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**Stroke Coordinator
BOOT CAMP**

ADVANCING YOUR RANK: PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE STROKE COORDINATOR

PRESENTATION TEAM

- Lynn Hundley, *MSN, APRN, CNRN, CCNS, ANVP-BC*
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- Julie Fussner, *BSN, RN, CPHQ, SCRN*
 - Stroke Operations Manager – University Hospitals Cleveland Medical Center
- Kimberly Holmes, *MSN, APRN, ACNS-BC, PCCN-K*
 - Primary Stroke Program Coordinator – Bayhealth Medical Center
- Sharon Heaton, *MA, BSN, RN, EMT-P*
 - Director, Comprehensive Stroke Center – The Ohio State University Wexner Medical Center, Columbus, OH

American Stroke Association.
A division of the American Heart Association.

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DISCLOSURES

Lynn Hundley

- Speaker bureau: Medtronic, cryptogenic stroke, modest; Arbor pharmaceuticals, aneurysmal hemorrhage, modest

Julie Fussner

- None

Kimberly Holmes

- None

Sharon Heaton

- Consultant for Duke Research Institute: Improve Stroke Care Project

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ADDITIONAL DISCLAIMER

NOT A 'HOW TO' LECTURE

- Provide explanation of the 'why' these qualities are of importance for the professional growth of the stroke coordinator
- Provide ideas/resources for professional growth



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BARRIERS TO STROKE COORDINATOR PRACTICE

2017 ISC POSTER ABSTRACT: Livesay, Casper, Graves, et al.

- 40 participants from 33 different facilities
- Top reported barriers to success in role:
 - 78% - Lack of time
 - 32% - Lack of role clarity by supervisor
 - 30% - Lack of role definition as stroke coordinator
 - 27% - Lack of mentorship
 - 22% - Lack of on the job training
 - 19% - Lack of formal education

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**SUBJECT MATTER EXPERT:
BUILDING YOUR STREET CRED**

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STROKE COORDINATOR QUALITIES

- Anyone with a passion for neuroscience and detailed work
- Sound organization and communication skills
- Ability to teach at all different levels
- Interest in and experience with neuroscience

“Easier to take a person who has a passion for neuroscience and understands neuroscience technically, and train them to be a coordinator, than take a coordinator and train them in neuroscience.”

– TIM SHEPHARD

Rodak 2013: Becker Hospital Review



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SUBJECT MATTER EXPERT: VALIDATION

CERTIFICATION

- CNRN
- SCRN

ADVANCED TRAINING AND CERTIFICATION

- NETSMART
 - Junior
 - Advanced practice (board certification exam available upon completion of program)



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RESOURCES

PROFESSIONAL ORGANIZATIONS SPECIFIC TO NEURO:

- American Stroke Association
- American Association of Neuroscience Nurses
 - Conferences
 - LMS on-line learning
 - Journal of Neuroscience Nursing
 - CEU available (free for members)
 - Stroke list serve
- Association of Neurovascular Clinicians
 - NETSMART PROGRAMS
 - Conference
- Neurocritical Care Society
 - Emergency neurological life support
 - On line learning
 - Annual conference

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RESOURCES

PROFESSIONAL ORGANIZATIONS: GENERAL

- American Association of Critical Care Nurses
 - Conferences
 - LMS on-line learning
 - Journals
 - CEU available (free for members)
- National Association of Clinical Nurse Specialists (for CNSs)

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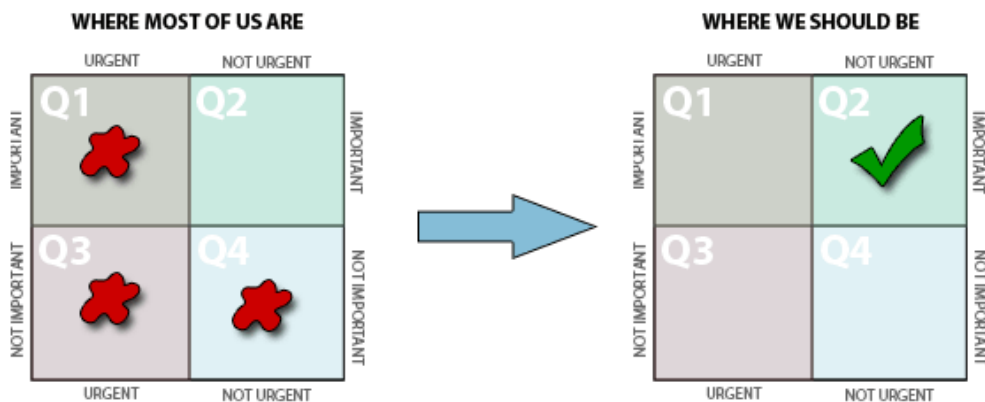
ORGANIZATIONAL SKILLS: EPIC MULTITASKING

