

NOTES

Stroke Coordinators' Meeting April 23, 2025 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](#)
- 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 and on Constellation Health's Cardiovascular Health work at the May 22nd 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

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

Video ID: 115 199 422 0

[More info](#)

- Slides, minutes, & recordings of past meetings posted [here](#).

III. Business:

- We last met in **March** when **Erin Brown**, NC WISEWOMAN Program Manager, presented 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>
 - We also discussed a study done by the UNC Dept. of Emergency Medicine that showed that North Carolinians need to understand the signs and symptoms of stroke and the importance of calling 911 immediately. We are developing a media campaign and discussed what messages are needed in various regions in the state.
 - CCCPH announced Coverdell Stroke Program grant awardees:
 - Please send your staff changes to Anna Bess.
 - Next meeting: May 28, 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](#).
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Action Items: Send stroke certification updates to Susan Rogers at 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.

- Email Anna Bess Brown at anna.brown@dhhs.nc.gov if you'd like to help plan future Stroke Coordinator Meetings. Thank you!

IV. Discussion:

1. Questions and Answers

Q: Staci Smith with FirstHealth (which does a lot of transfers) asked what folks use to document when dealing with transfers; in particular she is looking for the time they left the hospital which is not always documented. She added that she can't use the discharge time.

A: Ally with ECU Health Roanoke-Chowan said they have a hand off signed by clinical coordinator and charge nurse. Others agreed that the transfer date and time are on the EMTALA.

Debbie Beecham, Nash UNC Health, noted in the Chat: We use the transfer time on the EMTALA form.

Kelly Boland, Cone Alamance, noted: We use the same times. Will sometimes review EMS run sheet for accuracy if there are bigger time discrepancies.

Michael Clay, ECU Health North, posted a form in the chat that includes time, Transfer Location, Mode of Departure, etc. He posted another form that specifies transfer time.

Lucinda McLean, Columbus Regional, noted: Our facility does not use EPIC but we do use the depart time on the EMTALA.

Amber Carter, Cone Health, noted: As an abstractor, I look at all of the above...for the earliest time!

Q: Ally asked for suggestions for dealing with everybody's thorn, how to be compliant with dysphagia. She explained they've used bands, cups, and other methods and still see a variety of misses or failures to document.

A: Rebecca Gainey, Novant NHRMC, said it's a challenge. Has anyone instituted a hard stop?

Her colleague Erika Yourkiewicz added that a hard stop would be difficult if not charting in real time.

Amber added that with high-volume, busy EDs, it can be hard to catch stroke. Cone has a Pyxis reminder prompt that asks if a dysphagia screen needs to be done.

Michelle Bradley, UNC Health Johnston & Clayton, suggested educating all ER nurses; she added, “Wouldn't it be awesome to have a dysphagia fail in EPIC?”

Erin Lewis, UNC Rex, said that they send fallouts after cleaning GWTG data. Everywhere across the country, the ED is the place where most dysphagia screens are missed. We have a healthy competition among units. This calendar year we're at 90% compliance. She explained that each unit has created their own audit tool, and the data goes into GWTG. Erin's dept. marks the fallouts that are clearly incorrect so that team leads or nurses can prioritize these when they give feedback. Rex, which sees about 800 strokes/year, uses EPIC.

Lucinda added that educating nurses is critical and that at Columbus Regional (about 250 strokes/year) they teach ED nurses to check for safety before putting anything in a neuro-involved patient's mouth. Staci added she does the same: any code stroke needs a dysphagia screen.

Q: Rebecca Gainey, Novant NHRMC: Anyone using an AI documentation system. Is Atrium Monroe doing a pilot? One company works with Dragon Dictation and there are specific ones for nursing documentation that help with task lists and patient education. Cedar Sinai developed Aiva Nurse Assistant. It'd be nice if they'd do the audits!

A: Katie Michael with Atrium WFB said she heard in a meeting that they're outfitting rooms but has no other details. Seems like a great tool. Nurse could must talk and wouldn't have to go back in and document. No one responded that they're using an AI documentation system currently, and many expressed interest in hearing more.

Q: Erin asked if anyone is using tiered dosing with TNK.

A: ECU Health is doing weight-based dosing; more to come on this in June when they get 25 mg vials.

Staci noted that FirstHealth switched quickly to the FDA recommendation. She asked if folks are seeing more reperfusion/little bleeds after TNK.

Erin responded that symptomatic rates are lower at UNC Rex and Holly Springs. They haven't looked at silent bleeds.

2. Plans for Stroke Awareness Month in May

-Erika with Novant NHRMC shared that she is working with Port City Aphasia Group and with Marketing to develop a playlist targeting depression and stroke. They hope to share it on Spotify to unite people and raise awareness of stroke and mental health.

-Robin South, Outer Banks Hospital, shared that they're holding their 4th annual Stroke Walk at Dowdy Park in Nag's Head on Sat., May 17 at 9 AM to raise awareness of signs and symptoms and encourage folks to call 9-1-1; this event also includes stroke survivors and Outer Banks Rehab.

-Staci noted that FirstHealth took advantage of NASCAR coming back to Rockingham with a Pit Stop for Stroke Awareness community project. They are also planning Strike Out Stroke with the community college baseball league. They teach BEFAST in the crowd and give away a basket to the winner who scans and aces the test. Employees and kids liked the event last year.

-Michelle Geroleman added that WakeMed does a Strike Out Stroke event with the Carolina Mudcats. They provide education and invite VNS & stroke survivors. They also do stroke support podcasts. They also hold Clots and Coffee to educate about stroke. Kathy and Michelle dress as the TNK king and a clot!

-Michelle Bradley added that she does Clots and Coffee also. She noted the staff members love to answer questions to get treats.

-Amber added that Cone did something similar: she adorned herself with red balloons and made the rounds with "TNK Man" to teach about stroke treatment.

3. Plan for in-person meeting in September with Erin Lewis, Michelle Bradley

Erin and Michelle shared that UNC Health will host the Sept. 5th SAC meeting in person at their offices in Morrisville which is just off I-40 and has plenty of free parking. The stroke coordinators will meeting in the morning, have lunch, and the SAC meeting will happen in the afternoon. (The UNC stroke consortium will meet early prior to the SC meeting.) Erin added that while we won't get to tour the hospital, we'll see a video of the new tower.

Look for the registration link in May.

Possible topics for the gathering of Stroke Coordinators:

- Hypertension reduction strategies
- AHA's ICH initiative
- Community Resources for Stroke Survivors

Staci added that hemorrhagic stroke is getting left behind. We would like to think about how to educate EMS and co-workers. We think ER docs know everything, but they don't. Once you identify a head bleed, that pressure needs to come down. Many ER nurses don't understand stroke.

Michelle B. added that UNC is working on hemorrhagic stroke. It is hard for EMS and ED staff to recognize these patients. Is this an opportunity to formulate a recognition tool for hemorrhagic stroke?

Rebecca said that we look forward to being together to share what we're doing and that speakers are always awesome.

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
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- 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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