



# North Carolina Stroke Services Survey: *Preliminary Results*

Presented on behalf of the Survey Work Group of the  
Stroke Advisory Council

December 10, 2021

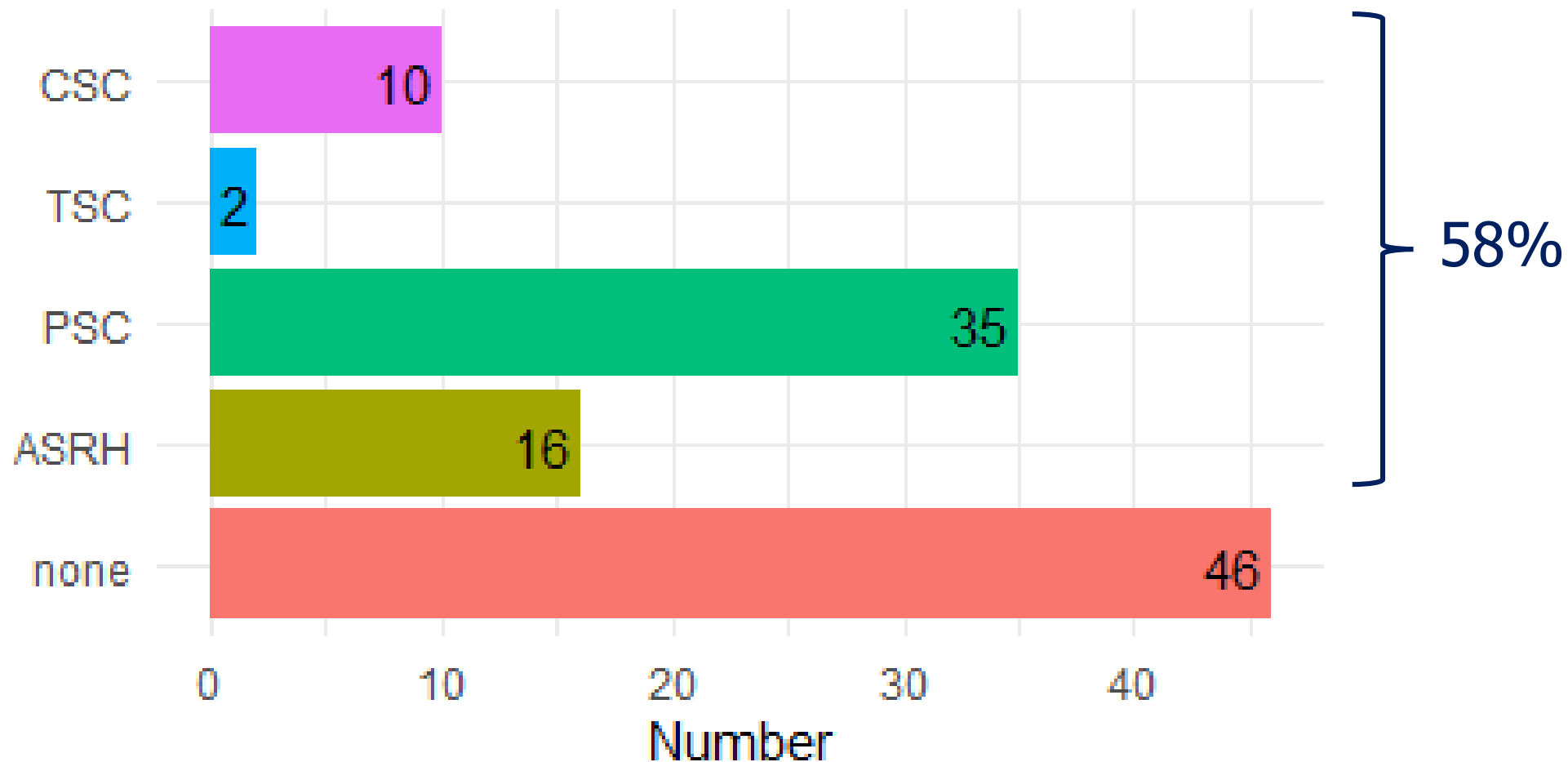
# Objectives

- Assess hospital-based stroke care capabilities in North Carolina
- Examine changes over past 20 years

# Survey

- Emailed to all licensed NC hospitals (N=112)
- Questions on diagnostic testing, acute stroke treatment and protocols, and post-acute management
- All 112 hospitals responded (October 2020-April 2021)
- Results presented for 109 hospitals providing acute stroke care

# Stroke Center Certification (N=109)



# Acute Stroke Capabilities

	No.	%
<i>Diagnostic Imaging</i>		
Non-contrast computed tomography (CT)	109	100%
CT angiography	104	95%
CT perfusion	55	50%
<i>Treatment</i>		
Intravenous alteplase	108	99%
Endovascular thrombectomy	16	15%

