Stroke Coordinators' Meeting June 25, 2025 2:00 pm – 3:00 pm

l.	Welcome
Π.	 Join the Stroke Advisory Council: Quarterly meetings, work groups, monthly email Updates, website <u>startwithyourheart.com</u>, <u>Stroke System of Care</u>
	 2025 SAC Meetings: September 5 in person in Chapel Hill; Stroke Coordinators will meet in the morning: mark your calendars and save the date! Reminder: 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 meet in the morning, have lunch, and the SAC meeting will happen in the afternoon. The meeting will feature a panel of UNC researchers discussing their various projects. (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. Registration link coming soon.
	 Topics for the gathering of Stroke Coordinators: Hypertension reduction strategies AHA's ICH initiative Community Resources for Stroke Survivors
	Agenda for the Day 8-10:15 UNC Stroke Consortium 10:30-12:30 Stroke Coordinator Meeting 12:30-1:30 Lunch 1:30-3:30 SAC Meeting
	November 12. Virtual 1-2:30 PM
	 May 22nd SAC meeting honored Stroke Awareness Month and Mental Health Awareness Month, and we also learned about Constellation Health's Quality Collaborative and programs. Thanks for the updates to the stroke support group listing. It is posted on the SC page and with the May 22nd meeting proceedings. See <u>startwithyourheart.com</u> where slides, recording, and minutes are posted.
111.	 Business: Ask your health system to sign on in support of T21, Solly's Law, to raise the age for tobacco sales to 21 to comply with federal law. Sign the resolution: <u>https://www.ncallianceforhealth.org/tobacco-21-resolution/</u> For our May meeting Staci Smith with FirstHealth and Robin Jones, Stroke Camp Director, presented on the MAP Stroke Project. See notes from the May 28, 2025 meeting for details. Please send your staff changes to Anna Bess. <u>No meeting in July or August</u>. Enjoy the summer; get some rest, and have some fun! Please contact Anna Bess if you need the meeting series invitation. Media Campaign funding will become available July 1st. All SC meeting slides, notes, and recordings are posted on our website. Follow this <u>LINK.</u>

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 <u>anna.brown@dhhs.nc.gov</u> if you'd like to help plan future Stroke Coordinator Meetings. Thank you!

IV. Say Suicide: Mental Health and Stroke

Facilitated by Julie Webb

We listened to Julie Webb's presentation on the State of the State in Mental Health and Stroke and Kim Baradei's presentation about depression which includes multiple resources.

See startwithyourheart.com where slides, recording, and minutes from the May 22, 2025 SAC meeting are posted.

Julie Webb with Duke Regional facilitated a discussion.

Q: At what point are you screening for depression in hospital or in your community?

A: Some stroke nurses and hospitals are screening for depression. Others are not.

Q: Are CSCs required to screen for depression?

A: No. No longer an active requirement. Screening has moved outpatient.

Q: Are they screening in the Neurology setting?

A: With lack of neurologists, I fear they are not screening for depression. Many noted they struggle with access to Neuro.

Q: Should we take it upon ourselves to be sure we're screening during follow-up calls?

A: Many hospitals do not have nurse navigators or the capacity to make follow-up calls.

Q: How far should we take follow-up screening? How often and at what points do we screen?

A: Some stroke patients do not make their follow-up appointments. We discuss mental health and emotions in nearly every support group meeting. We encourage these conversations and validate their feelings.

Julie: Being honest about feelings is important. We can provide space and encourage these conversations during our appointments and support groups.

Q: How do we bring up mental health issues with patients and caregivers? Depression is not just that you're crying all the time. There's functional depression. How do we educate our families?

A: Be intentional about how you ask the question. "Depression after stroke is normal. If you don't have it, you are one of the few." People may imagine something happening to them: a car accident and they don't make it. It's important how you ask and that you listen. You could ask how much are you sleeping during the day, getting out of the house, etc.

Q: What other resources and opportunities do you find helpful?

A: Church groups for older folks. Younger folks need social engagement. Local Y offers rehab, but that doesn't help the mental health issue.

Q: Do you have many men attend support groups?

A: Several noted their groups have mainly men who come consistently.

Q: Do you do particular outreach do men?

A: No. I think in our group they are good about recruiting one another.

Robin South at Outer Banks Hospital suggested connecting stroke survivors with someone who's been through itlike a mentor/partner.

Jessica Martin shared that at Mission they have a stroke survivor who started his own non-profit for peer support for stroke survivors called Stronger Together Wellness:

https://www.strongertogetherwellness.com/

Recently a UNC med student reached out about a survivor-to-survivor mentorship program for those at least a year out: for more info contact Frances Reed Frances Reed@med.unc.edu

Q: Do we need more education on depression screening for primary care and Neurology?

A: We can raise awareness and think about the mental health/stroke angle for May 2026.

Awardees: 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
- 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
- Use of a QR code to share data with EMS or any other outside (of your facility) group. Other data sharing methods.