

STROKE ADVISORY COUNCIL MEETING MINUTES

November 8, 2023

1 - 2:30 pm

Members/Partners

Present: Andrew Asimos, Atrium Health, Charlotte; Pat Aysse, AHA; Sharon Biby, SAC member, Cone Health; Anna Bess Brown, Executive Director, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Stacey Burgin, Coverdell Stroke Program (CSP), CCCPH, DPH; Adrienne Calhoun, JWTF Board Member, Piedmont Triad Regional Council Area Agency on Aging; Michael Clay, ECU Health North Hospital; Sylvia Coleman, Coverdell Program; Tom Curley, Novant Health New Hanover Regional Medical Center (NHRMC); Rizza de la Guerra, J&J; Chelsey Dunston, Atrium Health Cabarrus; Abby Fairbank, AHA; Melissa Freeman, Duke Health; Rebecca Gainey, Novant NHRMC; Nicholas Galvez, NC Office on Rural Health; Michelle Geroleman, WakeMed; Amy Guzik, Atrium Wake Forest Baptist Hospital; Lindsey Hayes-Maslow, Task Force member, UNC; Larissa Hill, WakeMed; James Ho, UNC Health; Sarah Jacobson, AHA; Robin Jones, SAC member; Sarah Lycan, Atrium Wake Forest Baptist Hospital; Lauren Macko, Atrium Health, Charlotte; Sandy Maney, Genentech; Kim McDonald, Chronic Disease & Injury, DPH; Arron McIntyre, Fayetteville VA; Nicole Mee, Onslow Memorial Hospital; Terri Moore, CSP; Kathy Nadeski, WakeMed Cary Hospital; Kaili Nixon, ECU Health Bertie & Chowan Hospitals; Peg O'Connell, Chair, Stroke Advisory Council; Gaurang Palikh, SAC member, Neurology, Shelby; Diane Perkins, Atrium Health, Charlotte; Julia Retelski, Atrium Health, Charlotte; Birtha Shaw, Totally Committed Diabetic Supply, Inc.; Marlene Sosa, Atrium Health Pineville, Charlotte; Lauren Stevenson, Novant NHRMC; Ridgley Suggs, UNC Health Nash; Julia Sundermann, JWTF member, NC Division of Aging and Adult Services; Chuck Tegeler, Vice Chair, SAC, AWFBH; Kate Turner, Sentara; Emily Volk, Northern Regional Hospital; Julie Webb, Duke Regional; Erika Yourkiewicz, Novant Health NHRMC.

Welcome and Introductions

Peg O'Connell, SAC Chair

Stroke Advisory Council chair Peg O'Connell welcomed everyone and invited those attending a Stroke Advisory Council meeting for the first time to become involved with the work. She recognized vice chair Chuck Tegeler who offered his greeting.

Peg called for the approval of the **minutes** from the August 8th SAC meeting. She reminded members that they had received an email with the minutes in advance of the meeting. The minutes were approved by acclamation with no corrections noted.

Peg announced that the **Justus-Warren Heart Disease and Stroke Prevention Task Force** will meet virtually **December 13th from 2-3:30**. At that meeting we will discuss and vote on potential additions to our Action Agenda.

Legislative Report

Peg gave a report on the items on the Task Force Action Agenda:

As of the approval of the budget, North Carolina will expand Medicaid to cover hundreds of thousands in the coverage gap. **Medicaid Expansion** means a tremendous investment in the health of our state, and it means that billions of dollars will come to North Carolina each year to provide health insurance and to help keep doors open to clinics, facilities, and providers in rural communities. It has taken over a decade of work by a large coalition which includes the endorsement of the Stroke Advisory Council and Task Force. On December 1st DHHS will begin taking applications from adults ages 19-64 who qualify for

Medicaid. For information and assistance with applying: [Medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)

-The budget appropriates \$11,250,000 in nonrecurring funds in each year of the biennium from the State's settlement with JUUL Labs, Inc. for evidence-based **electronic cigarette and nicotine dependence prevention and cessation activities**.

-The budget includes \$3 million in recurring funds plus an additional \$3 million in nonrecurring funds in the first year of the biennium to **offset the reduced-price breakfast and lunch** in schools participating in the National School Lunch Program and the School Breakfast Program.

-The Regulatory Reform Bill Conference Report contains changes to include all stroke designations (Acute Stroke Ready, Primary Stroke Center, and Comprehensive Stroke Center) and to add thrombectomy-capable centers to stroke center designations which brings language to recommended Guidelines.

Coverdell Stroke Program Update

Terri Moore, Stroke Program Coordinator

Terri reported that our Coverdell Stroke Program partners are doing excellent work and have presented or will be presenting at upcoming SAC meetings and on Stroke Coordinator calls. Each partner is using their EHR/HIT to look at risk factors for stroke and the Social Drivers of Health barriers being experienced by their communities so they are able to target their outreach and education and engage those vulnerable patients with much needed community resources.

- ECU Health continues to implement the Stroke Awareness Matters (SAM) program in catchment area schools and are also engaging Health Departments. They recently received a Wallie award from the Carolinas Healthcare PR & Marketing Society for the video they developed to teach stroke prevention, signs and symptoms, and the importance of calling 911.
 - CATEGORY: Video Single, Hospital or Health System. ECU Health Stroke Awareness Matters (SAM) Animated Video: <https://www.chprms.org/2023-winners> The SAM video and curriculum are posted on SWYH: <https://www.startwithyourheart.com/stroke-awareness-matters/>
- Northern Regional Hospital continues their QI work with Surry EMS, and they are developing a curriculum to educate EMS and hospital staff on stroke-specific care and treatment. NRH will be presenting at the June 2024 SAC meeting on these and other outcomes.
- In addition to the outreach and education Novant Health is conducting in all three markets given the data in their EHRs, they are providing Advanced Stroke Life Support education to lower-resourced hospitals in their catchment areas to continue the QI work and reduce door-to-needle times. Evidence of Novant New Hanover Regional Medical Center's efforts was recently published in the article, "Fast-acting stroke care leaves Wilmington artist thankful for 'miracle.' EMTs and hospital care teams make every second count:"
<https://www.novanthealth.org/healthy-headlines/fast-acting-stroke-care-leaves-wilmington-artist-thankful-for-miracle>

Stroke Registry – in Phase III developing a dashboard tab to identify population health data for all patients within the HIE who have risk factors for stroke.