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FOUR QUADRANTS OF TIME MANAGEMENT

Stroke Coordinator
BOOT CAMP



¹²
<https://czarto.com/2012/04/24/four-quadrants-of-time/>



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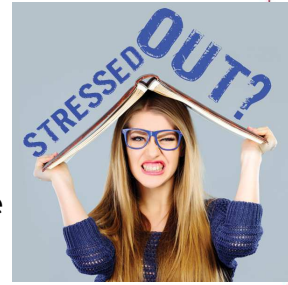
4 QUADRANTS OF TIME MANAGEMENT



Fire fighting mode

Crises

Hard deadlines for important projects



¹³

<https://czarto.com/2012/04/24/four-quadrants-of-time/>



American Heart Association.

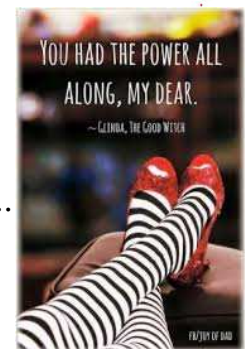
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4 QUADRANTS OF TIME MANAGEMENT



This is where you should be spending most of your time...

- Planning
- Prevention
- Relationship building
- Recognizing opportunities
- Hard deadlines for important projects



¹⁴

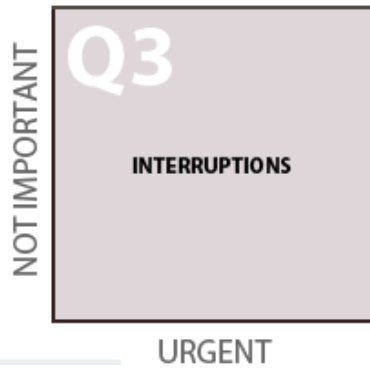
<https://czarto.com/2012/04/24/four-quadrants-of-time/>



American Heart Association.

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4 QUADRANTS OF TIME MANAGEMENT



Spend too much time here, confusing urgent things for important things

- Phones ringing/text alerts
- Emails



BUT DID YOU DIE?



¹⁵
<https://czarto.com/2012/04/24/four-quadrants-of-time/>

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4 QUADRANTS OF TIME MANAGEMENT



Time wasters

- Trivial busy work
- Mindless web surfing
- Etc, etc, etc...



¹⁶
<https://czarto.com/2012/04/24/four-quadrants-of-time/>

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MAKING QUADRANT 2 A PRIORITY

IDENTIFY QUADRANT 2 ACTIVITIES

- Write down all the quadrant 1 and 3 activities you routinely do (all the urgent stuff)
- Write down how you can prevent these things from reoccurring or becoming emergencies in the 1st place...THESE ARE YOUR NEW QUADRANT 2 ACTIVITIES

FREE UP TIME FOR QUADRANT 2 ACTIVITIES

- Look at all the things in quadrant 4 and STOP DOING THEM!
- Look at all the thing in quadrant 3 and stop doing them too. This means you will have to say 'NO'
- This will give you time for quadrant 2

¹⁷
<https://czarto.com/2012/04/24/four-quadrants-of-time/>



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MAKING QUADRANT 2 A PRIORITY

SCHEDULE TIME FOR QUADRANT 2

- Schedule time to do quadrant 2 activities (put them in your calendar, just like a meeting)
- ACTUALLY DO THOSE THINGS!!!

REDUCE QUADRANT 1

- More time in quadrant 2 will chip away at quadrant 1 activities
- As you reduce quadrant 1 activities, you will have more time for quadrant 2...creating some momentum

¹⁸
<https://czarto.com/2012/04/24/four-quadrants-of-time/>



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LEADERSHIP SKILLS: HERDING CATS

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"Whew! That was close! We almost decided something!"

