

Stroke Coordinators' Call October 23, 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
- Meeting: Nov. 14 1-2:30 virtual. We will hear a presentation on the new 2024 Prevention Guideline by lead author Cheryl Bushnell with Wake Forest Baptist Medical School and another presentation by Brad Kolls with Duke: Lessons Learned from the IMPROVE Stroke Care Consortium, a group of nine Hub hospitals and their 57 regional community hospitals, a systems of care improvement project.

SAC Meeting 1-2:30

Microsoft Teams Need help?

Join the meeting now

Meeting ID: 254 451 603 740

Passcode: Xw7zzy

Dial in by phone

+1 984-204-1487,,844802595# United States, Raleigh

Find a local number

Phone conference ID: 844 802 595#

Join on a video conferencing device

Tenant key: ncgov@m.webex.com

Video ID: 115 982 104 1

More info

> Slides, minutes, recording of September meeting posted here.

III. Business:

- September 25th Stroke Coordinators' meeting at Atrium Health in Charlotte focused on stroke care plans and personalized education.
- Next call: January 22, 2025 from 2-3 pm. There will be no November or December calls. Please note we sent a
 cancellation for the Nov. and Dec. calls and started a new series with the January meeting. Please contact Anna Bess
 if you did not receive the 2025 meeting series invitation.
- All SC call slides, notes, and recordings are posted on our website. Follow this <u>LINK.</u>

Request:

 <u>Action Items:</u> Email Anna Bess Brown at <u>anna.brown@dhhs.nc.gov</u> if you'd like to help plan future Stroke Coordinator Calls. Thank you!

We thank **Atrium Health** for providing **continuing education credits** for those who attended the SC meeting and the SAC meeting either in-person or virtually. If you did not receive your certificate, let Anna Bess know.

IV. Presentation:

Thanks again to our August Panelists who discussed Vagus Nerve Stimulation: Michelle Geroleman, Stroke Program Patient Navigator, and Amber Lewis, Supervisor of Outpatient Rehab Services, from WakeMed; and Karmesh Patel, DPT from Cone Health.

Thanks to Grayson Moore, ECU Health; Sue Ashcraft, Novant Health; Rebecca Gainey, Novant New Hanover Regional; Erin Lewis, UNC Rex; Sylvia Coleman, nurse consultant; and Terri Moore, Coverdell Stroke Program for helping plan our in-person meeting Sept. 25 and for facilitating the activity on Stroke Care Plans and Personalized Education. Thanks to all who helped, participated, and wrote up notes.

On the October call, many expressed their concern and continued prayers for those of you living and serving the western part of our state. Please know we are with you, and let us know how we can support you.

Sylvia Coleman presented a summary (see slides) of the Sept. 25th discussion from the virtual group. We're pulling all the notes together and creating a tool to use as a resource and guide. Stay tuned.

Tina Dotson commented that the highlight of Sept. 25th was hearing **Representative Becky Carney** speak at the SAC meeting. Representative Carney is co-chair of the Justus-Warren Heart Disease and Stroke Prevention Task Force and shared her story of experiencing sudden cardiac death twice, surviving cancer, and losing her spouse. She thanked the medical community for all the care she's received. She is a long-time Task Force champion.

Anna Bess explained that the **website Start with Your Heart** is moving to DHHS so that all the chronic disease resources will be together and available through their website. As we refresh the website, please review it (startwithyourheart.com) and let Anna Bess know your ideas for new resources.

Anna Bess also asked if anyone is interested in joining a brainstorming work group to explore needed policy changes, how we can use the HIE Stroke Registry to identify risk factors, etc. Big picture and dreamer types, please let AB know if you're interested.

Q: **Michelle Bradley** noted: Since TJC is requiring Patient Satisfaction scoring for "Stroke" patients, we would also like to hear more about how hospitals are capturing these. Our system is looking for ways to best capture this need. We've looked at using Press Ganey vs. Transitional Care/Case Management vs. iRounds to ask the required questions but haven't yet come up with a solution that works well for most.

A: **Sharon Biby** noted: TJC has new standards effective 1/1/2025 that do include new wording. P 3 The disease-specific care program collects data related to the patient's perception of the safety and quality of the disease-specific care, treatment, or services they receive.

More P 3: the disease-specific care program uses aggregate data related to the patient's perception of the safety and quality of disease-specific care, treatment, or services they receive to guide the development and implementation of performance improvement goals and activities.

Sharon added that Cone try\ies to get feedback from every stroke patient. The surveyor suggested that we take feedback from one patient and explain what we are doing about it. It is a struggle to get patient satisfaction data. Sharon added it's the patient's *perception* of their quality of stroke care.

A: **Heather Forrest** commented: I think focus has shifted from quantity to quality of feedback. It doesn't have to be stroke satisfaction but broadening to customer satisfaction.

A: **Catherine Michael** added that their surveyor said the feedback could come from EMS, telestroke, a nurse's idea about better documentation, etc. This feedback refers to broader Joint Commission standards-not stroke specific. Needs to be meaningful and will help program improve.

A: **Tom Curley** posted Novant's current survey noting that getting folks to complete it is an issue:

Did you receive a stroke education book? Y/N

- Risk factors are diseases or health conditions that may increase your risk for stroke. Did the care team
 explain your personal risk factors and how they impact your overall health? Y/N
- Your understanding of the stroke education the care team shared with you and/or your family member or caregiver.

Scale 1-5

- Your understanding of the common signs and symptoms of a stroke.
 Scale 1-5
- What will you do I you think you are having a stroke?
 Comment
- Is there anything ese you would like to share about your experiences with or related to stroke?
 Comment

A: **Michelle Bradley** explained that at UNC they're trying to pull DRGs specifically for stroke patients. They don't ask stroke-specific questions. TJC surveyor wants us to ask: what are signs and symptoms of stroke? Do you know your risk factors for future stroke? Surveyors want to make sure the patients understand what we're teaching them. We may ask these questions in follow-up calls. Michelle added that she appreciates the input and would appreciate future input. Send your thoughts to michelle.bradley@unchealth.unc.edu

A: Tina Dotson said their surveyor suggested polling community members at community events. Ask how did you feel about your care? Have you recovered from your stroke?

We may circle back to this discussion in January.

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.