

Raising the Bar: Why Stroke Coordinators Should Be Retitled as Stroke Program Managers

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Abstract

This editorial opinion challenges use of the title, “Stroke Coordinator” as failing to represent the important work performed by those working in this role. Key leadership and managerial responsibilities are highlighted that align with the Stroke Coordinator role, making clear the need for retitling to correctly reflect the essential work of these important stroke clinicians within their stroke center hospitals.

Keywords: Stroke Coordinator, Stroke Program Manager, Stroke Program Leadership

Introduction

In healthcare, words matter. They shape perceptions, communicate responsibilities, and influence the way roles are valued within an organization. The debate over whether “Stroke Coordinator” or “Stroke Program Manager” better suits the individual responsible for leading stroke care programs is not trivial—it speaks directly to the heart of how healthcare values and recognizes its leaders. With evolving standards in stroke care, it is evident that the role’s scope far surpasses mere coordination.

When we examine the intricacies of stroke care today, it becomes abundantly clear that “Coordinator” undersells the depth and breadth of this role. Stroke Program

Managers are far more than logistical overseers; they are leaders who chart the course for program excellence, from strategy to execution, while carrying the weight of improving outcomes for patients suffering from one of the most devastating medical conditions. Harvard Business School (HBS) Professors Nancy Koehn and Joe Fuller discussed the differences between leadership and management at the school’s annual online conference in 2019 with both definitions articulately describing what stroke coordinators need to accomplish.

Koehn referenced the work of HBS Professor John Kotter, citing, “Leadership is the creation of positive, non-incremental change,

DOI: 10.59236/sc.v2i1.78

ISSN: 2995-7494

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Stroke Clinician Volume 2, Issue 1, Winter 2025



including the creation of a vision to guide that change – a strategy – the empowerment of people to make the vision happen despite obstacles, and the creation of a coalition of energy and momentum that can move that change forward.”³

Fuller who teaches Management Essentials said, “Management is getting the confused, misguided, unmotivated and misdirected to accomplish a common purpose on a regular occurring basis.”³

For stroke programs to be successful, stroke coordinators must both lead and manage, making the title of Stroke Program Manager much more appropriate than Stroke Coordinator.

The expectations placed on Stroke Coordinators are staggering and they align with managerial functions. Responsibilities include designing and implementing strategies that go beyond daily operations. They must think big, asking tough questions like, “Where are the gaps in care? How can we better meet the needs of our community? And how do we align our program with hospital goals while staying compliant with rigorous national standards?” A title like “Coordinator” fails to capture this strategic vision and the level of authority required to carry it out effectively.

Consider the regulatory environment surrounding stroke care. Certification by entities such as The Joint Commission or Det Norske Veritas (DNV) is no small task, requiring an all-encompassing understanding of policies, procedures, and evidence-based

guidelines. Stroke Coordinators spearhead preparations for surveys, audit their programs for compliance and lead the charge to correct any identified deficiencies. This requires process design, performance monitoring, and continuous improvement activities, all considered key management tasks.² It’s not just about coordinating the process—it’s about owning it.

Beyond regulations, Stroke Coordinators are data scientists in their own right. Every decision they make, every improvement they champion, is grounded in data. Whether it’s analyzing door-to-needle times, tracking complications, or benchmarking against national performance standards, these leaders turn numbers into actionable insights that drive better outcomes. The 2023 AHA Scientific Statement, *Ideal Foundational Requirements for Stroke Program Development and Growth*, rightly advocated for dedicated data collector roles for the compilation and entry of data.¹ However, while Dusenbury et al. commendably identified the need for separate data collectors, they could have taken it a step further to recognize the necessity of a title change from Coordinator to Manager. This change would better reflect the Stroke Coordinator’s broader programmatic objectives and the critical role they play in transforming data into strategic improvements.

Collaboration, too, is central to the Stroke Coordinator role. Stroke care requires an orchestra of specialties working in harmony, from emergency medicine to rehabilitation.



It's the Stroke Coordinator who conducts this orchestra, ensuring that every department is aligned, informed, and striving toward the same goals. This kind of high-level coordination is not just about logistics—it's about vision, leadership, and the ability to inspire multidisciplinary teams to excel. Collaboration-focused literature further supports this, advocating for team leadership and collaboration as foundational elements of successful healthcare programs.⁴

Education and training are another critical pillar of the job. The best stroke programs are built on the foundation of well-trained, confident staff who understand and execute protocols flawlessly. The Stroke Coordinator is both a teacher and a mentor, guiding the professional development of their teams and fostering a culture of continual learning. Effective program leaders, as noted in research on leadership in healthcare education, are those who are able to influence their followers and gain support to achieve shared goals.⁵

And let's not overlook the financial component of the Stroke Coordinator role; these leaders should also be adept at navigating the economic realities of healthcare. While not all Stroke Coordinators are involved in preparing budgets or identifying funding opportunities, they are often able to influence tough decisions about resource allocation and help ensure their programs remain effective and financially sustainable. This level of financial acumen is not what you associate with a "Coordinator."

The truth is that words like "Manager" or "Director" carry weight for a reason. They signify leadership, authority, and strategic responsibility. For someone tasked with steering a stroke program toward clinical excellence, achieving regulatory compliance, fostering collaboration, and driving measurable improvements in outcomes, the title "Coordinator" simply doesn't cut it. The title of "Stroke Program Manager" reflects the respect and recognition these professionals deserve. It signals to colleagues, patients, and stakeholders that stroke care is led by someone with the expertise and authority to make meaningful change. This shift in language isn't just about semantics—it's about aligning the title with the transformative nature of the work being done. Effective program leadership demands clarity and recognition, ensuring that stroke programs are resourced and managed to their fullest potential.

As healthcare continues to evolve, we must ensure that the professionals leading stroke programs are empowered with the titles and recognition that match their responsibilities. A title like "Stroke Program Manager" doesn't just describe the role; it elevates it, reflecting the importance of the work and the leader behind it. Now is the time to move beyond outdated language and embrace a title that inspires confidence, respect, and the pursuit of excellence. Stroke care—and the patients who depend on it—deserve nothing less.



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References

1. Dusenbury W, Mathiesen C, Whaley M, et al. Ideal foundational requirements for stroke program development and growth: A scientific statement from the American Heart Association. *Stroke*. 2023;54:e175–e187. [Accessed at: [Ideal Foundational Requirements for Stroke Program Development and Growth: A Scientific Statement From the American Heart Association | Stroke](#)]
2. Governance and Management in Healthcare Organizations. *International Journal for Quality in Health Care*. 2023. [Accessed at: <https://academic.oup.com/intqhc>]
3. Leadership vs Management: What's the Difference? *Harvard Business School Online – Business insights*. [Accessed at: <https://online.hbs.edu/blog/post/leadership-vs-management>]
4. Interprofessional Collaboration in Health Care *Can Pharm J*. 2015 Jul;148(4):176-179. Doi: [10.1177/1715163515588106](https://doi.org/10.1177/1715163515588106) [Accessed at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4530359/>]
5. Leadership in Healthcare Education. *BMC Med Educ*. 2020 Dec 3;20(Suppl 2):456. Doi: [10.1186/s12909-020-02288-x](https://doi.org/10.1186/s12909-020-02288-x). [Accessed at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7712520/>]

DOI: 10.59236/sc.v2i1.78

ISSN: 2995-7494

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