

NOTES

Stroke Coordinators' Call June 26, 2024 2:00 pm – 3:00 pm

I. Welcome

II. Join the Stroke Advisory Council:

- Quarterly meetings, work groups, monthly email Updates, website startwithyourheart.com, [Stroke System of Care](#)
- **Meetings:**
 - **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. Please plan to join us for the day. Agenda coming soon.
 - Slides, minutes, recording of June meeting posted [here](#).

III. Business:

- **Next call: August 28, 2024 from 2-3 pm. There will be no July call.**
- All SC call slides, notes, and recordings are posted on our website. Follow this [LINK](#).

Request:

- **Action Items:** Email Anna Bess Brown at anna.brown@dhhs.nc.gov if you'd like to help plan future Stroke Coordinator Calls. Thank you!
- June 26 marks Terri's last call as her contract ends in June. We thank her for her enthusiasm and hard work and will miss her terribly. We wish you all good things in your next endeavor, Terri.

IV. Presentation:

- **Thanks again to our May Panelists** who shared ways they Celebrate Stroke Awareness Month in May: Amber Carter, Cone Health; Haley Brennan, Novant Health Huntersville and Mint Hill Medical Centers; and Caitlin Hughey, UNC Health Blue Ridge.
 - **June Panel:** "2024 AHA/ASA Performance and Quality Measures for Spontaneous Intracerebral Hemorrhage:" <https://www.ahajournals.org/doi/epdf/10.1161/STR.000000000000464>
Presenter: Pat Aysse-AHA
Panelists:
Eli Johnson-Atrium Health Wake Forest Baptist
Michelle Comp-Novant Health Thomasville
Erin Lewis-UNC Rex
 - Pat's slide deck is posted to the Stroke Coordinator call page [here](#). Please listen to the meeting recording for the full discussion.
 - Questions and Answers
Q: Is there a cost for the ICH layer?
Pat: There is no cost. Email me Pat.Aysse@heart.org to turn it on.
Q: How do hospitals that don't use GWTG or the EMS layer communicate with EMS?
Pat: There is a need for internal discussion and shared info on the results of patient's scan, LKW, discussion of management of BP, etc.
Q: How does AHA select Measures?
Pat: All Measures are Guideline driven and science based.
Q: Is AHA Stroke Boot Camp coming back?
Pat: I'm sorry there are no plans to bring it back, but there's one recorded on the Professional Education website. You do have to log in. There's some free stroke education and some you pay for.
There will be a virtual national forum meeting Oct. 9. Some hospitals provide stroke workshops.
Q: Are the new Measures available through GWTG? Can we run them, or are they coming soon?
Pat: Measures that I shared today are currently available if you have the layer turned on. New Measures have not gone through the whole development process yet.
We're analyzing data and examining Measures for award levels. The new Measures have not been published yet.
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Amber Carter: It seems the new ones will be more challenging.

There's a lot of info if you run reports which shows how valuable abstractors can be to understanding your report.

Pat: We do take your feedback. We appreciate all who are participating in the Phase II Pilot. I think the dysphagia screen measure may change to include not only did you screen but did you react, did you conduct follow up and continue to monitor the patient?

Eli: The newer measures are not built in. There will be a longer process before they're added.

Pat: AHA is also looking at subarachnoid hemorrhage.

Erin: Having more data points adds to abstractor time. How is this impact on our time considered in GWTG?

Coordinators, how do you manage the additional work?

Pat: Data abstraction burden gets discussed. The new IRP platform and ability to upload files do allow you to balance the abstraction burden. We recognize it takes time. You can pick and choose many of the things you want to collect.

Two DNV levels are coming soon.

Michelle: I'm at a Primary Stroke Center. How do these changes affect our patients? We stabilize and transfer to a comprehensive facility.

Pat: If you transfer patients and don't admit them, they are not included in GWTG currently. GWTG allows you to download the data and run reports. In prebuilt reports, these transferred patients will be excluded. I recommend you may want to wait until we get transferring measures in there.

Erin: UNC is working on a pathway to help track patients in facilities that don't admit these patients. UNC Health is creating an ICH order set to give providers a tool box to treat patients while waiting to get patients out.

Pat: We are looking at adding time elements to the time tracker.

Michelle: On our survey we were encouraged to look at DI/DO times, and we're working to get patients out more quickly.

Dana: In chat I asked about DNV transferring to Joint Commission, and it seems that is not an issue.

Michelle: We do not share our telecart; however, we only have one. We'd be in a mess if we had two strokes at the same time.

Eli: In chat Pat noted we use Hunt and Hess scores for ICH and subarachnoid patients. It's important to establish good working relationships to get ICH score as it's pivotal in understanding those patients.

Erin: NIH scores are usually a process of nursing and providers. It's important to educate nurses on scales to give them what they need to help patients and to communicate with families. We should include stroke scales in the education of ICU and ED nurses.

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.
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