

ARKANSAS STROKE REGISTRY  
QUALITY IMPROVEMENT WEBINAR SERIES

HOSPITALS' STROKE COMMITTEES  
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- ☐ Sharon Aureli, MSN, SCRNP, CNOR, RNFA, CNL**

# OBJECTIVES



- Discuss the reasons for establishing a stroke committee.
- Detail strategies for obtaining buy-in for establishing a stroke committee.
- Outline the responsibilities of a stroke committee.
- Discuss the next steps in starting a stroke committee.

# HANDOUTS

- Initial meeting outline
- Stroke Committee Agenda example
- Effective meeting evaluation checklist

# POLL QUESTIONS



1. Does your hospital have a stroke committee (forum)?
2. If not, do you see value in establishing a stroke committee?
3. If charged with establishing a committee, do you know how to begin?

If yes, you do have a stroke committee:

2. Do you meet at least quarterly?
3. At the meetings do you review data?
4. Is the committee involved in stroke QI projects?
5. Do have senior management's buy-in to your work?
6. Is your stroke committee meeting functioning well?
7. Are you finding barriers to a successful committee?

# DO YOU NEED A STROKE TEAM?

- Would you like to give better patient care?
- Do you need help with your Stroke Program?
- Are you clinical and not a QI expert?
- Would you like key departments to take you seriously?
- Would you like senior management's buy-in to your work?

IF YOU ANSWERED “YES” TO ANY QUESTIONS

**Establish an ongoing, effective stroke team!**

BUY-IN

# START

## Obtain buy-in from:

- Not everything discussed is needed to establish, improve or expand a Stroke Committee. Decide what you need to highlight.
- Emergency Department physician and/or neurologist; a clinical member of senior management (may be the CNO, CMO); key providers.
- Prepare buy-in points, personalize them to your audience.
- Approach the champion first to gain support. Continue to gain buy-in from the other departments involved in the care of the stroke patient.
- Lack of success? Find the help he/she needs to be successful and pull that into your discussion!

# BUY-IN POINTS



# BUY-IN

Buy-in is critical for a successfully establishing a team, define:

- Benefits to the patient
- Benefits to the organization
- Benefits to staff/providers
- Benefits for reimbursement (payers)

# BENEFITS TO THE PATIENT

- ❑ Is stroke care a known standard of care? Yes, AHA, CDC, CMS and TJC has stroke care standards. Address the standards and your current adherence. Using the “Standard Measure Definitions” for comparable adherence expectations. Have the definitions available to respond to questions.
  - EMS
  - Emergency care
  - Inpatient
  - Discharge
  
- ❑ Use data to demonstrate the standard that is not being met.
  - Use your current data; be sure to run reports that have high adherence as well as measures that are challenges.

# BENEFITS TO THE PATIENT

- ❑ Is it an issue of patient satisfaction? If there are complaints or concerns available.
  - Check with the risk manager and discuss if there has been complaints re: stroke care.
  - Discuss the results of previous accreditation reports related to the stroke service.
  - Ask your Risk Manager if there is any support his/she can provide to assist you in gaining support for establishing (improving/expanding) a stroke committee.
  
- ❑ Are accreditation standards not being met?
  - If so, what oversight/accrediting body makes the standard?
  - Will it increase the ability to obtain/maintain accreditation?

# BENEFITS TO THE ORGANIZATION

- ❑ Is it a possible positive public relations issue?
  - Health care transparency is an issue will there be questions re: your level of compliance?
  - Will this become published with or without your support?
  
- ❑ It is a possible negative public relations issue? It could be with low compliance, especially for the acute measures. There is a focus on the timely use of IV-tPA.
  
- ❑ Does it have the ability to advertise and attract more patients? Is it a Department of Health or CMS expectation?
  
- ❑ Is it a potential legal issue? There have been law suits for eligible patient not being offered IV-tPA. So, yes, it is a potential legal issue. How is your adherence to the measures related to IV-tPA being offered?

# BENEFITS TO THE ORGANIZATION

- It is a possible negative public relations issue?
- Is the stroke service costly and/or register a financial loss?
- Does advertising the stroke service attract more patients?

