

STROKE ADVISORY COUNCIL MEETING MINUTES

November 12, 2020

Expansion of Telehealth, Stroke Survivor Resources and Changes in Stroke Care
Webinar 12:30 – 2:30 pm

Members/Partners

Present:

Sue Ashcraft, Novant Health; Andrew Asimos, Atrium Health; Melanie Blacker, FirstHealth; Tara Box, Novant Health; Mary Bradley, Johnson & Johnson (J&J); Heather Bradley, Division of Public Health Community and Clinical Connections for Prevention and Health Branch (DPH CCCPH); Olivia Broomer, Cone Health; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWHDSPTF); Jim Burgin, NC Senator; Cheryl Bushnell, Wake Forest Baptist Health (WFBH); Amber Carter, Cone Health; Shannon Chesney, Duke; Venkata Ravi Chivukula, Novant Health; Alicia Clark, DPH CCCPH; Michael Clay, Vidant Health; Arnett Coleman, Stroke Advisory Council (SAC) member; Sylvia Coleman, WFBH; Ronald Cromartie, Innovative Healthcare Consulting; Tom Curley, New Hanover Regional Medical Center (NHRMC); Vinodh Tommy Doss, NHRMC; Abigail Egan, American Heart Association (AHA); Nada El Hussein, Duke; Jennifer Erwin, Stroke Survivor Spouse/Caregiver; Michael Erwin, Stroke Survivor; Abby Fairbank, AHA; Heather Forrest, Duke; Melissa Freeman, Duke; Rebecca Freeman, Dept. Health and Human Services DHHS Aging and Adult Services; Sara Ginn, UNC; Emily Gobble, Central Carolina Hospital; Melissa Hanrahan, Mission HCA; Dustin Harris, Novant Health; Renee Hedstrom, Duke; Sarah Jacobson, AHA; Sara Jones, UNC Health; Robin Jones, Mission HCA; Susan Kansagra, DPH Chronic Disease and Injury Section (CDIS); Joanna Keeter, Vidant Health; Mary Kelley, WakeMed; Deborah King Harris, Minority Women Health Alliance; Karissa LaClair, Cone Health; Elizabeth Larson, Duke; Diomelia Laues, Cape Fear Valley; Angela Livingood, NHRMC; Melissa Loranger, Novant Health; Ruth Marescalco, NHRMC; Elizabeth Marriott, Duke; Jim Martin, DPH Tobacco Prevention and Control Branch; Penelope McCabe, Onslow Memorial; Barb McGrath, FirstHealth; Phil Mendys, Pfizer; Nicolle Miller, UNC Asheville; Lisa Monk, Duke; Peg O'Connell, SAC Chair; Chantal Olsen, Duke; Brett Parkhurst, Genentech; Nilam Patel, Duke; Diane Perkins, Atrium Health; William Pertet, DPH CCCPH; Dawn Phipps, Davis Regional Medical Center; Joseph Propst, JWHDSPTF Task Force member; Mishanda Reed, J&J; Julia Retelski, Atrium Health; Sharon Rhyne, DPH CDIS; Christina Roles, Novant Health; Karen Seagraves, Atrium Health; Birtha Shaw, Diabetic Supply; Maura Silverman, Triangle Aphasia Project; Tish Singletary, DPH CCCPH; Alan Skipper, NC Medical Society; Tammy Smith, Vidant Health; Denise Spaug, MWHA; Tracy Stahl, J&J; Lauren Stevenson, NHRMC; Karen D. Sullivan, Stroke Recovery; Wayne Sullivan, J&J; Mannie Szochet, J&J; Charles Tegeler, WFBH; Jackie Thompson, UNC Health; Carey Unger, Duke; Sarah Van Horn, Blue Ridge Health; Tonia Walston, Onslow Memorial; Gwendolyn Wise-Blackman, MWHA; Cathy Wright, NHRMC; Erika Yourkiewicz, NHRMC.

Welcome, Introductions

Chair Peg O'Connell welcomed and thanked all for attending the Stroke Advisory Council meeting to learn more about expansion of telehealth services, services for stroke survivors and their caregivers, and the continued impact of COVID-19 on stroke services.

Peg announced that on Oct. 1st vice chair Chuck Tegeler was named Chair of the Department of Neurology at Wake Forest Baptist Health. He has been serving in this role for many months, and we could not be more thrilled. SAC is so grateful for Chuck's leadership at Wake Forest and with SAC. Congratulations, Chuck!

Peg urged all hospitals to complete the **Stroke Services Survey**.

Meeting Logistics

The recording of this webinar and the agenda and slide presentations are posted on our website **Start with Your Heart.com**

Work Group Reports

Peg and Anna Bess presented brief reports on the SAC workgroups. If you are interested in joining a workgroup, please contact Anna Bess.