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RESOURCES



PROFESSIONAL ORGANIZATIONS

- American Organization of Nurse Executives
 - Nurse Leader education

OTHER

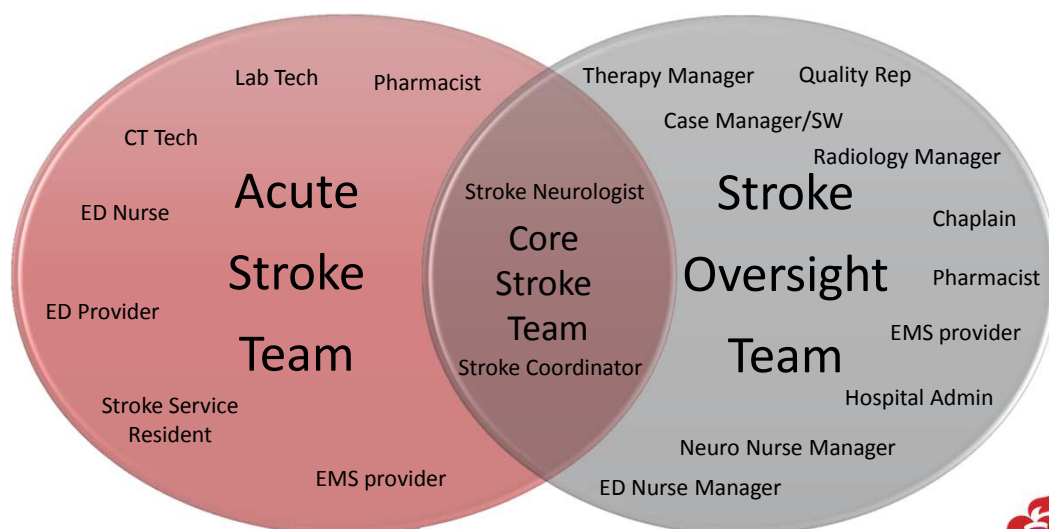
- Your organization – HR – leadership development classes
- Local community programs/universities related to leadership development
- Advance your degree
- Get involved! Volunteer for a board on a professional organization
- Books about leadership – that speak to you:
 - Leadership without easy answers

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TEAM BUILDING/LEADING



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INFORMAL VERSUS FORMAL LEADERSHIP

Informal leadership

Looks at behaviors associated with those who are not appointed to authority but assume leadership in other ways.

Formal leadership

Comes from the job titles, financial and management responsibilities, and lines of authority that make up the formal structure of the organization.

Based on Heifetz, *Leadership Without Easy Answers*

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INFORMAL LEADERSHIP

- Informal influence leaders have already earned credibility and respect from others, who regularly look to them for guidance.
- When sharing their views, they significantly influence the acceptance or rejection of new initiatives.



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INFORMAL LEADERSHIP: WHAT TO EXPECT

- You can spark the debate, but you cannot orchestrate it
- You must regulate distress by modulating provocation; gauge when to push and when to let up/slow down
- You may become a lightning rod for conflict, anger, frustration

Based on heifetz, *leadership without easy answers* and adapted from leadership academy

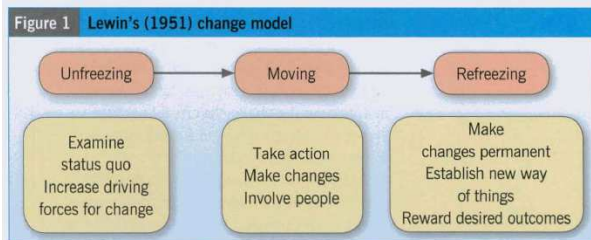
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COMMON BARRIERS

- Learned apathy from past experiences
- It won't matter anyway
- We don't have the authority to enforce it.
- Resistance to change
 - Human nature
 - The unknown
 - "...at least we know what we're doing now."