# BENEFITS FOR STAFF / PROVIDERS

- ❑ Will it attract staff in areas currently understaffed?
  - Do you need ED or CT staff to meet the time targets? Can staffing be addressed?
  - Or, is cross-training of staff indicated (example: ED RN phlebotomy)?
  
- ❑ Will it attract physicians in specialties that are currently needed?
  - Will your work highlight the need for neurology coverage 24/7?
  - Maybe the need for tele-medicine will be indicated.
  - Or, what is your specific need you would like to validate?

# BENEFITS FOR STAFF / PROVIDERS

- ❑ Will it make the provider's work safer?
  - Develop policies and procedures
  - Staff training
  - Ongoing education
  - Hand-off of care transition standardization definition (for example, EMS to ED RN hand-off of care)
  
- ❑ Will it make provider's day-to-day work more satisfying?
  - A defined process helps in better understanding the day-to-day work
  - More standardization and ongoing education fosters success in the day-to-day work
  - May decrease staff turn-over

# BENEFITS FOR REIMBURSEMENT

Will a successful stroke program:

- Facilitate negotiating a contract?
- Facilitate a successful contract negotiation?
- Provide an opportunity to participate in a(n):
  - Physician/hospital organization
  - ACO
  - Other group contracting organization
- Comply with a payer's contracting requirement?

# ADDRESS BARRIERS TO BUY-IN

## ❑ Cost of implementation

- Equipment needed
- Education and training
- Additional staffing

## ❑ Maintain the status quo: Key individuals say:

- A change is saying, “what you are doing isn’t right”.
- Why change when it is working well?
- What does the change mean to me?

## ❑ Staff fears:

- Will I be replaced?
- Will my job be needed?
- Will my hours be changed?
- Will it have an impact on my pay?

# BARRIERS TO BUY-IN (CONT.)

- Impact on the service/product:
  - How do you maintain patient safety during the change?
  - Will there be an interruption in service?
  - Is it new to the industry?
  - Are you sure it is safe?
  - Is it an “off-label” use? How do you handle off-label use?
  
- How does it fit with current practice?
  
- What else has to change?

# OBTAINING SUPPORT.....



- ❑ The buy-in preparation should be tweaked to the audience. If you are talking with management or staff, modify your presentation. The basics are the same but the language and some information may be different.
- ❑ Ask excited providers to be stroke team members.
- ❑ Graph your data for presentation. Use comparison data. Quintiles has standard reports and will graph the data.
- ❑ Present at different forums. Don't forget to present at staff meetings.
- ❑ Hardwire stroke processes into the existing processes.

# IMPROVING PATIENT CARE.....

- ❑ Use DATA:
  - Your organization's historic data (improving?)
  - Current data (where are you now?)
  - Comparison data (where do you need to be?)
  
- ❑ Where are you now? Where should you be? What are your successes? What are your challenges? **USE DATA**, it will assist in answering these questions! Discuss the ways a stroke committee assists in addressing the issues.
  
- ❑ A stroke survivor is a valuable way of obtaining the patient's perspective.



# STROKE TEAM

# STROKE TEAM COMPOSITION

- ❑ Select the departments that should be represented:
  - Physician champion (ED or neurology)
  - Radiology
  - Laboratory
  - Nursing
    - CNO
    - ED manager
    - ED nurse educator
  - EMS
  - QI staff member
  - Case management
  - Other departments as appropriate



# COMMITTEE'S RESPONSIBILITY

- ❑ Send out the minutes and agenda at least 2 weeks prior.
- ❑ Share the work with other members.
- ❑ Be prepared for the meeting.
- ❑ Work with the team to set the agenda. There are standard agenda items and other items that are self-limiting.
- ❑ Do an evaluation following each meeting, especially in the beginning. Make adjustments as needed (**handout**).



# WORK OF THE STROKE TEAM

- ❑ **Protocols/standard order sets:** Periodic review or oversight
- ❑ **Annual plan for community outreach:** Development and oversight
- ❑ **Evaluate telemedicine:** Meeting expectations; patient and provider needs?
- ❑ **Assess provider education:** What is needed? Plan and oversight
- ❑ **Standard adherence:** Discuss the data adherence and other methods of evaluating adherence
- ❑ **Stroke QI oversight:** What needs to be improved? Team project or management responsibility? Create the AIM and monitor the progress.
- ❑ **Case review:** Forum for individual case review (Medical Staff Committee)
- ❑ **Minutes:** To document the work of the team and stay on-track
- ❑ **Meeting schedule:** Based on the work needing to be done, define the meeting frequency. Frequency may change depending on the work. Should be at least quarterly.

