

All Day Agenda

Agenda Items

7:30 – 8:00 am	UNC Stroke Consortium Breakfast Provided by UNC Chapel Hill Stroke Program	Hallway Exhibit Hall
08:00 – 10:15 am	Session #1 - UNC Stroke Consortium Group UNC Employees Only EPIC Pathways – Standardizing stroke order set and system of care.	Ballroom A, B & C Kate Burnett Pat Aysse - AHA
10:30 – 12:30 pm	Session 2 – NC Stroke Coordinator Group NC Stroke Coordinators Only Focus - Hypertension in North Carolina and Solutions from Stroke Coordinators	Ballroom A, B & C NC Stroke Coordinators Group
12:30 – 1:30 pm	Lunch - <i>Free with in-person registration</i> Provided by RAPIDai	Hallway Exhibit Hall
1:30 – 3:30 pm	Session 3 – Stroke Advisory Council All are welcome, open to the public Welcome and approval of SAC minutes Legislative Update Updates from UNC Stroke Program	Ballrooms A, B & C Anna Bess Brown UNC Panel Group

UNC Health

Session #3 Stroke Advisory Council – North Carolina

September 5th, 2025, Morrisville NC



House Keeping Items

- **Each session today will be recorded (Session 1, 2, and 3)**
- Please mute yourself during this meeting
- Submit questions via the chat function or raise your hand
- Session 2 and 3 recordings will be included in Anna Bess Brown's Communications to North Carolina state groups
- Contact hours are provided for EACH of today's sessions and completion of evaluation forms is required to obtain the CEU's
- **Evaluation forms will be available on Monday 9.8.25 for 30 days and completion of each session's evaluation forms is required to obtain the CEU's**



Stroke Education using Research & Innovation

NCPD Activity #: 001-23466

Date of Activity: September 5, 2025

1.5 Contact Hours Provided

Criteria for Successful Completion:

Criteria for successful completion to claim CE Certificate requires attendance at the NCPD activity, and completion of E-evaluation within 30 days of attendance.

Approved Provider Statement:

UNC Health is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

All Day Agenda

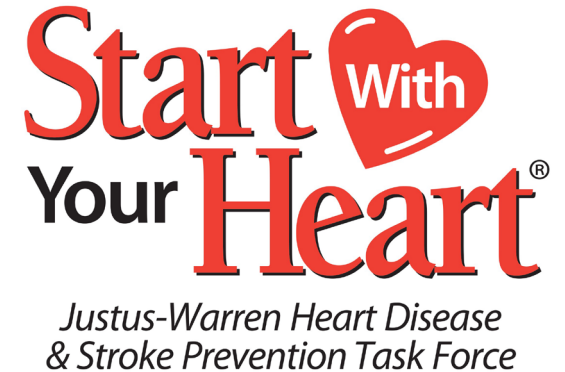
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Welcome to the quarterly Stroke Advisory Council Meeting

Peg O'Connell, JD Chair Stroke Advisory Council

- Approval of Minutes
- Legislative Update
- Coverdell Program Update



2025 GWTG Stroke Awards American Heart Association

UNC Health Welcome and Updates from UNC Health

Panel Discussion

North Carolina Stroke Advisory Council Meeting American Heart Association Update

September 5, 2025

Rural Health Care Outcomes Accelerator

The Rural Health Care Outcomes Accelerator has been extended to 2028

- This will provide a limited number of 3 year no cost enrollment opportunities for new rural organizations to participate in Get With The Guidelines® programs for stroke, coronary artery disease, and heart failure
- Federally designated Critical Access hospitals participating in a Get With The Guidelines® module including atrial fibrillation and resuscitation will receive no-cost access to all five programs

[American Heart Association Rural Accelerator Press Release](#)





2025 Get With The Guidelines® Stroke Recognition

2025 GWTG-Stroke awards based on Jan-Dec 2024 data

Congratulations to all the award-winning hospitals.



2024
HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

ACHIEVEMENT MEASURES >85% OR GREATER



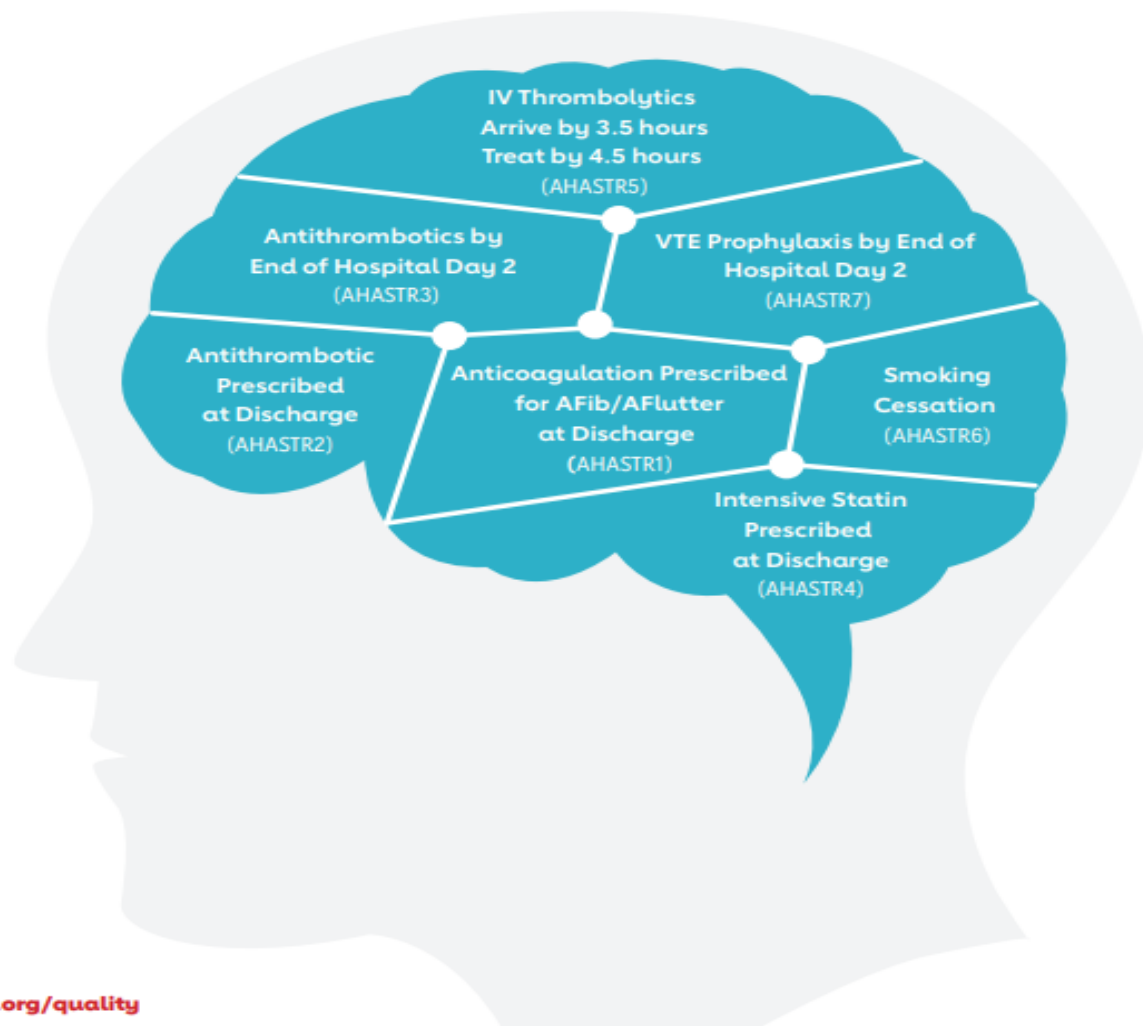
2 consecutive calendar years



1 calendar year



1 calendar quarter and ≥30 patients



QUALITY MEASURES + AWARD

≥75% on at least 4 measures

*Must achieve Silver or Gold to be eligible

Dysphagia Screening (AHASTR8)

Stroke Education (AHASTR12)

