NOTES

Stroke Coordinators' Call
April 24, 2024
2:00 pm – 3:00 pm

I. Welcome and Introductions

II. Join the Stroke Advisory Council:

- Quarterly meetings, work groups, monthly Updates, website startwithyourheart.com, Stroke System of Care
- **Upcoming dates:**
  - June 13, 1-2:30 virtual via Teams where Northern Regional Hospital's stroke team will describe their work with EMS to improve stroke care and with family medicine to identify and address Social Drivers of Health. Join us to learn how this stroke program serves Surry County and its neighboring counties.
  - **September 25, 2024 in-person at Atrium Health in Charlotte.** We will also hold an **in-person Stroke Coordinators meeting** in conjunction with this Stroke Advisory Council meeting.

III. Business/Housekeeping:

- **Next call: May 22nd** 2-3 pm via Teams. We will convene to discuss activities held during Stroke Awareness Month. Two members volunteered to facilitate this panel: Caitlin Hughey, Stroke Coordinator, UNC Health Blue Ridge and Amber Carter, System-wide Stroke Quality, Cone Health.
- **Reminder:** We now have all past SC call slides, notes, and recordings on our website. The link was sent in a previous email, and we will post in chat: LINK

Requests:

- **We need of a third volunteer for our May panel** – possibly someone from the eastern part of the state.

Action Items:

- **Send** ideas for topics or speakers, stroke coordinator contact list updates, and information on support groups to Terri Moore terri.moore@dhhs.nc.gov

IV. Presentation:

- **Thanks to our March speaker, Dr. Gabriel Torrealba-Acosta,** a Duke Fellow and a co-author of the ZODIAC Trial white paper: ***Zero Degree Head Positioning in Acute Large Vessel Ischemic Stroke,*** presented on the trial. The ISC abstract link: https://bit.ly/3SznL26
- **Please see the recording** for the presentation as we were unable to share Dr. Torrealba-Acosta's slides since the study has not yet been published. **Questions & Answers** from the discussion can be found at the LINK to the SC calls.
- **April Panel & Membership Discussion:** A discussion around successful strategies for increasing #s of stroke patients coming to the hospital via EMS, reducing private owned vehicle (POV) arrivals; and include the impact on hospital triage practices. Panelists Lucinda McLean (Stroke/STEMI Coordinator, Columbus Regional Healthcare System), Nicole Funk (Stroke Nurse Coordinator, Onslow Memorial Hospital), and Michelle Gerolemon (Patient Navigator Stroke Program, WakeMed Health and Hospitals) provided information about strategies employed at their hospitals. See notes below.

V. Topics for Future Calls:

- Optimist Main (low frequency vital sign/neuro check monitoring)
- Community Assessments
- Disparities/Gaps in Care
- EMS Education - cost effective, efficient
- Stroke Support Groups including activities that SSG do to engage their stroke survivors and caregivers (important) and ideas for more large scale advertising
- Improvements for Door In - Door Out Times
- Success with low DIDO times for LVO patients - especially in rural hospitals
- Strategies for increasing #s of Stroke Patients coming to the hospital via EMS, reducing privately owned vehicle (POV) arrivals including impact on hospital triage practices
- Stroke Response Team: Successes and Lessons Learned

- Improving Neuro Assessment Completion
- Best Practices in transitional care after discharge
- Community Resources
- Stroke Awareness Month events/activities
- Funding & tracking success of programs to provide BP cuffs
- Stroke System of Care in NC (and compare to other states)
- Community Paramedicine- utilizing, best practices, connecting
- Stroke scanning, diagnosis and treatment in obese patients
- Use of a QR code to share data with EMS or any other outside (of your facility) group. Other data sharing methods.

Notes: Successful strategies for increasing #s of stroke patients coming to the hospital via EMS, reducing private owned vehicle (POV) arrivals; and include the impact on hospital triage practices.

Lucinda McLean:

- Provide education at county festivals throughout the year
- BEFAST Handout
- Discuss risk factors as community members browse the table
- Hold health fairs on their hospital campus
- Provide stroke education at EMS Quarterly meetings in their area
- Participate in the Community College EMS Symposium

Nicole Funk:

- Monthly Stroke Screenings in the community: public libraries, partner with marketing team to learn about other community events,
- Barrier/Challenge: hear from community that it takes so long for EMS to get to them. So are able to educate on how the EMS system in their area is structured and what EMS is able to do during transport with a suspected stroke. Partnering with EMS crew to do community outreach together.
- Barrier/Challenge: Hospital without a stroke coordinator for a year, so screenings were still happening, but stroke was not as well represented. Nicole has been working to improve presence.
- Radio interviews regarding stroke signs and symptoms, BEFAST, calling 911.
- Patients positive for stroke or TIA receive an information packet which includes education on calling 911 vs. trying to get to the hospital via personal vehicle.
- Especially being in a rural area, it is important to call 911 because we have systems in place to take care of you in the best way that we possibly can. And do so in a timely manner. Making sure to tell patients that our EMS systems have procedures in place to make sure that they get to the correct facility. If they come in via a private vehicle they will need to be assessed and then be transferred to higher level stroke facility. This takes precious time.