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Planned change:

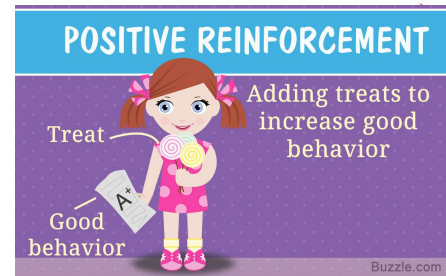
A purposeful, calculated and collaborative effort to bring about improvements with the assistance of a change agent (Mitchell, G. 2013)



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STRATEGIES FOR SUCCESS

1. Be a risk taker
2. Encourage/support team members who take risks
3. Keep quiet!
 - Try the paper clip approach
4. Show results
 - Show impact of their contributions on the whole picture
 - Rewards, recognition
 - Make it personal



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FINANCE: DOING THE MATH

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JUSTIFYING YOUR RESOURCES

Calculate direct costs – salary, benefits, equipment, support staff, etc

- Published financial assumptions are available

Type	Status	Hourly Rate	Annual Salary	Benefits (25%)	Total
RN/BSN	FT	\$31.00	\$64,480	\$16,120	\$80,000
APRN	FT	\$43.64	\$90,771	\$22,693	\$113,464
Assistant	FT	\$17.00	\$35,360	\$8,840	\$44,200

D. Lombardi Hill, Building a financial case for stroke coordinator resources. International Stroke Conference, 2011.



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EXAMPLE: DOING THE MATH

Calculate payer mix, reimbursement and cost-per-inpatient-day

- **Payer Mix**

- 65% Medicare
- 5% Medicaid
- 25% Managed Care/Commercial
- 4% Self Pay
- 2% Other

Projected decrease in
LOS = 8%

- **Stroke/TIA N = 300 MS-DRG: 61-72**

- Contribution Margin \$3,092/case (\$927,600)
- Direct cost \$1,102/day
- Baseline ALOS 5.5 days (1,650 days)

Decrease of 132 days, or
\$145,464 saved

- **Neurovascular Surgical/Endovascular N = 40 MS-DRG: 21-27**

- Contribution Margin \$12,729/case (\$509,160)
- Direct cost \$2,000/day
- Baseline ALOS 10 days (400 days)

Decrease of 32 days, or
\$64,000 saved

D. Lombardi Hill, Building a financial case for stroke coordinator resources. International Stroke Conference, 2011.



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EXAMPLE: DOING THE MATH

- Calculate complication rates (pneumonia 3%)
- Calculate cost/case of complication rates
 - Pneumonia, DVT, PE (Increase of \$33,155)
- Effective dysphagia screening at bedside can reduce aspiration pneumonia by 50% (Hinchey, et al. *Stroke* 2005;36)

3% of 340= 10.2 patients with pneumonia (\$338,181)
50% reduction = \$169,090 in “cost avoidance”

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YOUR **NEW** BFF LIST

STRATEGIC PLANNING RESOURCES

FINANCIAL ANALYSTS

- This is where you get your LOS, readmission rate data
- Ask for a program profitability report

CLINICAL EFFECTIVENESS/QUALITY

RISK MANAGEMENT

LEGAL



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PROFITABILITY REPORT

DATA TO INCLUDE:

- # STROKE DISCHARGES BY TYPE
- CASE MIX INDEX
- AVERAGE SEVERITY
- NET REVENUE
- FIXED COSTS
- VARIABLE COSTS
- DIRECT MARGIN
- NET MARGIN



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PI SKILLS: THE NEVERENDING JOURNEY

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PI METHODOLOGY

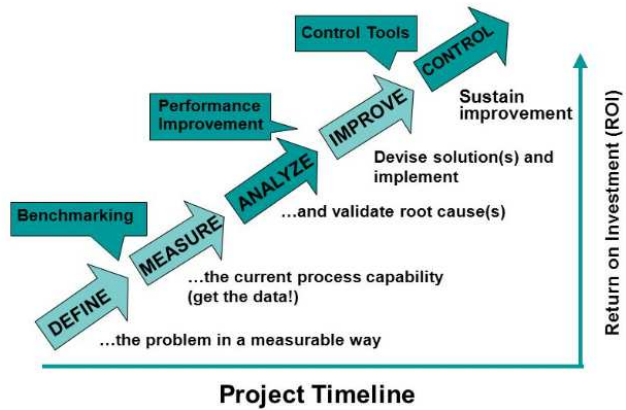


IDENTIFY THE METHODOLOGY IN PLACE AT YOUR ORGANIZATION

- Quality
- Clinical effectiveness
- Training program available



Improvement Methodology: DMAIC “Backbone”



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D Define the business issue.
"What is the pain?"