Assessed for Rehabilitation (AHASTR11)

LDL Documented (AHASTR9)

NIHSS Reported (AHASTR10)

Door to Needle ≤60 minutes (AHASTR13)

TARGET: STROKE

(Minimum of 6 patients to be eligible)

HONOR ROLL

75% of applicable patients (AHASTR13)

Door-to-Needle ≤60 minutes

HONOR ROLL ELITE

85% of applicable patients (AHASTR13)

Door-to-Needle ≤60 minutes

HONOR ROLL ELITE PLUS

75% of applicable patients
Door-to-Needle ≤45 minutes
(AHASTR49) & 50% of applicable patients
Door-to-Needle ≤30 minutes
(AHASTR48)

HONOR ROLL ADVANCED THERAPY

50% of applicable patients

Door-to-Device ≤90 minutes
for Direct Arriving Patients
(AHASTR114) & ≤60 minutes for Transfer Patients
(Within 6 hours or 24 hours)
(AHASTR114)

Get With the Guidelines®-Stroke Award Recognition

80 North Carolina Hospitals achieved Achievement and/or Rural Stroke recognition

- 75 Achievement Awards
 - 3 Bronze Recognitions
 - 12 Silver Recognitions
 - 60 Gold Recognitions
- 71 Plus Awards (Quality Measures)
- 54 Target: Stroke Honor Roll Awards
 - 13 Target: Stroke Elite Plus Honor Roll
- 12 Advanced Therapy Awards
- 68 Target: Type 2 Diabetes Awards

[US News and World Report](#)



**The Future of
Health, Backed
by Science**

Find hospitals delivering trusted
heart and stroke care, guided by the
American Heart Association.





Rural Stroke Recognition

2025 GWTG-Rural Stroke awards were based on Jan-Dec 2024 data, and a hospital was eligible for a Bronze, Silver, or Gold recognition for this year

Congratulations to all award-winning hospitals.

[Rural Health Care Outcomes Accelerator](#)

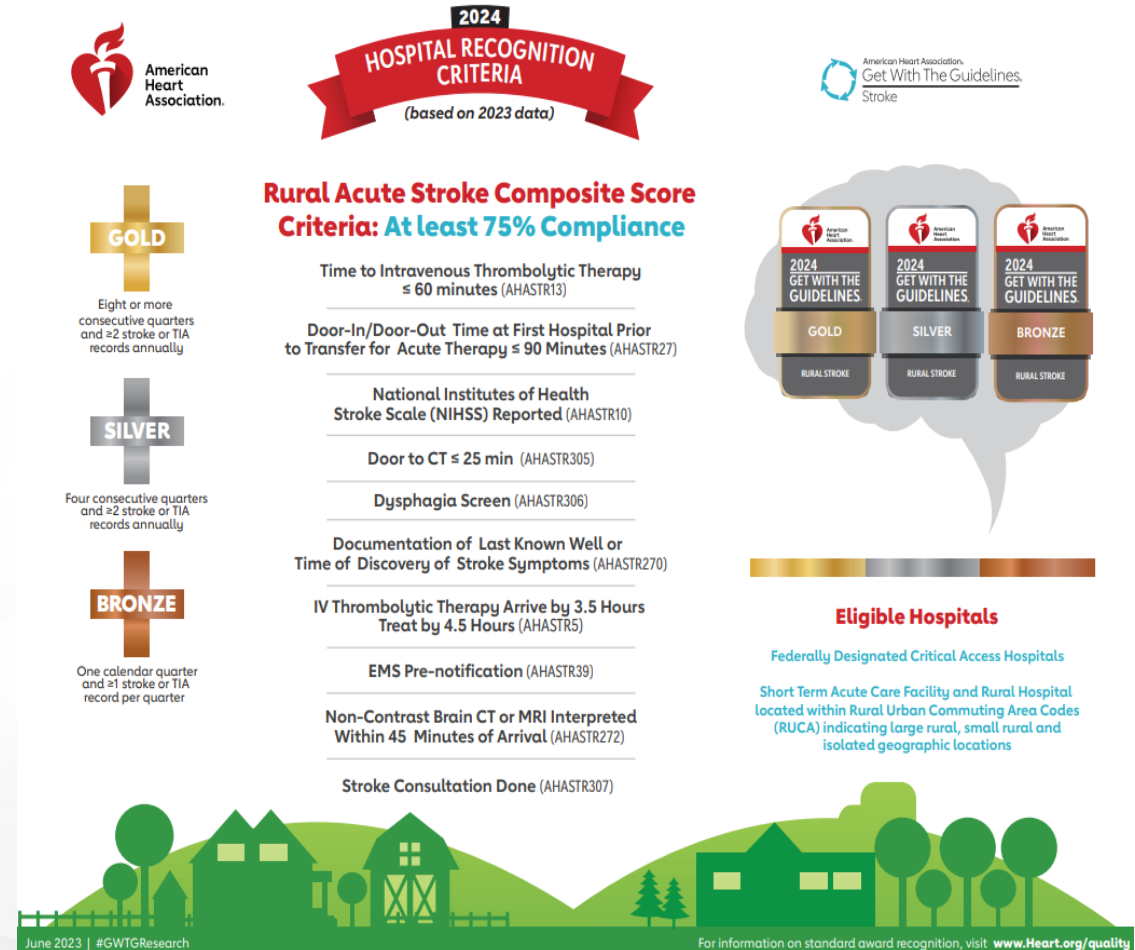
GWTG-Stroke
GWTG-CAD
GWTG-HF



2024 North Carolina GWTG-Rural Stroke Recognition

30 Hospitals Recognized

- 5 Rural Bronze
- 9 Rural Silver
- 16 Rural Gold



2026 Award Recognition



2026 HOSPITAL RECOGNITION CRITERIA (based on 2025 data)

ACHIEVEMENT MEASURES >85% OR GREATER



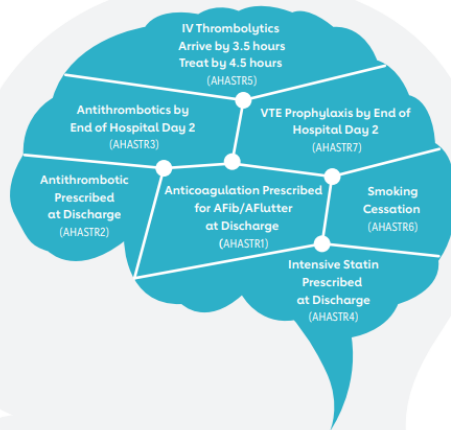
GOLD
2 consecutive
calendar years



SILVER
1 calendar year



BRONZE
1 calendar quarter
and ≥30 patients



April 2025 | www.Heart.org/quality



QUALITY MEASURES + AWARD ≥75% on at least 4 measures *Must achieve Silver or Gold to be eligible

Dysphagia Screening (AHASTR8)
Stroke Education (AHASTR12)
Assessed for Rehabilitation (AHASTR11)
LDL Documented (AHASTR9)
NIHSS Reported (AHASTR10)
Door to Needle ≤60 minutes (AHASTR13)

TARGET: STROKE (Minimum of 6 patients to be eligible)

HONOR ROLL
75% of applicable patients (AHASTR13)
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE
85% of applicable patients (AHASTR13)
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE PLUS
75% of applicable patients & 50% of applicable patients
Door-to-Needle ≤45 minutes (AHASTR49) Door-to-Needle ≤30 minutes (AHASTR48)

HONOR ROLL ADVANCED THERAPY
50% of applicable patients

Door-to-Device ≤90 minutes & ≤60 minutes for Transfer Patients
for Direct Arriving Patients (Within 6 hours or 24 hours)
(AHASTR114) (AHASTR114)



2026 HOSPITAL RECOGNITION CRITERIA (based on 2025 data)



GOLD
Eight or more
consecutive quarters
and ≥2 stroke or TIA
records annually



SILVER
Four consecutive quarters
and ≥1 stroke or TIA
records annually



BRONZE
One calendar quarter
and ≥1 stroke or TIA
record per quarter

Rural Acute Stroke Composite Score Criteria: At least 75% Compliance

Time to Intravenous Thrombolytic Therapy
≤ 60 minutes (AHASTR13)

Door-In/Door-Out Time at First Hospital Prior
to Transfer for Acute Therapy ≤ 90 Minutes (AHASTR27)

National Institutes of Health
Stroke Scale (NIHSS) Reported (AHASTR10)

Door to CT ≤ 25 min (AHASTR305)

Dysphagia Screen (AHASTR306)

Documentation of Last Known Well or
Time of Discovery of Stroke Symptoms (AHASTR270)

IV Thrombolytic Therapy Arrive by 3.5 Hours
Treat by 4.5 Hours (AHASTR5)

EMS Pre-notification (AHASTR39)

Non-Contrast Brain CT or MRI Interpreted
Within 45 Minutes of Arrival (AHASTR272)

Stroke Consultation Done (AHASTR307)



Eligible Hospitals

Federally Designated Critical Access Hospitals or
Short Term Acute Care Hospitals within Rural Urban Commuting
Areas (RUCA) geographically classified as large rural, small
rural or isolated.





