

STROKE ADVISORY COUNCIL MEETING MINUTES

UNC REX Heart & Vascular Hospital Learning Center

Friday, August 10, 2018

10:00 AM - 12:00 Noon

Members/Partners

Present: Peg O'Connell, Chair, Fuquay Solutions; Wally Ainsworth, NC Office of Emergency Medical Services; Camilla Araujo, (student shadowing Peg); Simone Barter, WakeMed; Sharon Biby, Cone Health; Stephanie Bradbury, Chiesi; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWHDSPTF); Nicole Burnett, UNC Healthcare Comprehensive Stroke Center; Shannon Chesney, Duke Regional Hospital; Alicia Clark, Division of Public Health (DPH), Community & Clinical Connections for Prevention & Health (CCCPH); Courtney Cole, DPH Wisewoman; Arnett Coleman, Old North State Medical Society; Chris Coleman, Genentech; Sylvia Coleman, COMPASS Study, WFBMC; Ron Cromartie, Innovative Health Care Consulting; Sheila DeBastiani, WakeMed; Rizza de la Guerra, Johnson & Johnson; Shae Earles, UNC REX; Kimberly Elks, WakeMed; Abby Fairbank, American Heart Association (AHA); Heather Forrest, Duke; Carmen Graffagnino, Duke; Greg Griggs, NC Academy of Family Physicians; Ashley Honeycutt, UNC REX; David Huang, UNC Healthcare Comprehensive Stroke Center; Amy Jones, Novant Health Forsyth; Susan Kansagra, NCDPH, Chronic Disease and Injury; Omar Kass-Hout, UNC REX; Elizabeth Larson, Duke Raleigh; Jim Martin, DPH Tobacco Prevention and Control; Dan Miller, SAS/HIE; Meg Mangan, UNC REX; Jamila Minga, NC Central University; Kathy Nadareski, WakeMed; Carla Obiol, Care4Carolina; Brett Parkhurst, Genentech; Jeana Partington, Alliant Quality; Nilam Patel, Duke; Joey Propst, JWHDSPTF member; Meghan Radman, COMPASS Study, WFBH; Blair Savoca, Pitt Co. Health Dept.; BIRTHA Shaw, Central Carolina Hospital; Monét Sims, AHA; Wayne Sullivan, Janssen; Allison Swart, Pitt Co. Health Dept.; Tiffany Thigpen, Pitt Co. Health Dept.; Cathy Thomas, DPH, CCCPH; Jackie Thompson, UNC REX; Gina Truslaw, Genentech; Betsy Vetter, AHA; Tonya Whitaker, Onslow Memorial

By phone: Ed Jauch, Mission Health; Robin Jones, Mission Health; Carey Unger, Duke; Jason Walchok, AHA SC

Heart & Vascular Hospital Tours

Many members and guests arrived at 9:30 AM for tours of the UNC REX Heart & Vascular Hospital before the meeting.

Welcome, Introductions and Approval of May 1, 2018 Minutes

Linda Butler, VP of Medical Affairs, Chief Medical Officer, & Chief Medical Information Officer, UNC REX Healthcare, welcomed everyone to the UNC REX Heart and Vascular Hospital.

Chair Peg O'Connell recognized new members who'll be voted in at the next Task Force meeting:

- **Ron Cromartie** with Innovative Healthcare Consulting who was present;
- **Dr. Ed Jauch**, Chief of System Research with Mission Research Institute and Mission Health, who was on the phone;
- **Janie Jaberg**, CEO, Wayne Memorial in Goldsboro, who was not able to attend the meeting.

Peg thanked UNC REX for hosting the Stroke Advisory Council meeting, and attendees introduced themselves. Ron Cromartie made a motion that the minutes from the May 1, 2018 meeting be approved as submitted, David Huang seconded, and the minutes were approved unanimously.

Action Agenda Applications

Peg explained that the Task Force Action Agenda process has been successful and announced that the Task Force is now accepting applications. Through this application process, the Task Force will receive requests from groups that seek to propose an evidence-driven issue for Task Force consideration during the 2019-2020 meeting cycle. The deadline for submission is August 30, 2018. Recommendations approved by the full Task Force become part of the Task Force Action Agenda. Application information is posted on the website at <https://startwithyourheart.com/Justus-Warren/index.php>

Integrating and Accessing Care Data Needs

Peg reminded participants that the Integrating and Accessing Care work group has informed the Council that new interventional guidance is imminent. In planning for a Stroke Summit, Peg and the group realized the need to gather available data on strokes in our state in order to determine our data needs before we can plan a Summit. Therefore, Peg said that the Council was focusing this meeting and will dedicate our next meeting Nov. 1 on exploring data needs.

Peg described available data:

1. There is a list of all NC hospitals from NC DETECT (The NC Disease Event Tracking and Epidemiologic Collection Tool); all Emergency Departments and all EMS units must report daily to NC DETECT. NC DETECT will present at the next meeting Nov. 1.
2. Wayne Rosamond at UNC will present his data at the Nov. 1 meeting.
3. Hospital Discharge Database kept at Sheps Center under contract with Division of Health Service Regulation; HCUPnet is publicly available at no charge.
4. Dan Miller from SAS who is working on NC's HIE (Health Information Exchange) is here today to learn about the need for stroke data.

