



## Stroke Advisory Council Meeting

November 2, 2021

# Stroke Advisory Council Meeting Agenda

- I. Welcome & Approval of Minutes
- II. Coverdell Stroke Program Update
- III. Stroke Systems of Care Update
- IV. Primary Stroke Prevention: HTN, Atrial Disease, and Stroke
- V. Secondary Stroke Prevention and PLACER Trial

# Coverdell Stroke Program Update

- I. Stroke Registry Work Group meeting with HIE/SAS to define patient population and identify indicators
- II. Released RFA to support up to 5 hospitals and community organizations: due Nov. 15; notification Dec. 17; contract period: April 1 to June 30, 2022. More hospitals and organizations will be funded in years two and three.
- III. Seeking Program Coordinator and Evaluator

# Stroke Certification List Update

- I. DHHS list of stroke certified hospitals
- II. Send name of accrediting organization, contact name & phone number, certification date, renewal date, and level of certification to Susan Rogers at [susan.rogers@dhhs.nc.gov](mailto:susan.rogers@dhhs.nc.gov)

10A NCAC 14L.0201 Stroke Center Designation Requirements paragraph f:  
*Hospitals shall notify the Office of Emergency Medical Services in writing within 30 days of any change to the hospital's Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready certification.*

<https://info.ncdhhs.gov/dhsr/ahc/listings.html>

# Stroke Systems of Care Agenda

- New State Stroke EMS Triage & Destination Plan
- Update Regional Stroke EMS Triage & Destination Plans
- Get with the Guidelines<sup>®</sup> Stroke EMS Tab

**Final DRAFT**

# STROKE and LVO Stroke EMS Triage and Destination Plan

**Final DRAFT**

## Stroke Patient

- Signs and symptoms of an acute Stroke identified on EMS Stroke Screen Assessment.

### Last Known Well (LKW)

- Refer to UP 14 Suspected Stroke Protocol

## The Purpose of this plan:

- Use plan in conjunction with UP 14 Suspected Stroke Protocol
- Rapidly identify acute Stroke patients presenting to EMS system and minimize the time from Stroke onset to definitive care
- Rapidly identify most appropriate facility destination in region
- Provide quality EMS service and patient care to the EMS system's citizens
- Maintain performance improvement of the EMS system based on NC Stroke Performance measures

Stroke Screening Tool  
Insert:  
Stroke Screen Tool here

LVO Suspected Score:  
Insert:  
Severity Score here

Stroke Screen/Severity Tool  
Insert:  
Severity Tool here

Positive Stroke Screen Tool  
and/or  
Positive Stroke Screen/  
Stroke Severity Tool

Last Known Well  
> 24 Hours

NO

YES

Transport to Destination A or B:  
Nearest facility or certified stroke center  
honoring patient/family preference

LVO Suspected  
Stroke Severity Score  
≥ ☐

NO

YES

Contraindications  
to fibrinolysis?  
Reperfusion Checklist  
Or  
See box →

YES

Last Known Well  
> 4.5 hours

YES

Regional Stroke Centers Criteria  
Absolute Contraindications to fibrinolysis  
Insert:

Transport to Destination B

May transport to Destination A  
If transport time to Destination B is > ☐ minutes

Transport to Destination A

May transport to Destination B  
If transport time to Destination A is < ☐ minutes  
And  
If total time from LKW and transport time will not  
exceed 4 hours by facility arrival

## DESTINATION A

Rapid / Early Notification of receiving facility  
Activation of Stroke Team  
Nearest Certified Stroke Center and/or  
patient/family preference

Insert:

Acute Stroke Ready Center  
Primary Stroke Center Facility(s) Here  
Or  
Thrombectomy Capable Stroke Center  
Comprehensive Stroke Center Facility(s) Here

## DESTINATION B

Rapid / Early Notification of receiving facility  
Activation of Stroke Team  
Thrombectomy Capable Stroke Center (TSC)  
Comprehensive Stroke Center (CSC)

Insert:

Thrombectomy Capable Stroke Center  
Comprehensive Stroke Center Facility(s) Here

Stroke EMS Triage and Destination Plan

Revised  
09/15/2021

(Insert Name of Agency) EMS System  
This protocol has been developed by the North Carolina Office of EMS