

NOTES

Stroke Coordinators' Meeting February 26, 2025 2:00 pm – 3:00 pm

I. Welcome, and Happy Heart Month!

II. Join the Stroke Advisory Council:

- Quarterly meetings, work groups, monthly email Updates, website startwithyourheart.com, [Stroke System of Care](#)
- **2025 SAC Meetings:** March 4, May 22, September date TBD in person in Chapel Hill, November 12. All virtual meetings 1-2:30 PM.
- The March 4 meeting will be on Post-Stroke Care and will feature the new Palliative and End-of-Life Care Scientific Statement from AHA and a proposal for a new ICD-10 code for apragmatism.

Stroke Advisory Council Meeting March 4 from 1-2:30

[Join the meeting now](#)

Meeting ID: 230 111 242 855

Passcode: xf3pt2a3

Dial in by phone

[+1 984-204-1487,30016618#](tel:+1984204148730016618) United States, Raleigh

[Find a local number](#)

Phone conference ID: 300 166 18#

Join on a video conferencing device

Tenant key: ncgov@m.webex.com

Video ID: 119 192 949 9

[More info](#)

- Slides, minutes of November meeting posted [here](#). Recording and IMPROVE Stroke slides will be posted after publication of data.

III. Business:

- We last met in **January** when we discussed the **Coverdell Stroke Program RFA** and had a presentation, “**Using Data to Inform Outreach**” by **Novant Health New Hanover Regional Medical Center's team: Lauren Stevenson, Erika Yourkiewicz, and Rebecca Gainey** who shared some of their **Coverdell Stroke Program** work.
- CCCPH will communicate with Coverdell Stroke Program grant awardees **March 3**.
- **Please send your staff changes to Anna Bess.**
- **Next meeting: March 26, 2025 from 2-3 pm.** Please note we started a new series for 2025 beginning with this January meeting. Please contact Anna Bess if you did not receive the 2025 meeting series invitation.
- All SC meeting 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 Meetings. Thank you!
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IV. Presentation:

- The tool for Stroke Care Plans and Personalized Education developed by this group is posted on the website: [LINK](#).
 - A reminder 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. Please review it (startwithyourheart.com) and let Anna Bess know your ideas for new resources.
 - Today Renee Potter, Stroke Program Manager at UNC Medical Center, and Melissa Freeman, Stroke Program Manager with Duke University Medical Center, will share their experiences responding to TJC's requirements on measuring Patient Satisfaction. See their slides.
 - Renee spoke about UNC's 2024 project creating laminated informational sheets to help patient understand meds, side effects, and the reason for the medication, etc.; these were placed in each Stroke Unit patient's room. She described adding stroke questions to Press Ganey (PG). In 2025 UNC is working on patient engagement with their Advisory Council and Stroke Champs to ask more stroke-specific questions (what are the signs and symptoms of stroke, when to call 911); they're adding QR code to Microsoft 365 forms (which provide analytics), and the next step is to add a questionnaire to My Chart.
- April 12 Stroke Survivor and Caregiver Event in Morrisville: free and all are welcome.
Dr. David Huang retired, and Dr. James Ho is the new Medical Director for Stroke at UNC.
See Renee's slides.

Q: Kelly Boland asked, "Where do you put QR codes with the patient questionnaire?"

A: Renee responded: we put them in patient rooms and in the patient education guide.

Q: Staci Smith noted that QR codes don't work for some older patients and asked if anyone sends out patient satisfaction questions in My Chart.

A: Sharon Biby noted that Cone sends the patient education book in My Chart. She added that IT is concerned about sending too much (patient survey) in My Chart as it may be considered spam.

A: Melissa noted in the Chat: From what I remember (could be wrong), they don't want us using those because many places can't drill it down. So I interpreted if you can....you can use?

A: Tom Curley noted that previously one of their hospitals sent staff to sit down and go through surveys with patients who couldn't figure out the QR code. Then they switched to PG.

Q: Michelle Bradley was told her sample size was too small and asked how folks were able to talk someone into adding stroke questions to PG.

A: Annabelle Black offered to respond offline and also share her response with the group.