M Measure the process.
"How bad is the pain?"

A Analyze the data. Verify root causes of variation.
"What is the root cause of the pain?"

I Improve the process.
"Which solution will eliminate the pain?"

C Control the process. Sustain improvements.
"How do we make sure the pain will not return?"

Source: B. Inozu, D. Chauncey, V. Kamataris, C. Mount: Performance Improvement for Healthcare: Leading Change with Lean, Six Sigma, and Constraints Management
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WORK THE DATA

USE OF DATA TO DRIVE PI

- PDSA, aka Small Test of Change
- Rapid Improvement Event
- Six-Sigma/ LEAN
- Root Cause Analysis

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



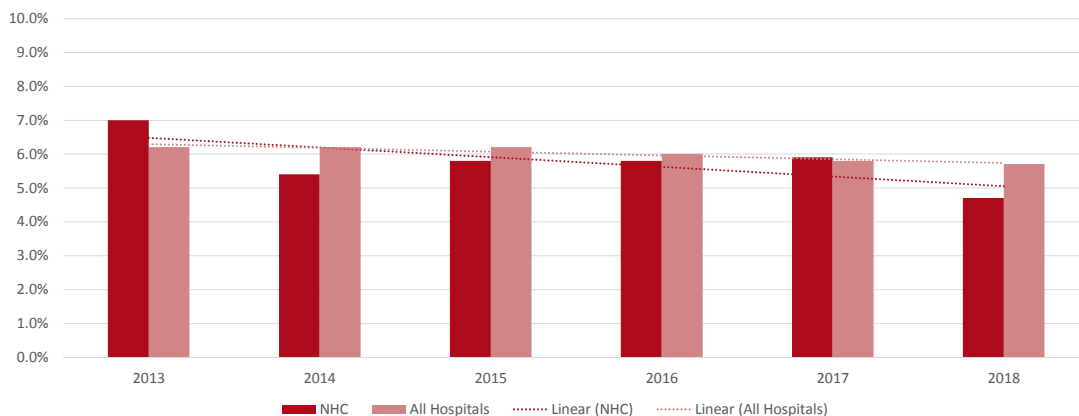
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GWTG GRAPH EXAMPLES