- **Hospital Survey: Please Complete!** The Stroke Services Survey went out to stroke coordinators in all NC hospitals on Oct. 26, and reminders went out this past Monday. Thanks to those of you who have completed your surveys. Survey responses are due tomorrow, Nov. 13. We aim for 100% participation. **Please, please complete your survey** so that we can get a complete picture of the stroke services being offered in our state. If you need the survey sent again or have questions, please contact Anna Bess.
- **Health Information Exchange (HIE) Stroke Registry** work group met in September and again this month to discuss the development of a Stroke Registry within the HIE.
- **Telestroke** work group met and is gathering information on all telestroke services offered in the state. This group will make recommendations to improve and expand telestroke services.
- **SAC Meeting Planning** work group has been planning our SAC meetings (now being held by webinar) to provide meaningful content for each meeting. SAC is grateful for the ideas that have been suggested and encourages all to continue sharing your ideas for topics and speakers to provide information useful to you and your organizations.

Expansion of Telehealth

Telepsychiatry in Skilled Nursing Facilities

V. Ravi Chivukula, Medical Director Novant Health Rowan Medical Center, and **Dustin Harris**, Manager of Business Operations Novant Health Psychiatric Associates-Inpatient Services

Dustin Harris thanked the Council for the invitation to present an overview of the Novant Health Psychiatry Skilled Nursing Program. Novant is proud of Dr. Chivukula's trial program providing psychiatric care to skilled nursing facility (SNF) patients. The changes in operations from previous vendor models improve the quality of care and provide better outcomes.

Issues:

- North Carolina Emergency Departments have a behavioral health (BH) crisis. Based on observation and available data, Dr. Chivukula proposed a new process for care.
- Rowan was seeing a high number of patients being transported to the ED from skilled nursing and assisted living facilities due to behavior issues whether the behavior was due to a true need of inpatient psychiatric care or because the facility wasn't able to address medication needs
- Psychiatric vendors were either coming once every six weeks or were waiting until enough patients were in need to make it profitable for visits to the facility
- COVID-related isolation and restrictions on patients in skilled nursing and assisted living facilities

Goals:

- Reduce the incidence of unnecessary visits to EDs and delayed admission
- Increase timely psychiatric care to avoid the need for emergency intervention
- Reduce the risk of exposure to COVID for patients, facility, transport, and ED staff
- Reduce the impact of COVID-related increases in depression and anxiety
- Reduce the cost of psychiatric healthcare

The Trial:

- 3 skilled nursing facilities in the area that were sending patients to the ED for behavior issues participate in the trial
- Provide Novant psychiatric staff for weekly or biweekly in-person or telehealth visits to SNFs to address the needs of the patients; COVID forced a pivot to telehealth which has proved to allow more psychiatric care visits over the same period of time.
- Provide timely management of antipsychotic medications
- Onsite and telehealth psych visits provide an avenue for direct inpatient psych admissions and avoid the ED

Dr. Chivukula, geriatric psychiatrist, also thanked SAC for the opportunity and Dustin for his work in establishing the study site services. He noted that prior experience had shown that providing psych services at the SNF could reduce or even eliminate visits to the ED and address behaviors while the patient was in the SNF. Patients admitted to SNFs for short-term rehab could benefit from psychiatric care being part of the total rehab process. Challenges and limitations do exist, but with psych intervention, the number of rehab days required could be reduced. Use of electronics for connection could provide much needed support during the pandemic. Age and technical skills of patients can be factors and call for teaching use of the devices. Outreach to SNFs and assisted living facilities is ongoing, and Dr. Chivukula is available to work with others on improving the system and helping every patient where possible. See the presentation slides and listen to the recording for details.

Telehealth in the Stroke Clinic

Nada El Hussein, Associate Professor of Neurology at Duke Health and Telestroke Medical Director

Dr. El Hussein thanked SAC for the opportunity to present. Telehealth provides different platforms for services including Provider-to-Provider platforms and Direct-to-Patient platforms. Duke has been expanding its telehealth program. Telehealth in stroke care is not new as AHA published in 2017 recommendations on using telehealth as especially helpful with stroke care and meets the 6 characteristics of quality care for innovation in health care. In 2020 COVID-19 has catalyzed the widespread and rapid implementation of telehealth in clinics across the US. The increase in both phone and video telehealth use and patient/provider satisfaction at the Duke Stroke Clinic show a reduction in no-shows.

Dr. El Hussein shared benefits and challenges of telehealth use. She shared tips for physicians on conducting virtual exams. Dr. El Hussein stated she would like to see telehealth stay as a necessary and useful tool in a range of services for patient care. She shared an outline of post-COVID considerations for keeping telehealth services. Heather Forrest and Donna Phinney of Duke Telehealth contributed to the presentation. See the presentation slides and listen to the webinar recording for more information.

Stroke Survivors and Caregivers

Fight. Believe. Recover.