# QI TEAM IS APPROPRIATE



- ❑ **The improvement target is complex.**
- ❑ **The solution:**
  - Is unknown
  - Requires creativity
  - Crosses disciplinary, departmental and/or organizational lines.
- ❑ **Staff/provider participation is needed for:**
  - Expertise
  - Insight into possible solutions
  - Buy-in

## **Don't start a team if it .....**

- ❑ Is a small issue.
- ❑ Doesn't lend itself to the team process.
- ❑ Is a non-negotiable fix.
- ❑ Is management's role.

# MANAGEMENT'S ROLE IN IMPROVEMENT

- ❑ Oversees the department's processes
- ❑ Focuses on individual's work as well as process outcome
- ❑ Staffing
- ❑ Monitors the quality of the work per policy
- ❑ Accreditation standard adherence
- ❑ Assisting in the day-to-day work
- ❑ May ask for staff input but the decision is management's

# ANSWERING QUESTIONS: DO YOU NEED A STROKE TEAM?

- ❑ Would you like to give better patient care?
  - Meeting stroke care standards improves care
  - Working with a multidisciplinary team assists in meeting standards
  - Monitoring data on an ongoing basis identifies gaps in care
  - A multidisciplinary team improves care along the continuum
  
- ❑ Do you need help with your Stroke Program?
  - Multidisciplinary team working on improvement makes a difference
  - Providing data informs key disciplines
  - Involving key disciplines in the improvement assists in buy-in
  - Having a physician champion opens doors
  - Including key clinicians assists in buy-in
  
- ❑ Are you clinical and not a QI expert?
  - Using the QI process and tools results in effective, efficient changes
  - A QI expert assists the team in its QI responsibilities
  - An effective QI process is critical in improving care

# REVISIT QUESTIONS: DO YOU NEED A STROKE TEAM?

- ❑ Would you like key departments to take you seriously?
  - Having a multidisciplinary forum provides the information for buy-in
  - Using data is an important persuader
  - Discussion and participation
  
- ❑ Would you like senior management's buy-in to your work?
  - Resources are critical in improving stroke care
  - Senior management is important in obtaining resources
  - Data is critical in helping senior management understand the need
  - Support from key disciplines assists in obtaining senior management buy-in

**A stroke committee/team is critical in addressing the questions!!**

# NEXT STEPS

- ❑ Decide: Do you believe a Stroke Committee is needed?
  
- ❑ If yes, create a buy-in plan:
  - Decide on the targeted audience and order of presentation
  - Create a buy-in presentation; alter slightly for the audience
  - Make appointments; and get the critical players to buy-in
  
- ❑ Work with others to select the multi-disciplinary members:
  - Work with the leadership to select the appropriate disciplines
  - Work with managers to identify the appropriate team member
  
- ❑ Meet with prospective team members:
  - Share data; talk about how the Committee will help
  - Share a draft agenda (**handout**)
  - Share a document outlining the work of the Committee
  
- ❑ Have initial meeting:
  - Send out the agenda at least 2 weeks in advance
  - Conduct the meeting (**handout**)

# TAKE HOME MESSAGE



- Obtaining buy-in is critical.
- Buy-in takes planning.
- Identify key people for support.
- Plan the work of the stroke team.
- Multi-disciplinary team membership is important.
- Use of data is critical for obtaining buy-in as well as for improving the care provided.
- For on-going support, a well functioning and successful committee is critical.

# REVIEW OBJECTIVES

- ❑ Discuss the reasons for establishing a stroke committee.
- ❑ Detail strategies for obtaining buy-in for establishing a stroke committee.
- ❑ Outline the responsibilities of a stroke committee.
- ❑ Discuss the next steps in starting a stroke committee.

# INTERESTED?

**If you need help or have questions, do not hesitate to contact Arkansas Stroke Registry staff.**



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