On July 13 we began monthly calls for Stroke Coordinators, and we have 130 nurses on our list. We are thrilled with the response and opportunity to share best practices, connect, and support one another. Please email Anna Bess if you are a stroke coordinator or if you provide stroke services in the hospital setting if you'd like to be included. You are welcome to join these calls as you are able.

Peg introduced Lauren Macko with Atrium Health who led the team that developed and implemented their Pediatric Stroke Response Program. Peg noted that there is a great need for training on recognizing and treating stroke in children and youth.

Pediatric Strokes: Implementing a New Process

Lauren Macko, Clinical Nurse Specialist, Neurosciences Institute

Atrium Health

Lauren Macko presented on the impetus, development, and implementation of a new process for diagnosing and treating pediatric strokes at Atrium Health. She began with background science and explained that, although rare, identifying and treating pediatric stroke quickly is critical. She noted that the majority of pediatric strokes have underlying conditions such as sickle cell and that in March 2019 AHA released [Guidelines for Pediatric Stroke](#) which aided their process. She stressed how important it was for the multidisciplinary Atrium team to keep the goal of quickly identifying and treating pediatric stroke in mind as they considered the low volume of stroke in this high-risk group. In their charter the team listed these guiding principles:

- Importance of Protocols
- Identification and treatment of pediatric stroke
- Clearly defined roles
- Increasing patient and family satisfaction

The team decided on mechanical thrombectomy over TNK or alteplase. Lauren described how the telestroke nursing team, as content experts with 24/7 availability and experience with sensitive communication, assists the bedside team. See Lauren's slides for barriers, lessons learned, pathways, etc. Lauren will present this process at the Nursing Symposium at the International Stroke Conference in February 2024.

Questions and Answers

Chuck Tegeler with Atrium Wake Forest Baptist praised the excellent work and commented that it presents a wonderful opportunity to conduct analysis: were they actual strokes, did strokes get treated, what were the outcomes? He noted that AHWFB pediatric stroke focuses on systemic lytics and that there may be an opportunity to use telestroke (used in the adult program) with pediatrics.

Q: Anna Bess asked Lauren to speak to the gap between pediatric strokes called out and those that are treated.

A: Lauren responded that often they suspect it's not a stroke (that it's a migraine, for example); but they do the right thing (get images, etc.) to be sure.

Q: Robin Jones asked, "Does your main ED utilize the telestroke nurses?"

A: No. Levine Children's Hospital uses telestroke nurses, but Atrium does not use them for adults.

Q: Ridgley Suggs asked if alteplase is the only lytic approved for kids.

A: Lauren responded that alteplase is not FDA approved for children; and because pediatric stroke studies use alteplase, any time they need a lytic, they use alteplase.

Q: Anna Bess asked for Lauren to speak about underlying conditions such as sickle cell.

A: Lauren noted that many of the modifiable risk factors such as diabetes (in adults) don't translate to kids. She responded that many cardiac kids are on anticoagulants or antiplatelets which increase the risk of hemorrhagic stroke. She added that routine MRI's sometimes show that kids with sickle cell have had strokes.

Q: Anna Bess noted that Lauren said that stroke mimics are common in children and asked her to comment.

A: Lauren said that sometimes they see seizures or migraines which mimic stroke and that when they're looking for LVO, those symptoms (aphasia, for example) are hard to mimic. They look for pronounced

symptoms of stroke-not just one symptom but a collection of symptoms.

Q: Terri Moore asked if there is a plan to educate EMS on identifying pediatric stroke.

A: Lauren noted that as part of implementing Atrium's program, they trained triage teams but not EMS. Most of these patients present through private vehicle.

Q: Is there a plan for overall training or EMS on recognizing pediatric stroke?

A: Not that I know of.

Q: Peg asked if this training is something we could promote.

A: Anna Bess said absolutely, and we have recommended this in the past.

Q: Nick Galvez with the NC Office on Rural Health asked how small rural hospitals can collaborate with this program as they use telestroke.

A: Lauren explained that she presented Atrium Health's pathway for identifying and treating pediatric stroke at their facility. There is a plan to expand beyond Atrium and thereby get involved.

Robin suggested this work be presented at the International Stroke Conference (ISC). Lauren explained she will present at the Nursing Symposium at in February 2024.

Peg thanked Lauren for her outstanding work and for sharing it with us.

She thanked everyone for attending and asked everyone to complete a brief survey to provide feedback on the meeting.

Mark your calendars for the 2024 SAC meetings. We will meet in person in Charlotte in September and will have the opportunity to tour the hospital. The stroke coordinators will also meet in person that day. More info to come and we hope you will all plan to attend. All other meetings will be virtual.

Stroke Advisory Council Meetings

-March 6 from 1-2:30 PM – virtual

-June 13 from 1-2:30 PM – virtual

-September 25 – in-person coupled with meeting of stroke coordinators and tour of Atrium Health

-November 12 from 1-2:30 PM – virtual