

# NOTES

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

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### I. Welcome

#### II. Join the Stroke Advisory Council:

- Quarterly meetings, work groups, monthly email Updates, website [startwithyourheart.com](http://startwithyourheart.com), [Stroke System of Care](#)
- 2025 SAC Meetings: May 22, September 5 in person in Chapel Hill, November 12. Virtual meetings 1-2:30 PM.
- We will honor Stroke Month and Mental Health Awareness Month and will hear an update on the Cone Health Coverdell Stroke Program at the May virtual SAC meeting.

#### Stroke Advisory Council Meeting May 22 from 1-2:30

#### [Join the meeting now](#)

Meeting ID: 231 293 850 307

Passcode: Yc2m7mY7

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#### Dial in by phone

[+1 984-204-1487,,248192978#](tel:+19842041487248192978) United States, Raleigh

[Find a local number](#)

Phone conference ID: 248 192 978#

#### Join on a video conferencing device

Tenant key: [ncgov@m.webex.com](mailto:ncgov@m.webex.com)

Video ID: 115 199 422 0

[More info](#)

- Slides, minutes, & recording of March meeting posted [here](#).

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### III. Business:

- We last met in **February** when **Renee Potter**, Stroke Program Manager at UNC Medical Center, and **Melissa Freeman**, Stroke Program Manager with Duke University Medical Center, shared their experiences responding to TJC's requirements on measuring Patient Satisfaction.
- CCCPH will communicate with Coverdell Stroke Program grant awardees the end of the month.
- Please send your staff changes to Anna Bess.
- Next meeting: **April 23, 2025 from 2-3 pm**. Please contact Anna Bess if you need the meeting series invitation.
- All SC meeting slides, notes, and recordings are posted on our website. Follow this [LINK](#).

#### Requests and Resources:

**Action Items:** Send stroke certification updates to Susan Rogers at [susan.rogers@dhhs.nc.gov](mailto:susan.rogers@dhhs.nc.gov). List of stroke-certified hospitals: <https://info.ncdhhs.gov/dhsr/ahc/listings.html> Click on "Designated Stroke Centers."

Hospitals designated as a Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready Hospital shall notify the Office of Emergency Medical Services of the following information within 90 days of certification:

- (1) the name of the accrediting organization issuing certification to the hospital;
  - (2) the date of certification;
  - (3) the level of certification (Primary, Comprehensive or Acute Stroke Ready);
  - (4) the date of renewal of the certification; and
  - (5) the name and phone number of the primary contact person at the hospital who is responsible for obtaining the certification.
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- Email Anna Bess Brown at [anna.brown@dhhs.nc.gov](mailto:anna.brown@dhhs.nc.gov) if you'd like to help plan future Stroke Coordinator Meetings. Thank you!
  - 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](http://startwithyourheart.com)) and let Anna Bess know your ideas for new resources.
  - 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>
  - [International Alliance for Pediatric Stroke](#), in partnership with [Pediatric Epilepsy Surgery Alliance](#), presents [Making It to Monday – A Conversation on Medical Trauma, Resilience, and Community](#) April 15<sup>th</sup>. IAS Communications Director, Camie Rodan, will be one of the panelists. The main speaker, Jennifer Nunes, is fabulous! This will be a powerful 1.5 hours for addressing the trauma parents and caregivers face when they have a child with a neurological condition.

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#### IV. Presentation:

- **ECU Health** received praise from partner Outer Banks Elementary School for their **SAM (Stroke Awareness Matters)** collaboration. **Angie Murray** from ECU Health Greenville Medical Center will share the story.
- **Erin Brown**, NC WISEWOMAN Program Manager, will present the Well-Integrated Screening and Evaluation for Women across the Nation (WISEWOMAN) program which extends preventive health services to achieve optimal cardiovascular health for women aged 35-64 who participate in the CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program helps participants understand and reduce their risk of CVD and benefit from early detection and treatment. <https://bcccp.dph.ncdhhs.gov/wisewoman.htm>

#### Q&A

Q: What partners are best to work with setting up a WISEWOMAN Program?

A: Typically with local health departments and FQHCs the program is seeded with primary care. However, in some places we started with Cardiology, and they connected to primary care. We're flexible and will work with you to set up the program.

- Recent interviews from the UNC Dept. of Emergency Medicine show that North Carolinians need to understand the signs and symptoms of stroke and the importance of calling 911 immediately. <https://tarheels.live/strokeperspectives/> We plan to develop a media campaign to educate the public. Bring your ideas and experiences, and **let Anna Bess know if you'd like to serve on the work group that will develop the messaging and campaign.**

Q: Are you seeing the need for this kind of education? What are the important messages folks need to hear?

A: Not calling 9-1-1 is our biggest problem. They drive themselves, and we're not ready for them when they arrive.

Some don't think EMS comes to their home (in rural areas).

Some think they can get to the hospital faster if they drive themselves.

We see people coming in super late after onset of symptoms.

Some feel their symptoms are not bad enough to call EMS. We need folks to recognize stroke symptoms earlier.

In rural northeastern counties, cost is a big deal. People don't know EMS can come and assess you (and not transport if not needed). Counties are large and rural. Where I live, I can get to the hospital faster than EMS.

Q: What would most effective messaging be?

A: "If you don't know, go" chest pain campaign years ago was effective.

If you're treated early enough, you can go back to your quality of life.

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Survey in Dallas area: person having the stroke is asked, "Are you OK?" It is often family members who recognize something is wrong. Focus education on the caregivers as the person having the stroke may not know what their deficits are. It's up to us to recognize symptoms. Person having chest pains feels them. With stroke they may not. There's a lack of education. People don't know stroke symptoms.

It's important to convey the sudden onset of symptoms, that there are treatment options. Stroke is urgent and time dependent.

In rural areas some people can get to the hospital quicker than EMS, could encourage them to get to the Fire Department/Rescue Squad to pre-notify hospital. Encourage them to call EMS for pre-notification and code stroke on arrival.

We need to focus on the younger population (35-65) who may think strokes happen to older folks.

It's always about chest pain from beginning to end in movies; we need stroke education in the media. Patients may not be able to speak for themselves. Last Known Well is crucial. Catch symptoms early. Earlier you get it treated, the better.

Tell patient stories; it's helpful to put a face on stroke. It'd be great to represent all types of stroke.

I hear from patients that they didn't come in or call 9-1-1 because they were outside the 4.5 hour window. For some strokes there are still treatments available. EMS can bypass hospitals that don't have particular treatments patient needs.

UNC Dept. of Emergency Medicine asked if there's space to encourage folks to call their doctor or a nurse line for confirmation that their symptoms are serious. The group said no, it'd be confusing, and valuable time could be lost.

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#### 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
  - 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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