE NAVIGATOR POSITION PROPOSAL JOB RESPONSIBILITIES

- Inpatient visits to all neuroscience patients to answer questions and act as a resource for both inpatient and outpatient settings.
- Look for barriers to care or recovery for the patient
- Collaborate with multidisciplinary team to ensure smooth transitions across the continuum of care.
- Ensure follow up appointments are made and patients are aware
- Follow up phone calls 3-5 days for patients post discharge to home and 30 days for post-rehab patients
- Act as liaison between service and patient after discharge if needed
- Develop and lead a patient advisory council
- Develop and lead a patient support group
- Contact for set up of implantable loop monitors as outpatient
- Contact for patients detected with atrial fibrillation on implantable loop recorders and facilitator of clinic appointment for anticoagulation discussion





POLLING QUESTION

The attendance for your stroke committee is attended by at least 75% of members monthly?

- A. True
- B. False



STRATEGIES FOR STROKE COMMITTEE ATTENDANCE AND ENGAGEMENT

- Send agenda to team in advance of meeting
- Assign tasks/discussion topics to committee members
- Include each department on agenda to discuss their team updates/needs for improvements related to care of stroke patient





QUESTIONS????



SOURCES

- Improving Post Stroke Recovery: the role of the multidisciplinary health care team. Journal of Multidisciplinary Health Care downloaded from <http://www.dovepress.com/> by 128.163.239.11 on 11-Sept-2021.
- Source: Systems Approach to Standardization of Care in the Secondary Prevention of Noncardioembolic Ischemic Stroke 2008 Society of Hospital Medicine DOI 10.1002/jhm.334 Page S29 Published online in Wiley InterScience (www.interscience.wiley.com).