Thank You



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Program Consultant, Health Care Quality

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University of North Carolina Hospitals' Comprehensive Stroke Center

Dr. Jame Ho
Stroke Program Director



The Joint
Commission



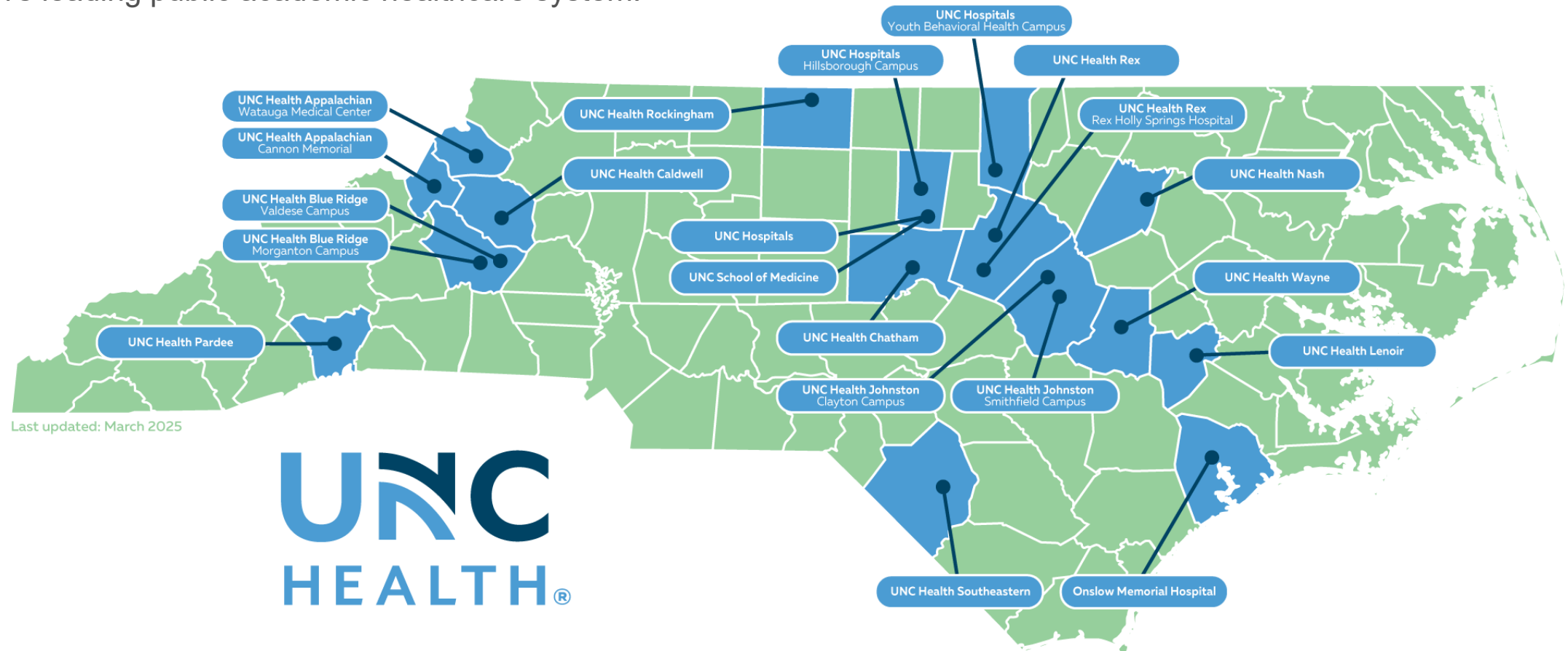
American Heart
Association
American Stroke
Association

CERTIFICATION

Meets standards for
Comprehensive Stroke Center

UNC Health | Who We Are

UNC Health includes UNC Hospitals and its provider network, the clinical programs of the UNC School of Medicine, and 17 hospitals across 20 campuses across the state. Founded with N.C. Memorial Hospital in 1952, it is our vision to be the nation's leading public academic healthcare system.





UNC Health's System Strategy: Forward Together 2030

System leaders aligned on four pillars that are key to achieving our new North Star

**Our North
Star**



An academic and community powerhouse with patients at the center of all we do



Patients First

Working together to lead the way in quality, experience and affordability



Amplified Academics

Elevating our academic mission to drive world-class discovery, training, and complex clinical care



Strengthened Core Operations

Transforming care and the caregiver experience to ensure it is smooth and efficient



Reimagined Solutions

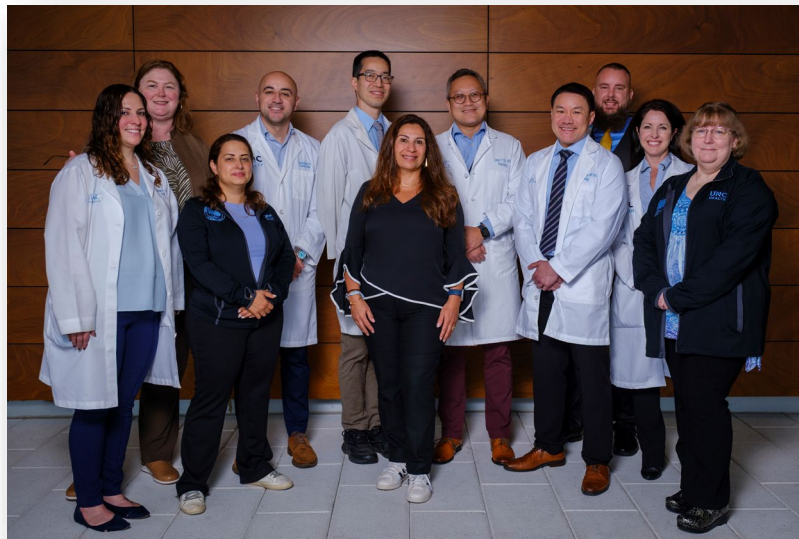
Optimizing our services for today while preparing for the opportunities that will emerge in the future