Erika Yourkiewicz, Post-Acute Care Coordinator for Stroke, and **Cathy Wright**, Inpatient Rehab Therapy Coordinator at New Hanover Regional Medical Center (NHRMC), shared their mission and background information of their geographic location, growing population and challenges faced in developing the most effective continuum of stroke care and recovery. Stroke ranks as the third leading cause of death in the county. The rehab center and main hospital are on the same campus which offers an earlier start of rehab services. The mission of the stroke team is to provide timely, comprehensive care for cerebrovascular patients to help assure optimal outcomes and quality of life.

Crossover between the Stroke Support Group and the Aphasia Conversation Group gave rise to the idea of hosting a Stroke Camp. Planned and scheduled for 2019, stroke camp brought survivors and their caregivers to a true campground, Camp Rockfish, near Fayetteville with fun indoor and outdoor activities for all (archery, arts and crafts, spa day, etc.) The stroke team arranged transportation (which was donated) to and from camp. Survivors and caregivers bonded with other survivors and their caregivers for lasting community support. Attendees noted that they felt motivated to continue the work of improvement and recovery. When surveyed, participants agreed that, after camp, “I believe in myself now.”

Connections with survivors, caregivers, volunteers, and vendors from camp contributed to additional exercise programs, opportunities to meet, and holiday events. The Stroke Camp team shared their experience at NHRMC Grand Rounds. United Stroke Alliance has done stroke camps around the country, and the NHRMC stroke team would love to see camps offered throughout North Carolina.

Michael Erwin, stroke survivor, attended stroke camp and worked with the NHRMC stroke recovery team to print T-Shirts with the “Fight. Believe. Recover” slogan and sold them as a fundraiser for Stroke Awareness Month. Michael shared his experience with NHRMC and the joy found at camp. He praised NHRMC for their initiative. Michael challenged health systems in NC to sponsor stroke camps. See the presentation slides and listen to the webinar recording for more information.

Stroke Survivor Resources

I Care for Your Brain, Interactive Stroke Recovery Guide

Karen Sullivan, neuropsychologist, and creator of I Care for Your Brain, offered the opportunity to partner with her and others in helping promote the continuum of care and recovery for stroke survivors after returning home. Dr. Sullivan’s experience with her private practice patients showed that patients have continuing needs for psychological support and encouragement. She developed virtual lectures on brain health. She created an interactive recovery guide in 2019 to educate about what happens to the brain as a result of stroke. Her first collaboration was with FirstHealth which gives the guide to every stroke patient and provided copies of the guide to participants in the SAC meeting in Wilmington in August 2020. She is seeking additional partners to share the guide and to collaborate on this work.

Dr. Sullivan formed a recovery group with local survivors. In response to COVID, she and FirstHealth have recorded a series of videos. Listen to her presentation on the recording for details.

Triangle Aphasia Project (TAP) Unlimited

Maura Silverman, Executive Director, Triangle Aphasia Project Unlimited, a non-profit, collaborative, hub and spoke model, shared TAP's goal of reducing social isolation. TAP works with people with aphasia, their caregivers and families, and the community. "TAP at Home" was developed when COVID hit. Thanks to a virtual format, TAP expanded services throughout NC. Visit this link to hear and see TAP participants giving their thanks in song to frontline health heroes:

<https://www.youtube.com/watch?v=D5vuCLbhac8> See the presentation slides and listen to the recording of the meeting for details.

Changes in Stroke Care in Response to COVID-19

Ashley Elks, Director, Stroke and Neuroscience, presented the changes instituted at Vidant in response to COVID.

Ashley explained that the Vidant team has responded well to COVID in applying their standard of care and reducing potential exposure to staff from the ED to the CT room and beyond by altering communication pathways, sealed areas, personal protective equipment, and proper cleaning. Being integrated well with the community, Vidant rapidly began large-scale COVID testing.

Media messaging assured patients with heart attack or stroke systems that Vidant was equipped to address their emergency conditions while keeping them safe from COVID.

The Stroke Support Network moved to a virtual platform for staff meetings, survivor and caregiver meetings as well as emotional support for patients and staff. The virtual format allows for more frequent meetings and support. Vidant recently added a new hospital (Vidant North, formerly Halifax Regional) to their system and launched a telestroke program there. All Vidant hospitals have (and two are working toward) stroke certification.

The Vidant Stroke Program is leading the health system's participation in the AHA COVID-19 registry, a quality improvement registry aimed at cardiovascular outcomes for COVID-19 patients focusing on real-time data from acute care hospitals. This effort will support data assessment in rural and underserved areas. See slides for additional information (data slides removed at Vidant's request).

Closing

Peg reminded all hospitals to complete the **Stroke Services Survey** and stated that the webinar is being recorded and will be available on StartwithYourHeart.com. She thanked the presenters and gave special thanks to all those working hard every day to provide stroke care throughout our state.