Dr. Huang shared that the information from two studies raises the need for education of patients, their families and all providers in the stroke system of care. Dr. Huang described several data needs: how many stroke patients are there in our state? Where are they going for care? How do we collect data? He reiterated that we need education, and we need data.

Get With the Guidelines® Stroke

Abby Fairbank, Senior Director Quality & Systems Improvement with AHA, presented Get With The Guidelines® (GWTG) Stroke data. Abby explained that the [AHA GWTG](#) program provides data tools for certification and for quality improvement programs and contains five million patient records. See **slides**.

Q: Why would EMS not notify hospital? A: Inability to screen, HCP may not know and may not put in to medical record.

Q: What are the reasons hospitals are not giving tPA? A: unable to determine eligibility, rapid improvement, mild stroke

Discussion: The biggest challenge is getting the patient to the hospital: interfacility transfers. It is important to merge data from several hospitals if patient is transferred. Abby noted AHA is always exploring this challenge. Data quality is a huge challenge that HIE faces constantly.

Abby stated that there is a new platform for Mission: Lifeline® STEMI and that all systems will move to the new platform. AHA is working on exporting GWTG data to EPIC.

Q: How could we get more data on whether a hospital uses telestroke services outside the state? A: Abby made a note to pass this question/feedback to GWTG developers.

Q: Is prevention included in GWTG? Are we missing a large component? A: Traditionally GWTG has been an in-hospital quality tool and is geared toward secondary prevention. GWTG has guidelines for prevention and for post-acute stroke treatment.

Feedback from eastern NC: condition ER physician to put disability score in earlier. Without it, context may be lost. We could possibly provide training. It is critical to determine pre-hospital disability.

2017 Hospital Survey

Abby shared the hospital survey on stroke systems of care that the work group conducted in 2017; see **slides and survey**. Abby noted that at the time of the survey (2017), we were dealing with a 3-hour window; now we're discussing a 6-hour window and that not all hospitals may know this.

An AHA priority is for funding for Stroke Registry. SC and VA have legislation requiring stroke data submission compliance.

The group discussed the need for more hospitals to complete surveys which will require follow-up. Brett Parkhurst offered that he and Chris Coleman can help get surveys from mid-sized hospitals.

Discussion of Data Needs

Further discussion of data needs was facilitated by Peg O'Connell and David Huang.

- Educate new staff in the ED: is patient eligible for treatment?
- Door in/door out; if goal not met, why not?
- Imaging: build in imaging metrics. Can smaller hospitals spend \$15K for software?
- Abby will put forward recommendation to national: include times of arrival at ED, last known well, first medical contact, etc.
- Much of GWTG is focused on getting patient to first treatment; will we also include after care?
- Did patient get physical therapy?
- Data must be meaningful, actionable, and must impact the outcome.
- Electronic Health Records (EHR) do not show patient is on aspirin unless physician enters a prescription for aspirin.
- Educate frontline providers.
- Ensure hospitals have stroke protocols.
- Data is important, but patients want to know they recovered. Only if you are a Comprehensive Stroke Centers do you have to report 90-day post-stroke. Should all hospitals be required to collect 90-day follow-up data? Push-back will be great.
- Offer incentives to partner with CMS (the "stick" as in "carrot and stick").
- We spend billions on EPIC. Partner with institutions to get data.
- Are thrombectomy services happening? If not, why not? If so, what is the completion percentage?
- SC has state funding for hospitals to participate in GWTG. We could offer to provide GWTG, but hospitals may not have the person power to enter the data. It takes an hour or more to enter data for one patient.

Action Items

Send Anna Bess your ideas for the most important data elements to include in the next hospital survey.

Announcements

- Abby issued a **Call for Oral Presenters** (see handout) for the April 2019 Mid-Atlantic Heart & Stroke Quality Summit. Submissions will be accepted until 11:59 PM August 31, 2018. Submit at midatlantic.heart.org/qualitysummit/
- Sylvia Coleman shared that Wake Forest Baptist Health has been named the newest **StrokeNet** site (see handout).
- Jamila Minga asked participants to help identify survivors interested in helping understand communication changes following a right-brain stroke. For information or to register for the **Right-Brain Stroke Registry**, email rightbrainstroke@ncsu.edu

Closing Remarks

Peg recognized **Betsy Vetter**, Regional VP of Government Relations for the American Heart Association and chair of Care4Carolina, and Betsy shared that she has accepted a new national role at American Heart Association as their Field Grassroots Coordinator. She will begin her new position Sept. 4.

Chair Peg O'Connell thanked Ashley Honeycutt, Task Force member, and UNC REX for hosting the meeting and for providing tours; and she thanked Chiesi for sponsoring lunch. The meeting adjourned at noon.

Food Demo

Immediately following the meeting, Jim McGrody, UNC REX Culinary Director, shared that UNC REX revolutionized their in-patient food service program, offers cooking classes to the community and provides healthy food in their Kardia Café. UNC REX Wellness Dietician Meg Mangan conducted a food preparation demonstration. Lunch, catered by Kardia Café and provided by Chiesi, followed the food preparation demonstration.

Next Meeting:

- **November 1 from 1-3pm**, Cardinal Room, Building 3, DPH, 5605 Six Forks Rd., Raleigh