-Melissa shared that in her experience in other hospitals, patients did not respond to surveys left in patient packets. She explained that Duke formerly used Press Ganey and has switched to Qualtrics; they go live Monday, March 3. Melissa shared questions from the Patient Satisfaction survey and noted that she is advocating for asking this question, "Do you feel you were given sufficient education to care for yourself/your loved one after discharge?" The APP team makes follow-up calls to all stroke patients discharged home. They are identifying subsequent strokes, helping patients with medications, etc. See Melissa's slides. The Stroke Follow-up Call log is in EPIC.

Amber Carter posted: What do you think about this? [BE FAST Versus FAST: A Randomized Pilot Trial Comparing Retention of Stroke Symptoms Between 2 Mnemonics | Journal of the American Heart Association](#)

A: Pat Aysse explained that AHA has a committee reviewing research on whether FAST or BE FAST is better. The article is based on research with 174 individuals, shows greater retention with FAST. Pat said the committee is still meeting and may be sharing more info through Quality Forums.

A: Melissa noted that Duke began an Eye Stroke program and will likely continue using BE FAST.

A: Bonita Hulin suggested FAST may have more success with the public in an outpatient setting and that there is more time to cover BE FAST in a hospital setting.

A: Tom Curley noted that in January Novant incorporated five stroke-specific questions into Press Ganey.

A: Annabelle Black confirmed that Novant added stroke-specific questions and noted that Charlotte added two stroke-specific questions: on a scale of 1-10, how did we do with your stroke care; and what can we do better? Responses included that providers use language patients did not understand. She added that QR codes failed at Novant.

She recommended minding your n size to be sure it is large enough to be representative of your patient population.

A: Renee noted that there are a lot of options on how to collect data based on resources and patient feedback.

Q: Angela Murray at ECU Health Medical Center in Greenville which works with 7 other hospitals in a spoke and hub model said that two of their PSCs were cited for not documenting the flush after TNK administration and asked if anyone else had dealt with that.

A: It's how it's worded in MAR. I don't think they expect you to scan that 10cc flush, but you must state it's been done.

A: Tom said DNV cited New Hanover on that a couple years ago, and we link pre-flush and post-flush in order set. Scan the flush pre and post.

Q: Would your policy not cover it?

A: Tom: DNV did not like that answer. They wanted us to link to thrombolytic and document.

A: Heather Forrest noted in the Chat: It was brought up at a survey I was at. That reviewer felt a flush after an IV push was standard of care and therefore did not require documentation.

Sylvia noted in the chat: Following up on a previous SC presentation about Vivistim VNS by Michelle at WakeMed and her colleague, Amber. The patient in Ohio who I shared the information with finally had her surgery in Kettering, Ohio on 02/03/25! Her activation was on 02/19/25. Thanks, again, for all of the information you all share with all of us! It makes a HUGE difference in our knowledge base and practice and the lives of patients and their families!

Q: Would it be helpful to you for SAC to develop a media campaign on signs and symptoms and to call 911?

A: Yes.

We find in May if it's not something new and different, local media won't cover it. Maybe focus on younger folks having stroke. Consider developing a PSA so that everyone could use it. Check with Marketing as some hospitals won't co-brand. DHHS could send it out separately for hospitals that can't co-brand.

We need more languages than English and Spanish. We're seeing more Russian, Ukrainian, and French people. Melissa needs info in French.

Annabelle shared a resource with signs and symptoms in multiple languages:

<https://medlineplus.gov/languages/stroke.html>

Michael Clay shared National Institute for Neurological Disorders and Stroke resources for stroke education in multiple languages: <https://catalog.ninds.nih.gov/health-topics/stroke>

- March Topic: recent interviews show that North Carolinians need to understand the signs and symptoms of stroke and the importance of calling 911 immediately. Bring your ideas and **let Anna Bess know if you'd like to serve on the work group that will develop the messaging and campaign.**

Are you seeing the need for this kind of education? What are the needs and gaps in education?

What kinds of media work best in your community? What types of media collateral do you need for educating in your communities?

Topics for Future Meetings:

- 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
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- Improvements for Door In - Door Out Times
 - Success with low DIDO times for LVO patients - especially in rural hospitals
 - Strategies for increasing numbers 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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