UNC Hospitals Comprehensive Stroke Center | Mission

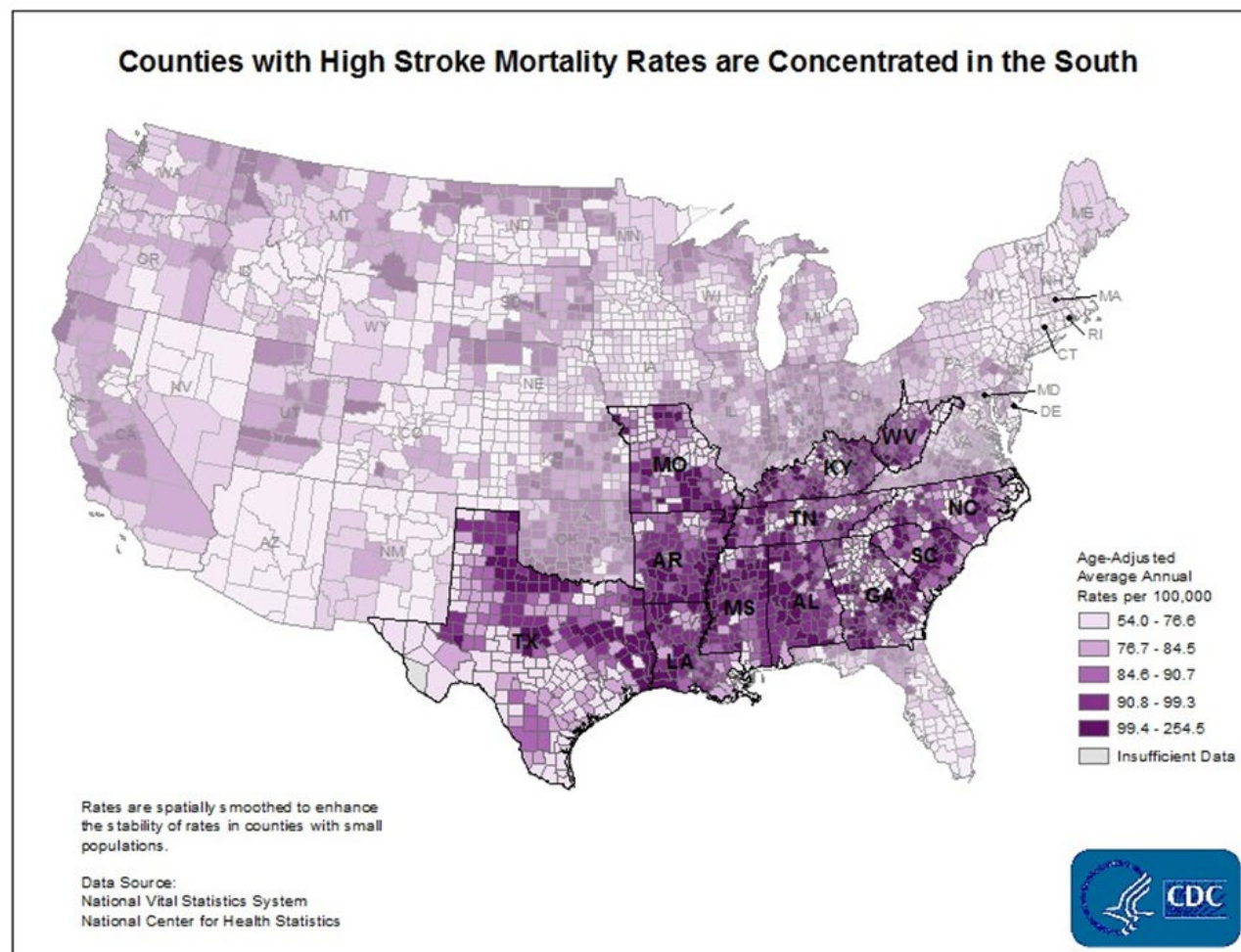
The UNC Health Stroke Center is committed to providing high-quality, comprehensive stroke care to the **people of North Carolina**.

Our goal is to **advance health research** and to provide **community service** through stroke **education and prevention**.

Our academic mission is to train the **next generation of stroke specialists**.



The Stroke Belt | Stroke Mortality by State



STROKE BY THE NUMBERS

Every
40 seconds
someone
has a
stroke



55,000



About 55,000 more
women than men
have a stroke each year



1 in 4

strokes
are in people who have had
a previous stroke

#5

Cause of
death
in the USA

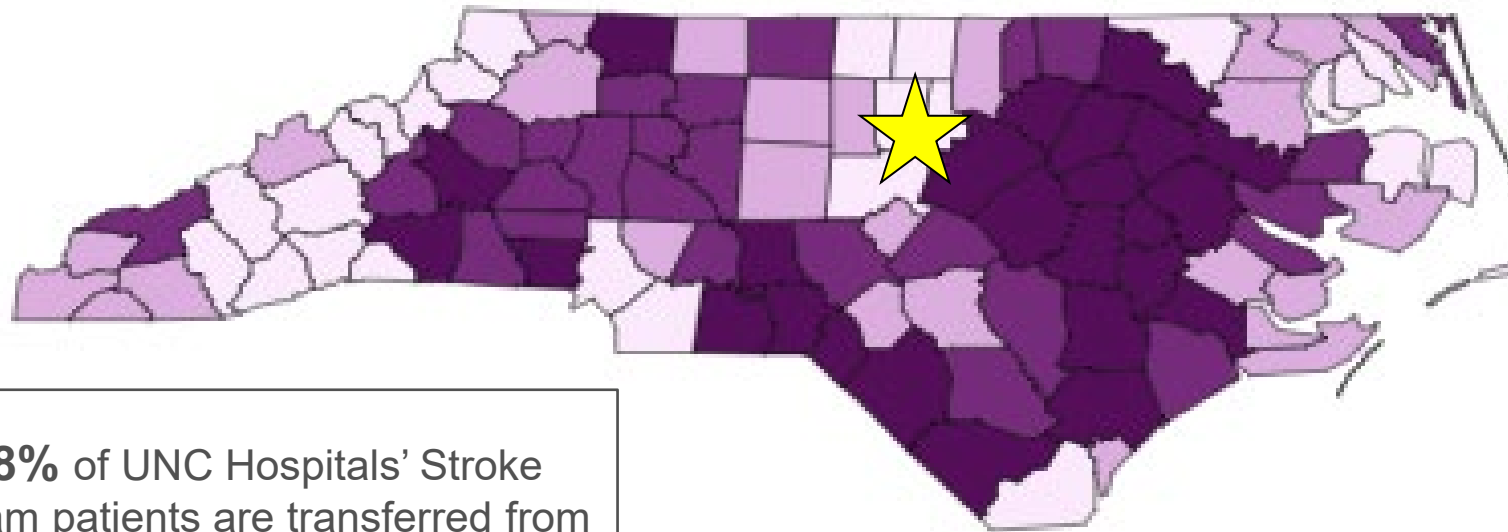




North Carolina Stroke Death Rates

- North Carolina is ranked 5th in the nation for stroke related hypertension by population.
- **Smoking Cessation Initiative**
- North Carolina **“Triangle” Belt Buckle** of the Stroke Belt

Orange County
Death Rate (35+)
67 per 100,000



57.8% of UNC Hospitals' Stroke Program patients are transferred from outside facilities

Start With Your Heart[®]

Justus-Warren Heart Disease & Stroke Prevention Task Force

North Carolina

Stroke
Death Rate per
100,000*

55 - 82

83 - 89

90 - 98

99 - 196

Insufficient Data

Data Source: Centers for Disease Control and Prevention Stats of the States
Available: <https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=NC>

UNCH Comprehensive Stroke Center | Program Highlights

- **James Pham Ho, MD - Stroke Program Medical Director**
- 2025 American Heart Association/American Stroke Association **Get with the Guidelines Award**
 - Gold Plus
 - Target Stroke: Honor Roll Elite Plus
 - Advanced Therapy
 - Target: Type 2 Diabetic Honor Roll
 - > 85% compliance stroke metrics > 24 months
 - < 30 minutes thrombolytic administration
 - < 90 minutes patient arrival to first pass in VIR/NIR
- **ED Stroke Alert Purple Belt** and **Code IA Purple Belt** projects in collaboration with partners
- Mentor site for the **AHA Hemorrhagic Initiative**
- **NIH StrokeNet Research** collaboration with Duke Health
- **Outreach events** with Cape Fear, First Health, and other regional partners.
- Strengthening **connections to improve stroke care quality** - focus on VIR/NIR, SRV, SRN, and Nursing (created unit stroke champions)
- Selected as a **North Carolina Stroke Coverdell Award Winner** to focus on improved stroke prevention, care, and outreach
- Resumption of the **UNC Stroke Community Advisory Board** and the **Annual Stroke Survivor and Caregiver Event**
- Host site for the **2025 NC State Stroke Coordinator and State NC Stroke Advisory Board meeting**
- FY26 focus on updating **RAPID AI imaging modules** - CTA Head and Neck, LVO detection, etc.



