

Rethinking Inpatient Stroke Care Transitions at Gundersen Health System

Change in the workplace can often be a jarring, anxiety-ridden experience. This is especially true in the clinical world of stroke care, where the stakes are high and the margin for error is minimal. However, it can also be an opportunity for growth, improved efficiency, and savings for both the patient and provider if executed well.

Gundersen Health System in La Crosse, Wisconsin, underwent a significant change in stroke care when Gundersen's neuroscience unit administrative director, Heather Pronschinske, and clinical nurse leader (CNL), Amy Barna, spearheaded a holistic review of admissions and transfer practices for all post-alteplase stroke patients. Prior to 2013, post-alteplase stroke patients were admitted to the critical care unit for the first 24 hours of their stay; then, if stable, they were transferred to the neuroscience unit. It was clear this process was fragmented and resulted in communication breakdown, redundant order sets for patients, and unclear delineation of provider coverage. Because of this, Gundersen made the decision to admit all hemodynamically stable, post-alteplase stroke patients from the emergency department (ED) directly to a newly designed neuroscience unit. By August 2014, this change was in place, thus eliminating an unnecessary stay in the critical care unit, removing redundant order sets, and allowing for one provider and nursing team to provide care throughout a patient's stay.

Gundersen engaged key stakeholders during this transition, including advanced practice nurses in critical care; pharmacists; stroke coordinators; clinicians from neuroscience, vascular specialties, and general medicine; and neuroscience nursing staff who would assume new responsibility for this population. Neuroscience nurses received a two-hour intensive training course specific to acute stroke patient care, along with continuing education opportunities. Beyond internal coursework, nurses were encouraged and financially supported to pursue specialty stroke care and neuroscience nursing certifications. Today, 25% of nurses in the neuroscience unit hold specialty certifications. The support for certifications has been linked to subsequent improvements in staff engagement rates within the unit.

Gundersen also began staffing a charge nurse around the clock that did not carry a patient assignment. This staffing change was unique to the neuroscience unit; it allowed the unit to accommodate unpredictable admissions because the charge nurse had the flexibility to absorb that unit need. In 2015, the neuroscience unit expanded again and Gundersen added a new full-time team lead nurse. Like the charge nurse, this position also did not carry a patient assignment. Partnering together, the team lead nurse focuses on rounds and supporting the needs of other nurses, while the charge nurse oversees operations.

During the first month following project initiation, every post-alteplase stroke case that did not come directly to the neuroscience unit was reviewed and assessed. After just four short weeks, there were no more inappropriate transfer cases to review; all hemodynamically stable, post-alteplase stroke patients were being successfully transferred to the neuroscience unit directly from the ED.

For the first five months following project initiation, Pronschinske and Barna met with every staff member who admitted a post-alteplase stroke patient. This ensured the admission process was followed correctly and helped staff feel supported. Several small process improvement opportunities were implemented as a result of these reviews. The neuroscience unit staff also partnered with the quality improvement department to complete intense chart reviews on time critical assessments. To sustain the gains, the transition team monitored measures of patient safety, quality, cost, and patient and staff satisfaction for three years following project initiation.

The Players

Bethany Girtler, BSN, RN, CCRN – Stroke Coordinator

Heather Pronschinske, BSN, RN – Administrative Director

Amy Barna, MSN, RN, CNL – Clinical Nurse Leader, Inpatient Neuroscience Unit

What They Did

Utilized quality improvement methods.

The key stakeholders involved in this change worked through A3 problem solving and LEAN techniques to ensure a smooth transition.

Provided specialized education.

Intensive training courses and additional specialty certifications for neuroscience nurses have been linked to improvements in staff engagement rates within the unit.

Enhanced charge nurse role. The charge nurse partnered with the team lead nurse to improve unit flexibility and provide additional nursing support.

Reviewed processes and provided feedback. The transition team met with all staff members involved with admitting a stroke patient during the project initiation, ensuring staff felt supported while providing an opportunity to discuss potential process improvements.

Accomplishments

- Saved \$155,406 in bed charge costs alone by eliminating just one day in critical care for 127 stroke patients seen between August 2014 and May 2017.
- Reduced average length of stay for stroke patients from 5.4 days in 2014 to 4 days in 2016.
- Increased overall patient satisfaction for stroke care from 80.7% in 2014 to 87.4% in 2016.
- Achieved top quartile engagement



“Taking on this new patient population empowered and engaged our nurses. It is extremely important to us that they feel supported throughout this systemic change in stroke care.”

– Heather Pronschinske, Administrative Director at Gundersen Health System

Lessons Learned

Engage key stakeholders. Pronschinske says she is consistently reminded of the value in engaging key stakeholders and constantly communicating with them, because they truly know their work inside and out. For Gundersen, that included individuals from a variety of disciplines across the organization.

Look at the big picture. Gundersen viewed these care transition changes from a business standpoint and looked at the long-term impact these changes can have, like the effect on nursing engagement and cost savings in decreasing nursing turnover. Pronschinske encourages others to “look beyond the task at hand and conceptualize how all the pieces impact each other, and then build a business case around that.”

Success Factors

- Maintained strong, ongoing communication with nurses and providers before and throughout the evolution of this process change.
- Heavily researched the business case for staffing changes and received strong support from administration.
- Provided nurses with ample education and training resources which greatly contributed to staff confidence and satisfaction.
- Focused on transparent communication with nurses about transitions in care and timelines for the project.

Barriers and Challenges

Awareness and trust. For Gundersen’s neuroscience unit, their biggest barrier in project implementation was creating awareness among and trust with providers around the new

transfer process. Some providers were hesitant to transfer the stroke patients, so Gundersen built trust through conversation and transparency. Pronschinske says that today, “...everyone is on board. Now providers *want* their patients to go there; they trust the neuroscience nurses’ expert, specialty care.”

Looking Forward

This was a gateway project for the neuroscience unit, and it continues to open doors for new populations. Less than a year following the first patient transfer, plans formed for the unit to admit elective neuroscience intervention patients directly after a recovery stay in post-anesthesia care. Then, in 2016, the neuroscience unit began accepting acute stroke patients that needed intervention directly from the recovery room. This stroke care transition project focused Gundersen’s culture of continuous evaluation on care transitions. “It really opened our eyes to what we can do to improve appropriate patient placement for cost savings and quality of care,” says, Pronschinske.

Wisconsin Coverdell Stroke Program

The Wisconsin Coverdell Stroke Program works with hospitals, emergency medical services, and professional organizations across the state to support a healthier Wisconsin by improving community awareness and the quality of stroke care. Wisconsin hospitals of all types and sizes are invited to be part of the Wisconsin Coverdell Stroke Program. For more information, please visit the [Wisconsin Coverdell Stroke Program's website](#).

