

The Stroke Coordinator: An Essential Part of the Team

A good coordinator must act as a liaison between physicians and patients, and between medical staff and administrators, to keep things running smoothly.

Given the devastating toll that stroke inflicts on society—both in terms of mortality as well as diminished quality of life for stroke survivors—it's of critical importance that patients receive acute intervention whenever possible. And yet, tPA has languished rather than flourished. For this innovative therapy to be used more effectively, the development of stroke centers is a prerequisite.

All neurologists should be well-versed in the workings of stroke centers. Some may do little more than refer patients to their local centers and/or receive patients in need of follow-up care; others may wish to actively take part in the services provided at the center. To clarify the day-to-day operations of stroke centers, we have been reviewing key roles for staff at the facility.

In last month's column, the critical importance of the medical director in leading a successful program was reviewed. However, while the physician director is essential, a good stroke coordinator can also provide substantial benefits. In fact, while certainly not optimal, at many centers it is the coordinator who actually runs the program, with only nominal involvement from physicians.

Typically, the stroke program coordinator is a nurse, frequently employed by the quality assurance department, although there are various other arrangements as well. Often the nurse has little direct experience with stroke care, or if this person does have experience, he or she is not directly involved in patient care.

Nevertheless, in many programs the nurse coordinator rather than a physician

is the first one to screen patients for treatment. While it is conceivable that such a system could be successful, it is highly dependent on the experience and quality of the nurse coordinator. Moreover, it is clear that the efficacy of the stroke program is far less than in programs where the physician takes the lead. Caution should be exercised when physician directors advocate the use of nurses to triage patients for acute stroke care. Only nurses with adequate experience, oversight and training should even be considered for such a pivotally important role. It is inadvisable to succumb to temptation to use coordinators as physician surrogates, despite the obvious benefits such as reduced physician time commitment, and desire of hospital administration to control costs.

On the other hand, the coordinator can provide invaluable assistance in the day-to-day management of the program, administrative duties, educational endeavours and general public relations for the program. In addition, an effective coordinator can dramatically improve the quality and efficiency of care, especially when paired with effective management and physician partners.

Selecting a Stroke Coordinator

The stroke coordinator should be selected with close attention by the physician to the skills required for the position. Moreover, the coordinator may be "assigned" by the hospital, without input from the physician. Given the paucity of adequately trained neurological specialist nurses, frequently the coordinator must receive significant education time by the physician

on the medical and other aspects of stroke care. Therefore, openness to learning, and adaptability, as well as ability to function under pressure are certainly desirable characteristics. In addition, careful attention should be given to coordinator personality, and compatibility with the other staff, as this is essential to harmonious relations, particularly given the need of the coordinator to interface with a wide range of hospital staff. Good organizational skills are also essential to balance the varying roles of clinician, administrator and possibly researcher as well.

Coordinators are frequently critical at certain aspects of care that are most difficult to physicians, such as administrative duties, protocol development and interaction with individual medical staff members. Education and training of staff and patients can also be successfully accomplished in conjunction with the coordinator. The coordinator is often also responsible for statistics regarding the stroke program. This is especially pertinent for JCAHO stroke center certification, where gathering of such data is a requirement.

Conclusions

Finding the right individual to become stroke coordinator can be extremely helpful in achieving stroke program success. Effective use of this key member of the team can provide ample dividends for a successful stroke program. **PN**



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