UNC Hospital





STARBUCKS COFFEE





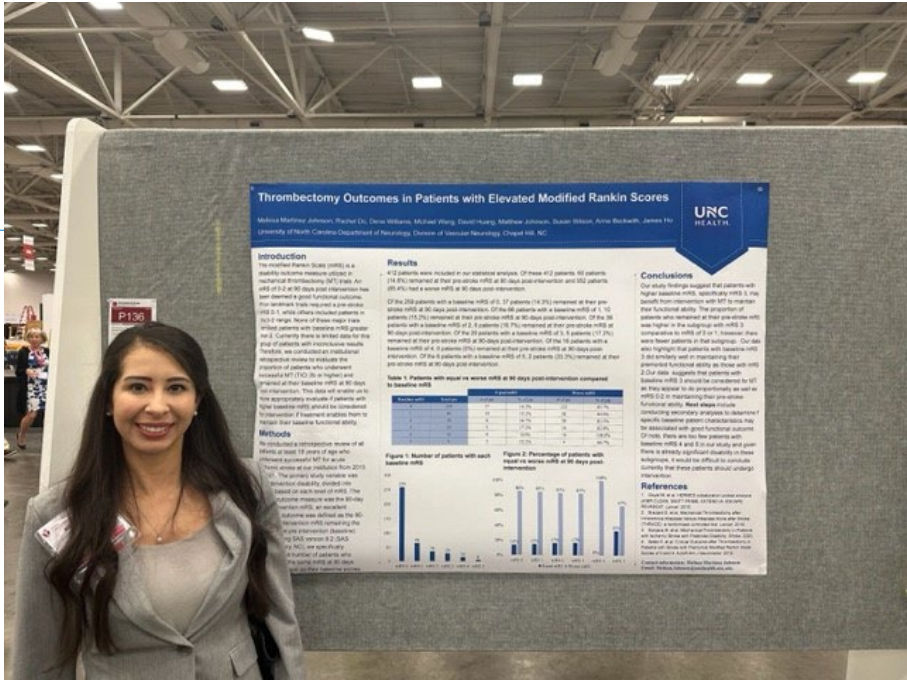
NSICU



6 Neuroscience

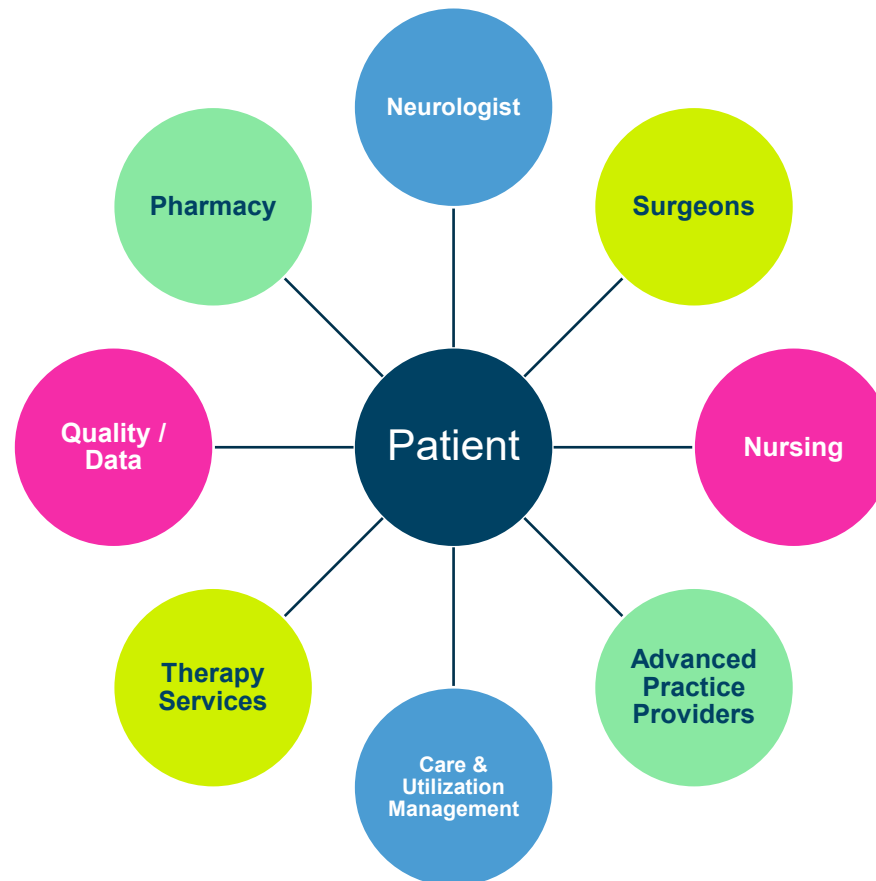






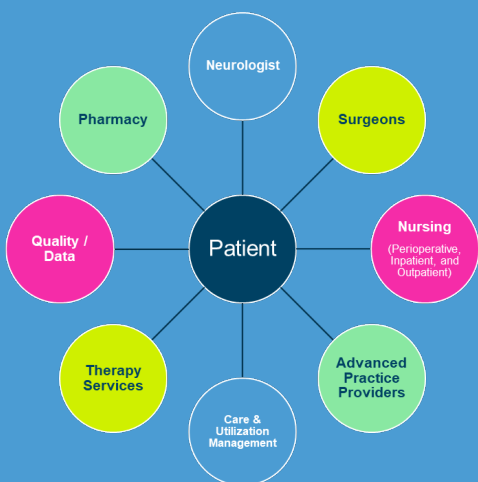
Inpatient Program Multidisciplinary Team

- **Patient and Caregiver(s)**
- Center for Nursing Excellence (CNE)
 - Stroke Program Manager
 - Business Intelligence Analyst
 - Clinical Quality Assurance Specialist
- Office of Quality Excellence (OQE)
 - Clinical Quality Assurance Specialist
- Neurology
- Inpatient Nursing
- Care Management
- Social Work
- Utilization Management



- Therapy Services
- Pharmacy
- Nutrition
- Neuro-Radiology
- Vascular Surgery
- Neurosurgery
- Neuroendovascular
- Neuro Critical Care
- Advanced Practice Providers
- Anesthesia
- Neurosciences Research Unit
- Inpatient Rehabilitation Unit

Thank You!



UNC Health

Welcome from UNC Health

Dr. James Ho, MD

UNC MC Stroke Program Medical Director

Assistant Professor of Neurology

Program Director of the Stroke/Vascular

Neurology Fellowship



Dr. Ho's slides here – intro to the new surgery tour video tour



<https://youtu.be/zNyPFsUYTjg>

UNC Health

AHA Hemorrhagic Initiative

Renee Potter, BSN, RN, MBA, SCRNP

UNC Hospitals CSC Stroke Program Manager





Statistics | Stroke

- Stroke is the #1 Cause of long-term disability
- **Stroke is the #2 leading cause of death World-wide**
- Only 18% of Stroke patient receive treatment in the acute phase or treatment “window” due to lack of recognize of their stroke symptoms.
- The average age of stroke is dropping, no longer an “old person’s disease”. Average age is 52
- 85% of Stroke diagnosis are Ischemic Strokes (blockage in a brain artery, usually due to a clot)



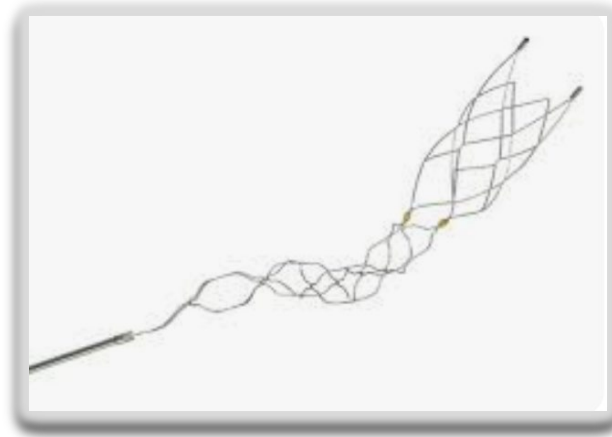
Improving Ischemic Stroke | Outcomes

1996 Alteplase was FDA approved for the treatment of Acute Ischemic Stroke

American Heart Association developed evidence-based Target Stroke Quality Initiative (Ischemic Stroke)

