

North Carolina Stroke Services Survey: *Preliminary Results*

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

August 19, 2021

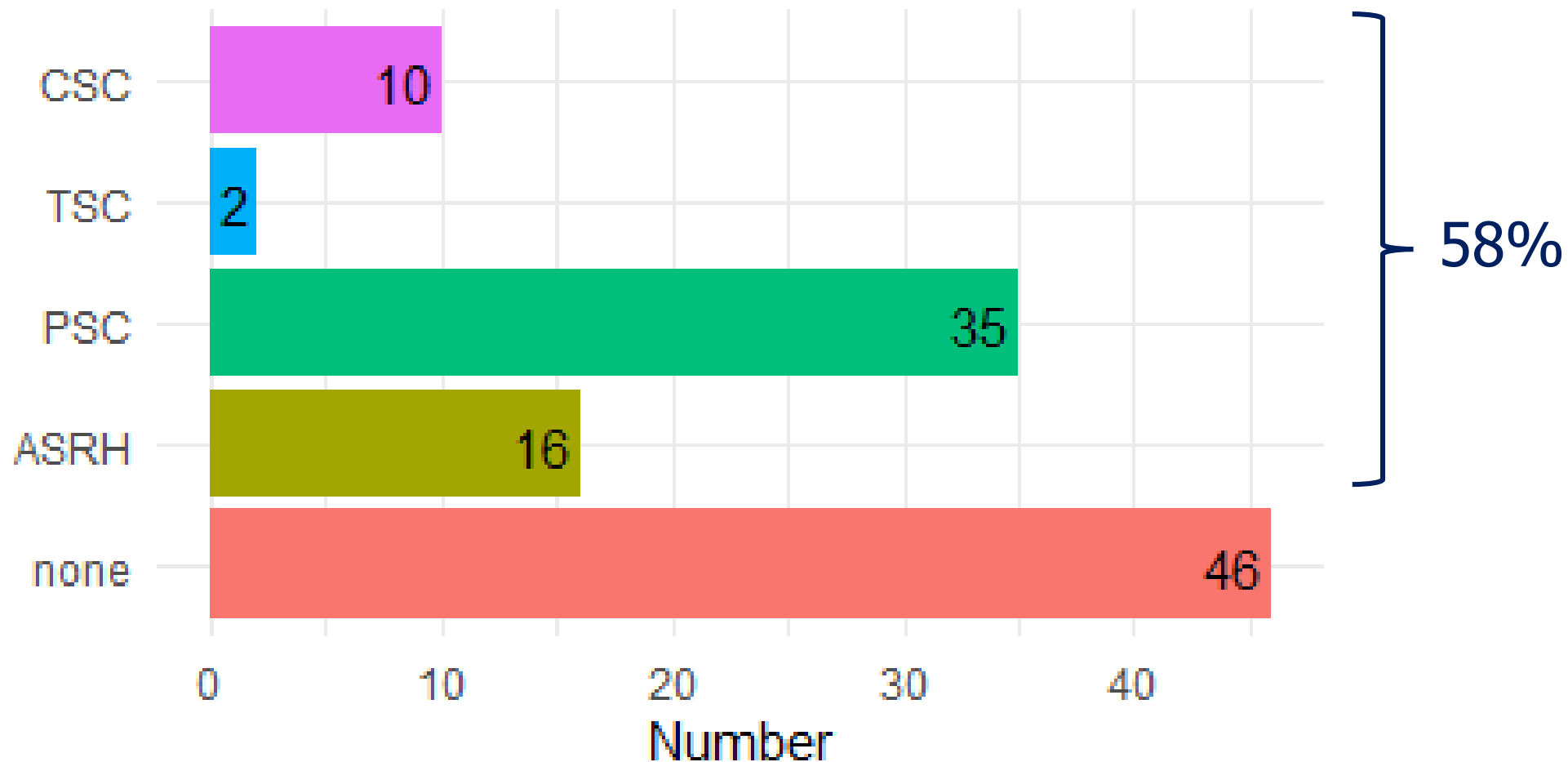
Objectives

- Statewide assessment of hospital-based stroke care capabilities in North Carolina
- Urban-rural disparities
- 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.	%
Diagnostic Imaging		
NCCT	109	100%
CT angiography	104	95%
CT perfusion	55	50%
DW MRI	63	58%
Treatment		
IV alteplase	108	99%
Endovascular therapy	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%
Transfer protocol	86	79%
Inpatient evaluation for post-discharge rehab.	84	77%
Stroke QI program	84	77%

Stroke Staffing and Services

	No.	%
In-house neurologist to respond to acute stroke	26	24%
In-house neurologist 24/7	11	10%
Stroke unit	50	46%
Neuro-ICU	16	15%
Inpatient rehabilitation	50	46%

Telestroke

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

Next Steps

- Mapping and urban/suburban/rural differences
- Compare to prior surveys (1998, 2003 and 2008)
- Barriers and challenges
- Feedback to SAC and hospital partners

Questions & Comments