# NC STROKE COORDINATORS MEETING

**SEPTEMBER 25, 2024**
**ONLINE GROUP SUMMARY**

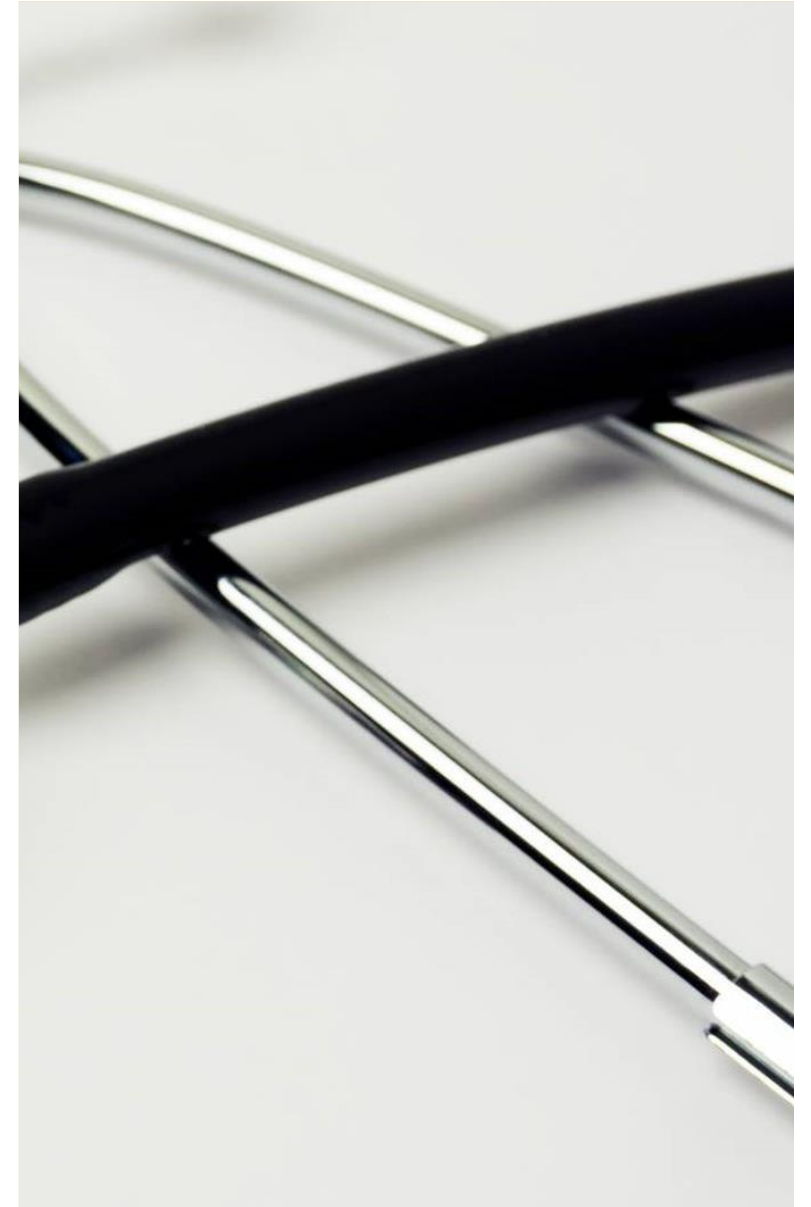**SYLVIA COLEMAN AND TERRI MOORE, FACILITATORS**