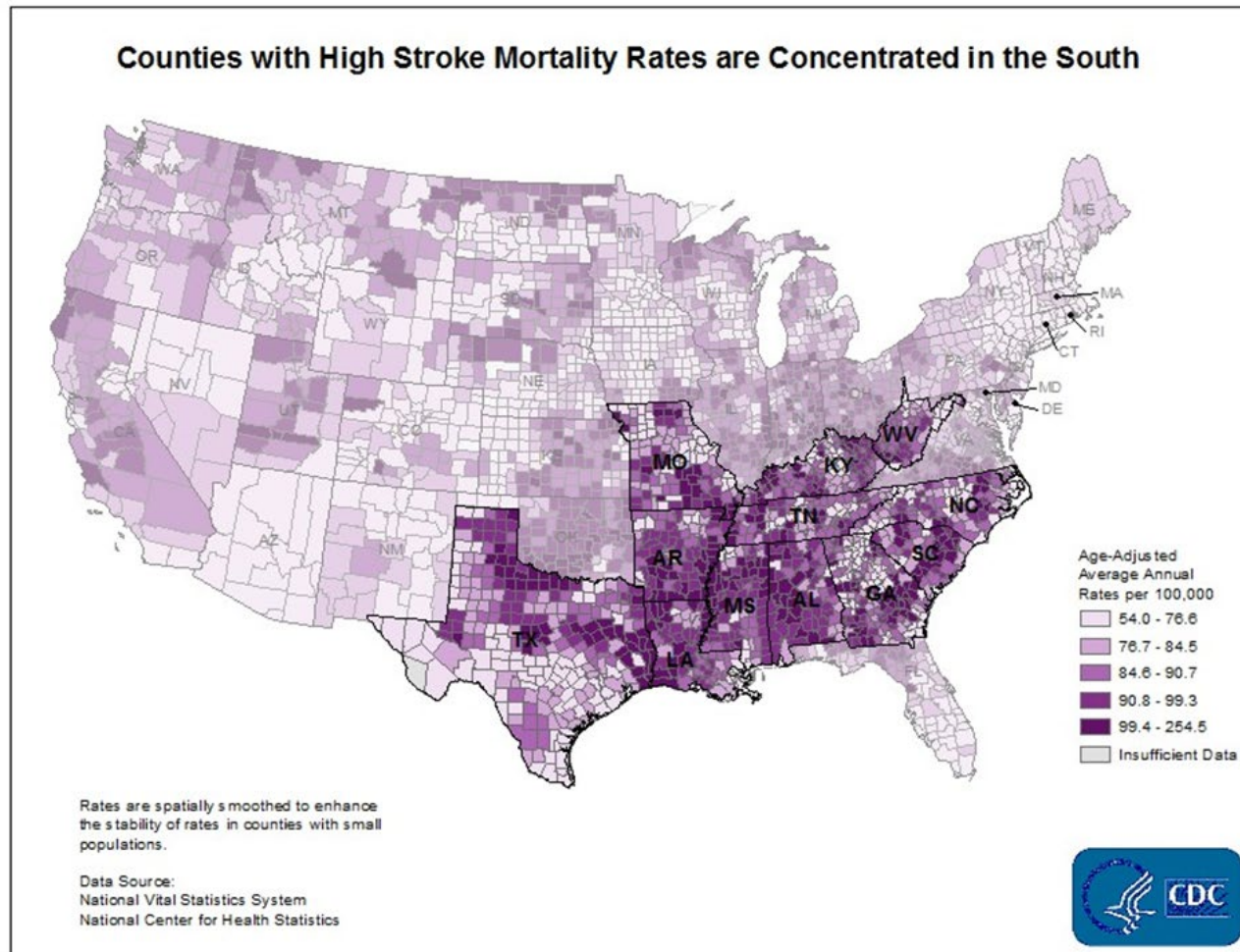
- Target Stroke: Phase 1 January 2010
- Target Stroke: Phase 2 April 2014
- Target Stroke: Phase 3 March 2019

Mechanical Thrombectomy was first performed in 1994, with limited success until 2015 – Stent Retrievers



Stroke dropped from #3 leading cause of death to #5 nationally

The Stroke Belt | Hemorrhagic Stroke



Stroke is 5th leading cause of death

10-15% of stroke are hemorrhagic strokes (artery in or around the brain ruptures)

Patients on blood thinners –
In-hospital mortality rate of 26.5%

Improving Hemorrhagic Stroke | Outcomes

2018 Clinical Performance Measure for Adults Hospitalized with Intracerebral Hemorrhage.

2020 Hemorrhagic Initiative - The American Heart Association® Hemorrhagic initiative, sponsored by AstraZeneca, addresses the need for improved identification and treatment of hemorrhagic stroke patients. Mentor sites collaborate for:

- Data Collection
- Developing treatment metrics
- Collaboration with other mentor site for quality improvement
- Patient Education Development
- Developing “blueprints” for Hemorrhagic Stroke Activations in the emergency departments

UNC
HEALTH

Background & Problem

- Stroke is the #5 cause of death in the USA and a leading cause of disability. Hemorrhagic strokes make up roughly 30% of all strokes.
- Hemorrhagic stroke carries a disproportionately high risk of early death and long-term disability.
- There are many standardized evidence-based metrics for most common type of stroke, ischemic, however Intracerebral Hemorrhage (ICH) lacked similar quality measures.

Goals & Metrics

- UNC Comprehensive Stroke Center was selected as one of 22 Mentor Sites to participate in a national American Heart Association ICH Collaborative to develop metrics related to evidence-based care using the Get with the Guidelines (GWTG) Stroke registry.
- The collaborative's goals included:
 - Translation of evidence-based guidelines into actionable and standard metrics for data collection will further enhance outcomes for ICH patients.
 - Developing workflow for treating hemorrhagic strokes
 - Set the highest standard of care for this patient population and improve morbidity and mortality

Treatment of Hemorrhagic Stroke patients

American Heart Association Hemorrhagic Stroke Initiative

Sherene Bitar, BSN, RN, MPH, SCRN; Nicole Burnett, MSN, RN, CNRN, SCRN; James Ho, MD; Renee Potter, BSN, RN, MBA, SCRN; Mathew Johnson BSN, RN, SCRN; Karen Vallecillo, MHA

(Quality excellence department And UNC Comprehensive Stroke Center, 7 Sherene.Bitar@unchealth.unc.edu)

Methods & Approach

Development Process

- Dec 2019: ICH Subgroup created. Measure/Form development.
- July 2020: ICH Form Group released to mentor sites. ICH benchmark group for mentor sites.
- Sept 2020: Data collection updates. ICH measures released to mentor sites.
- Nov 2020: Form Control enhancements: ICH score, ICH on arrival and Vitamin K.
- May 2021: Form control and measure logic updates. Missing times report.
- Jan 2021: Form Group launched in ICH. Anticoagulation reversal descriptive measures.
- Feb 2021: Available to all sites.

Current State

- Building off our success:
 - Hemorrhagic stroke care is evolving nationally based on the AHA initiative data collection.
 - Develop performance measure set for hospitalized patients with ICH.
 - Develop quality measure set for hospitalized patients with ICH.
 - Improving education.
 - Gather key insights from high-performing sites.
 - Develop a hospital recognition program for quality care for ICH patients.
 - Create performance benchmarks for ICH metrics.
 - Possible target programs around time to reversal.