Michelle Gerolemon:

- Worked with Quality Analytics team to analyze data and look at demographics i.e. zip codes of patients who were not getting to the hospital quickly and what areas had the most patients with the stroke or the most patients with stroke risk factors. Then made a plan to target those areas and make sure that we were getting the education out to the right areas.
- Have a tremendous number of walk-ins, so they put education together that focuses on patients' understanding of the signs and symptoms that they may not have considered a stroke.
- Also used data to meet with targeted community leaders (council members, town council, etc.) the goal being to educate those who then can educate others.
- Target gatherings where many people gather. One such event is La Fiesta del Pueblo, the largest Latinx festival in the Triangle. Held on Fayetteville St. in downtown Raleigh every year and hosted by local non-profit, El Pueblo, the event draws crowds of more than 20,000 people. Used Rapido materials (link below) to educate attendees. Had Spanish language magnets printed, created games in Spanish where participants could spin the wheel and guess signs and symptoms, "toss out the risk factors" all the risk factors written in Spanish, these strategies got the children engaged and wanting to come over and play and win prizes. This strategy enabled them to meet many different age levels, and many different populations. Last year they educated more than 700 people in one day of the festival.
- One of the barriers has been time for nurses to get out to these community events with other patient care responsibilities. So, they've been able to recruit volunteers from other departments to staff booths (smoking cessation, heart and vascular to do

blood pressures, etc.) at gatherings throughout the community with a focus on reducing risk factors. Example: table at Carolina Mudcats game.

- One barrier they've noticed is patients worried about the cost of calling 911. They find it better to Uber to the hospital. So, there's a push to educate them on the importance of "time," the fact that once they're in the EMS, they're already alerting us they're on their way. We're ready and we're activating that whole process. Coordinators also make sure that the community knows the risks well enough that if they do come in via private vehicle, they know what to tell the triage nurse when they enter. If they know stroke symptoms and can inform triage – even if they do come in via private vehicle they will be seen right away.
- Educate using TV ads, radio, social media. Following patient stories – a great way to engage the community is through a patient story.
- Making sure education is at an appropriate reading level – not using a lot of medical jargon.
- BEFAST and RAPIDO on all screens in patient care areas.

Ideas and Questions from the chat:

- EMS can do a stroke assessment wherever you are and then activate protocols as needed. Educating the public on EMS capabilities when it comes to stroke is important.
- The BEFAST posters and flyers in PCP/urgent cares/EDs.
- Ideas from the call on involving/training EMS for improved notification:
    - Does anyone have issues with EMS prenotification documentation? When we are pre-alerted, the stroke team is waiting to provide immediate assessment/treatment.
    - Our EMS agencies do document in their documentation systems, like (ESO, EMS Charts).
    - When our EMS calls in - we have a pre-hospital report form that the nurse completes with the date/time EMS calls in. This form was created jointly with ED nurses and EMS staff.
    - EMS CE and recently did blood draw for code stroke
    - Quarterly meetings with the QI leaders for local EMS agencies
    - do in-service with their CE, plus their training officers/leaders are on our stroke committee
    - Staff nurse in the ED who is a nurse liaison - they get 4hours a month to do education for EMS, they sit on the oral boards for the paramedics and bring any issues to the ED from EMS and to EMS from the ED.
- AHA/GWTG Prenotification Guidelines (Pat Aysse) The prenotification measure looks for Yes: EMS notified the receiving hospital prior to arrival.
    - To select Yes, there must be explicit documentation that advanced notification by EMS included that the patient was a suspected stroke.
    - The following language is sufficient to identify patients with suspected stroke; any use of the word "stroke" or any documentation of signs & symptoms consistent with stroke is acceptable:
    - N/A: the patient did not arrive via EMS
    - Sudden numbness or weakness of face, arm or leg - especially on one side of the body.
    - Sudden confusion, trouble speaking or understanding.
    - Sudden trouble seeing in one or both eyes.
    - Sudden trouble walking, dizziness, loss of balance or coordination.
    - Sudden severe headache with no known cause

LINKS from Chat:

April 30, 2024, 8 am – 12 pm 2024 North Carolina Virtual Hypertension Summit

Pamphlets & Fact Sheets to Order https://www.communityclinicalconnections.com/center-of-excellence/

BEFAST One-Pager https://www.startwithyourheart.com/stroke-awareness-matters/

Stroke Coordinator Call Proceeding Materials https://www.startwithyourheart.com/stroke-coordinator-calls/

Free resources in multiple languages: https://catalog.ninds.nih.gov/health-topics/stroke

RAPIDO Spanish BE FAST campaign https://www.heart.org/en/news/2021/03/12/rapido-a-new-spanish-acronym-to-raise-stroke-awareness