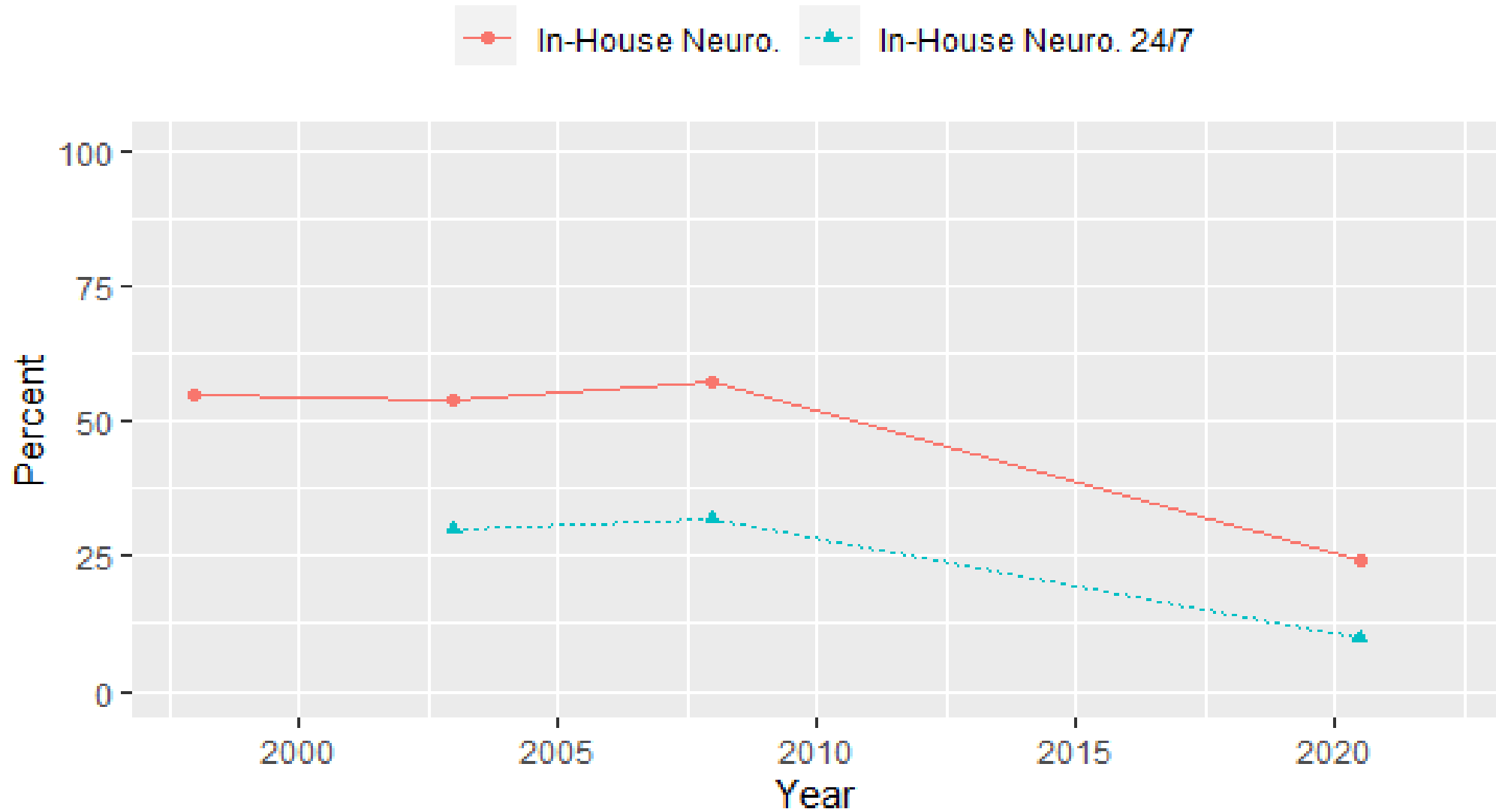
# Stroke Protocols and Programs

	No.	%
Acute stroke clinical pathway	98	90%
Prehospital EMS activation protocol	99	91%
Pre-written stroke orders	92	84%
Stroke QI program	84	77%
Inpatient evaluation for post-discharge rehab.	84	77%

# Stroke Staffing

	No.	%
In-house neurologist to respond to acute stroke	26	24%
In-house neurologist 24/7	11	10%

# Stroke Staffing *Changes Over 20+ Years*





# Telestroke

	No.	%
Use telestroke for acute stroke treatment and management	89	82%
Exclusively rely on 24/7	78	72%
Transfer decisions	80	73%

# Transfer Delays

- 49% of non-tertiary hospitals reported transfer delays
- Reasons for delays
  - Bed availability at the receiving facility
  - Availability of transport (EMS and air medical)
  - Weather does not allow air transport
  - COVID-19 pandemic (screening and capacity)

# Next Steps

- Compare to prior surveys (1998, 2003 and 2008)
- Barriers and challenges
- Urban-rural disparities
- Feedback to hospital partners and other stakeholders
- Scientific presentations and publications

Thank you!

Questions?

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