Blinded 2023 ICH Quality Dashboard

Get with the Guidelines Stroke ICH Measure

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987	1986	1985	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	1613	1612	1611	1610	1609	1608	1607	1606	1605	1604	1603	1602	1601	1600	1599	1598	1597	1596	1595	1594	1593	1592	1591	1590	1589	1588	1587	1586	1585	1584	1583	1582	1581	1580	1579	1578	1577	1576	1575	1574	1573	1572	1571	1570	1569	1568	1567	1566	1565	1564	1563	1562	1561	1560	1559	1558	1557	1556	1555	1554	1553	1552	1551	1550	1549	1548	1547	1546	1545	1544	1543	1542	1541	1540	1539	1538	1537	1536	1535	1534	1533	1532	1531	1530	1529	1528	1527	1526	1525	1524	1523	1522	1521	1520	1519	1518	1517	1516	1515	1514	1513	1512	1511	1510	1509	1508	1507	1506	1505	1504	1503	1502	1501	1500	1499	1498	1497	1496	1495	1494	1493	1492	1491	1490	1489	1488	1487	1486	1485	1484	1483	1482	1481	1480	1479	1478	1477	1476	1475	1474	1473	1472	1471	1470	1469	1468	1467	1466	1465	1464	1463	1462	1461	1460	1459	1458	1457	1456	1455	1454	1453	1452	1451	1450	1449	1448	1447	1446	1445	1444	1443	1442	1441	1440	1439	1438	1437	1436	1435	1434	1433	1432	1431	1430	1429	1428	1427	1426	1425	1424	1423	1422	1421	1420	1419	1418	1417	1416	1415	1414	1413	1412	1411	1410	1409	1408	1407	1406	1405	1404	1403	1402	1401	1400	1399	1398	1397	1396	1395	1394	1393	1392	1391	1390	1389	1388	1387	1386	1385	1384	1383	1382	1381	1380	1379	1378	1377	1376	1375	1374	1373	1372	1371	1370	1369	1368	1367	1366	1365	1364	1363	1362	1361	1360	1359	1358	1357	1356	1355	1354	1353	1352	1351	1350	1349	1348	1347	1346	1345	1344	1343	1342	1341	1340	1339	1338	1337	1336	1335	1334	1333	1332	1331	1330	1329	1328	1327	1326	1325	1324	1323	1322	1321	1320	1319	1318	1317	1316	1315	1314	1313	1312	1311	1310	1309	1308	1307	1306	1305	1304	1303	1302	1301	1300	1299	1298	1297	1296	1295	1294	1293	1292	1291	1290	1289	1288	1287	1286	1285	1284	1283	1282	1281	1280	1279	1278	1277	1276	1275	1274	1273	1272	1271	1270	1269	1268	1267	1266	1265	1264	1263	1262	1261	1260	1259	1258	1257	1256	1255	1254	1253	1252	1251	1250	1249	1248	1247	1246	1245	1244	1243	1242	1241	1240	1239	1238	1237	1236	1235	1234	1233	1232	1231	1230	1229	1228	1227	1226	1225	1224	1223	1222	1221	1220	1219	1218	1217	1216	1215	1214	1213	1212	1211	1210	1209	1208	1207	1206	1205	1204	1203	1202	1201	1200	1199	1198	1197	1196	1195	1194	1193	1192	1191	1190	1189	1188	1187	1186	1185	1184	1183	1182	1181	1180	1179	1178	1177	1176	1175	1174	1173	1172	1171	1170	1169	1168	1167	1166	1165	1164	1163	1162	1161	1160	1159	1158	1157	1156	1155	1154	1153	1152	1151	1150	1149	1148	1147	1146	1145	1144	1143	1142	1141	1140	1139	1138	1137	1136	1135	1134	1133	1132	1131	1130	1129	1128	1127	1126	1125	1124	1123	1122	1121	1120	1119	1118	1117	1116	1115	1114	1113	1112	1111	1110	1109	1108	1107	1106	1105	1104	1103	1102	1101	1100	1099	1098	1097	1096	1095	1094	1093	1092	1091	1090	1089	1088	1087	1086	1085	1084	1083	1082	1081	1080	1079	1078	1077	1076	1075	1074	1073	1072	1071	1070	1069	1068	1067	1066	1065	1064	1063	1062	1061	1060	1059	1058	1057	1056	1055	1054	1053	1052	1051	1050	1049	1048	1047	1046	1045	1044	1043	1042	1041	1040	1039	1038	1037	1036	1035	1034	1033	1032	1031	1030	1029	1028	1027	1026	1025	1024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Hemorrhagic Initiative | Mentor Sites Expanded

- *** denotes early mentor sites in 2020**
- **UNC Hospitals***
- CaroMont Regional Medical Center
- **ECU Health Medical Center***
- Mission Hospitals, Inc.
- Novant Health Forsyth Medical Center
- Novant Health Presbyterian Medical Center
- Atrium Health Stanly UNC Hospitals
- Atrium Health Wake Forest Baptist Medical Center
- North Carolina Atrium Health Cabarrus
- **Atrium Health Carolinas Medical Center***
- Atrium Health Cleveland
- Atrium Health Kings Mountain
- Atrium Health Lincoln
- Atrium Health Mercy
- Atrium Health Pineville
- Atrium Health Union
- Atrium Health University City



UNC CREST PROJECT

Coordinating Resources to Enhance Stroke Transitions

2025-2027 Project Funded by the NC Community and
Clinical Connections for Prevention and Health Branch
in the Division of Public Health of the
Department of Health and Human Services as part of the
CDC Paul Coverdell National Acute Stroke Program



SCHOOL OF MEDICINE

Physical Medicine and Rehabilitation

Improving health, function, and well-being

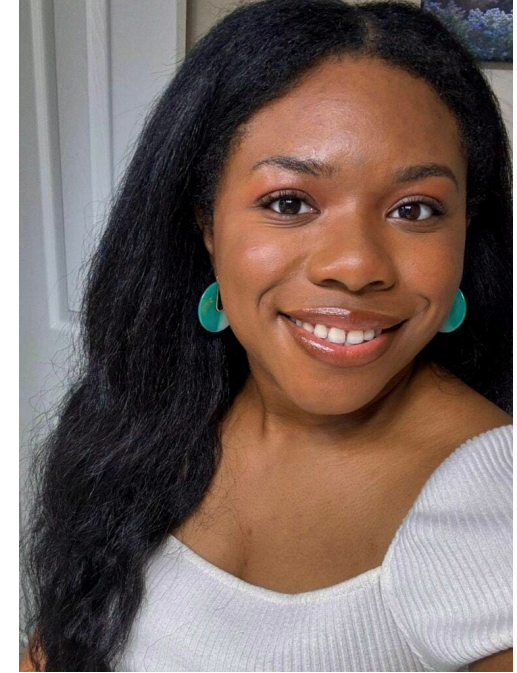
CREST Project Core Team* Collaborating with the UNC CSC



J.M. Baratta, MD, MBA
Medical Director of Stroke Rehab.
Associate Professor in PM&R



Kate Cardoza, MSW, LCSW
Clinical Social Worker
PM&R and Rehab Services



Elondra Harr, MPH
Research Specialist
PM&R & Integrative Med.

Coordinating Resources to Enhance Stroke Transitions (CREST)

Project Purpose:

To prevent strokes through hypertension management, improved post-stroke care, and strengthen linkages between clinical and community resources for those who have experienced a stroke and those at highest risk of stroke.