Stroke Coordinator
BOOT CAMP

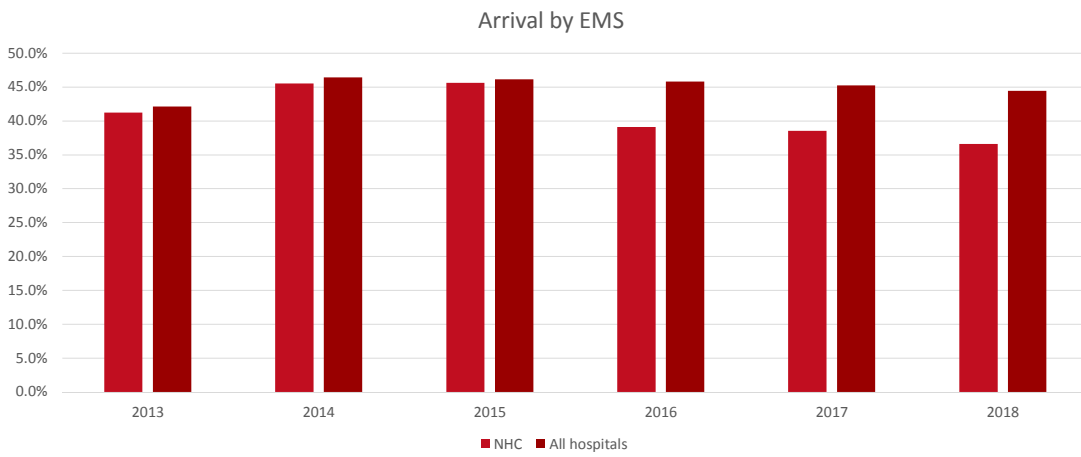
In Hospital Mortality



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GWTG GRAPH EXAMPLES

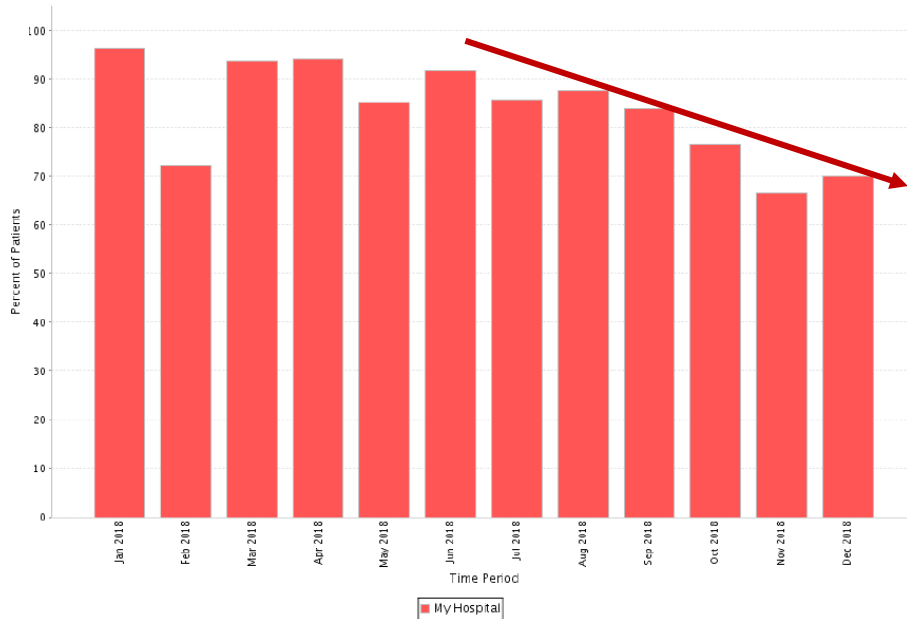


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DYSPHAGIA SCREEN: HOUSTON WE HAVE A PROBLEM...



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GROWING AS A LEADER

You will make mistakes, both personal and tactical

Keep the vision front and center

The reactions you experience often come from fear and misunderstanding

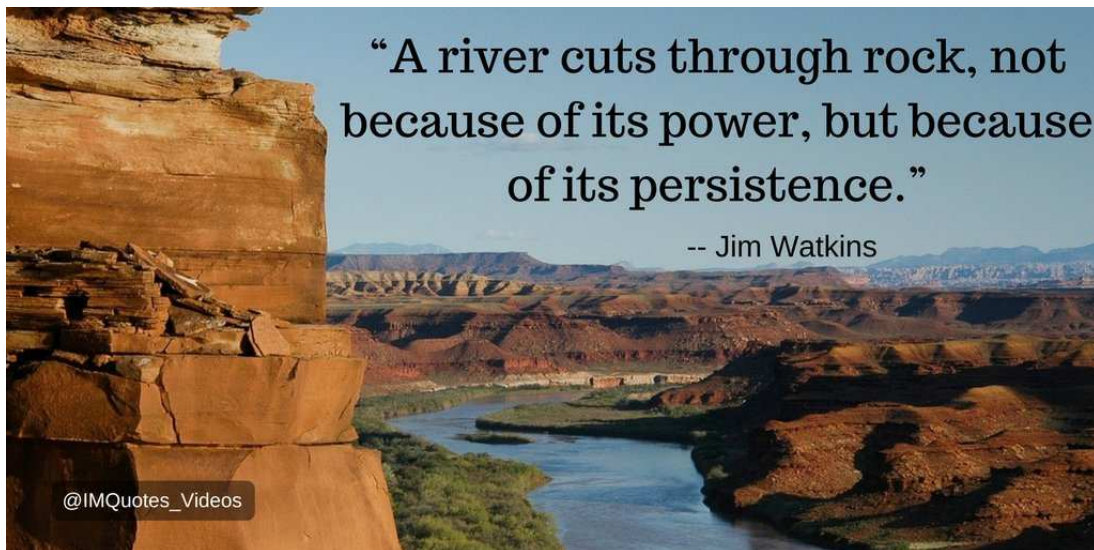
Surround yourself with allies and confidantes; take time for sanctuary; learn to use the balcony

Based on heifetz, *leadership without easy answers* and adapted from leadership academy

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