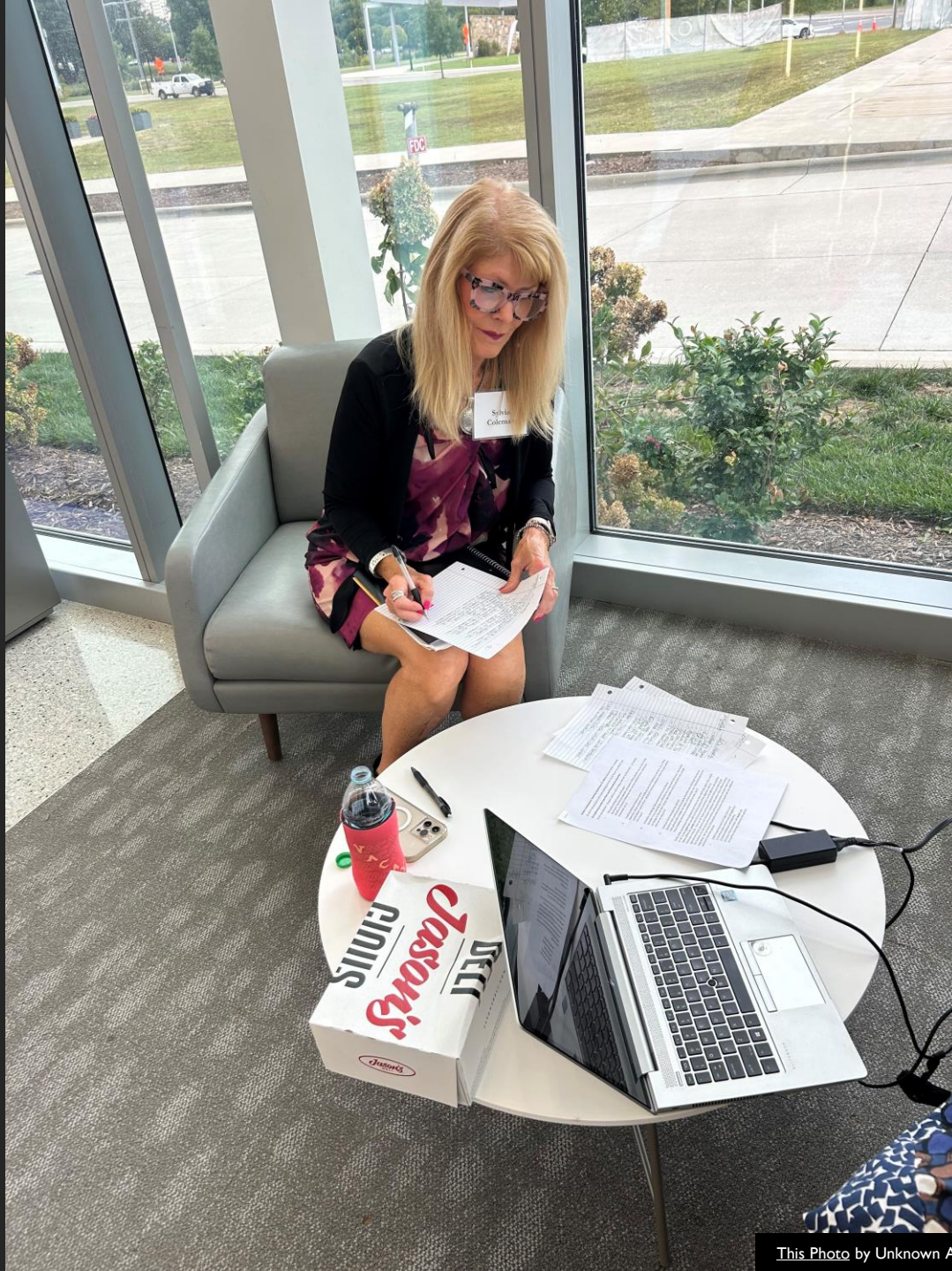# STRENGTHENING STROKE CARE PLANS AND PERSONALIZED EDUCATION

# ONLINE GROUP SUMMARY

# AGENDA

❖ Summarize Online Group Experiences and Recommendations:

1. Perception of Risk Factors
2. Teaching Methods
3. Innovation and Design
4. Continuity Post-Discharge

❖ Engage in Discussion

❖ Determine Next Steps

# THE POWER OF COMMUNICATION

# PERCEPTION OF RISK FACTORS
## (ERIN LEWIS)

- How do you identify risk factors? ~ and assure accuracy!

    - Health history on admission

    - Documentation by providers in the notes

    - Look at H&P and Neurology note

    - Talk to patient:

        - Some do not understand their diagnosis and risk factors that led to it ~ teachable moments!

    - Talk to patient's family

    - Educational sessions and conversations with patients and their caregivers/family members ~ involve whole care team!

    - Case management and provider notes

# TEACHING METHODS
## (REBECCA GAINEY)



- What methods and media do you use?
  - Ischemic Stroke Booklet (Atrium sites) ~ soft-side notebook with an electronic version that can be shared:
    - Leave risk factors page on units
    - Interactive to allow patients to write in their book
    - Expectations during hospital stay (care team, tests, etc.)
    - Life after stroke
    - BP Log
    - Some sites also provide a packet (magnet, pen, SC's card, information on stroke support groups)
  - AHA/ASA "Let's Talk about Stroke"
  - Teach Back
  - Other system-specific stroke booklets, e.g., UNC System
  - BE FAST

# TEACHING METHODS ~ MEDIA

- Stroke-assigned videos:
  - iPad for patients to log into to watch their stroke-assigned videos
  - TV monitors in patient rooms
  - Track and document videos patients/families view:
    - Important to meet Joint Commission requirements

# INNOVATION AND DESIGN ~ ELECTRONIC HEALTH RECORDS
## (GRAYSON MOORE)

- If you had all of the money in the world to address stroke, what would you use it for?

  - More user-friendly EHRs that would:

    - From documentation of risk factors, give patients the information they need

    - My Chart would work "smarter":

      - Automatically make assignments in patient portals

    - Computer system would be more aware of needed tasks and document them:

      - Send reminders to nurses and others on the care team

## INNOVATION AND DESIGN ~ STROKE NAVIGATORS

- Each hospital would have a Stroke Navigator:
    - Dedicated solely to stroke
    - Not wear other "hats"

# INNOVATION AND DESIGN ~ ARTIFICIAL INTELLIGENCE (AI)



- AI use:
  - Stroke patients would receive prompts
  - Ability to open their My Chart to see risk factors and how to address them
  - Facilitate education planning for and at discharge:
    - Stroke-specific videos ordered automatically:
      - When stroke care plan is added via order set, generate list of recommended videos
    - Automatically pull and print information:
      - Message at discharge in My Chart with a PDF of stroke booklet that remains in My Chart for future reference/use

# CONTINUITY POST DISCHARGE
## (SUE ASHCRAFT)



- Stroke Follow-up Clinic:
  - Include case management:
    - Assure medications are filled
    - Schedule follow-up appointments
  - Close "loops":
    - Include Community Paramedics and Community Health Workers (CHWs) in team-based care:
      - Engage them for ongoing post-acute education and care

IT'S TIME

FOR

DISCUSSION

# CONTACT INFORMATION

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