CREST Goals and Objectives

Goal

To optimize post-acute management of

- follow-up appointments,
- blood pressure and other stroke secondary prevention measures,
- medication management, and
- social determinants of health (e.g., food and housing insecurity, substance use, transportation needs, access to healthcare)

Objectives

- Develop a dashboard
- Identify clinical, social and support service needs
- Assess referrals and use of services through a bidirectional referral system
- Target QI aims to improve post-acute management through 90-days of acute onset
- Expand the multidisciplinary stroke care team
- Work with CSC to establish processes for improved care pathways
- Work with CSC to integrate measures and monitoring
- Improve communication and collaboration across the stroke care continuum
- Engage the community-based workforce

CREST Initial Progress and Year 1 Expectations

August 2025

- Identify clinical, social and support service needs
 - Chart review to establish baseline
- Assess referrals and use of services
 - Chart review to establish baseline
- Expand the multidisciplinary stroke care team
 - Designated team in the Center for Rehab Care
- Improve communication and collaboration across the stroke care continuum
 - Knowledge sharing
 - Data access
 - Project updates

By June 2026

- Routine participation of post-acute team in CSC, advisory, regional and state stroke meetings
- Collaborate with CSC and across UNC Health to expand repository of community resources supporting stroke patients discharged home
- Develop and use a dashboard for weekly monitoring of clinical, social and support service needs, referrals and use of services
- Target QI to address gaps through 90-days of acute discharge
- Regularly utilize bidirectional referral system for social support services

Longer term: Identify sustainable methods to continue transition support services beyond project end date



UNC Rex Coverdell

2025-2027 Project Funded by the NC Community and
Clinical Connections for Prevention and Health
Branch
in the Division of Public Health of the
Department of Health and Human Services as part of
the CDC Paul Coverdell National Acute Stroke
Program

UNC Rex Coverdell Grant Team

Members

- Julia Aucoin- UNC Health Grant PI
- Dr. Pola Chojecka*- Medical Director of Stroke and Neurology
- Ceira Sullivan*- Director of Interventional Radiology and Stroke Program
- Erin Lewis*- Stroke Coordinator, Project Manager
- Nicole Rodevick- Neurology Clinic Practice Manager
- Nick Padilla- Stroke Data Analyst
- Janet Prvu-Bettger- UNC SOM Grant PI

*Grant Authors

About our Grant Project

- A hybrid stroke follow-up clinic will be created to enhance access to & timeliness of post-discharge follow-up encounters for patients determined to be at high-risk for recurrent stroke
- Goal is to decrease wait time for stroke follow up post discharge to improve outcomes such as patient satisfaction, readmission rate, and LOS.
- Patient inclusion will target stroke patients with undiagnosed or uncontrolled hypertension

Engagement and Feedback

Community Engagement Strategies

- Targeted education to at risk populations based on county EMS Heat Maps
- Partnership with faith-based organizations for health fairs
- Leverage community volunteer for outreach and follow up via telephone and electronic survey
- Collaboration with cardiovascular and dietician services to offer interactive events such as cooking demos

Bidirectional Feedback

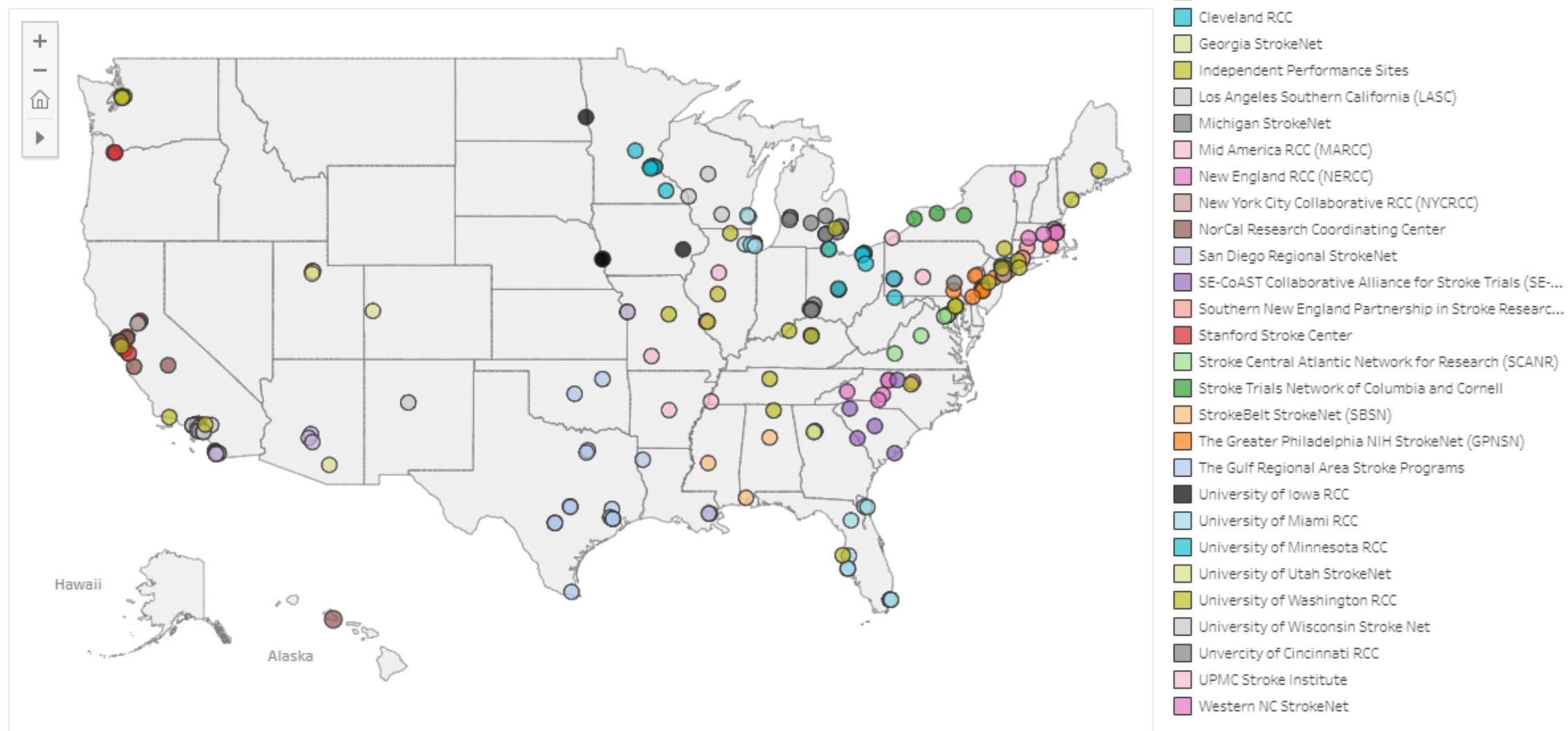
- EMR including MyChart and Care Everywhere are utilized for referrals and communication with EMR users
- Carelink will be utilized for care coordination
- The Unite Us (NCCARE36) platform within the EMR is being explored for referrals



Duke/UNC StrokeNet Regional Coordinating Center (ENVISION)



National and Regional Coordinating Centers and Performance Sites



MAP TIPS:

- Zoom in and out using the toolbars Plus and Minus button, or mousewheel, or laptop trackpad.
- Return to default zoom level click the toolbar Home icon



Trials Updates – 9 Completed

ACUTE STROKE TREATMENT (4)

MISTIE 3 No evidence of benefit of minimally invasive surgery for ICH evacuation

DEFUSE 3 Large treatment benefit of EVT for imaging selected patients at 4.5-16h from onset

I-DEF Futility of deferoxamine for three-month outcomes after ICH

MOST No evidence of benefit of adjunctive eptifibatide or argatroban with intravenous thrombolysis

PREVENTION OF STROKE (2)

ARCADIA No evidence of benefit of apixaban for stroke with evidence of atrial cardiopathy

ARCADIA-CSI Cognition and silent infarcts in ARCADIA

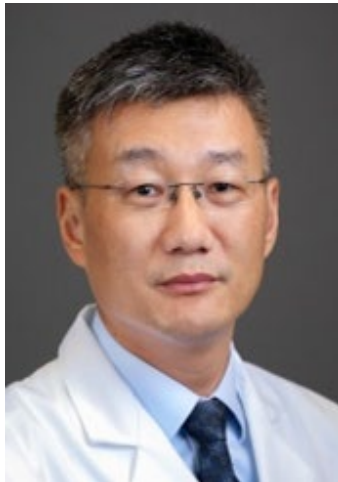
STROKE RECOVERY & REHABILITATION (3)

TELEREHAB Noninferiority of telehealth to in-person, dose-matched post-stroke rehabilitation

TRANSPORT-2 No difference in transcranial direct current stimulation for post-stroke motor recovery



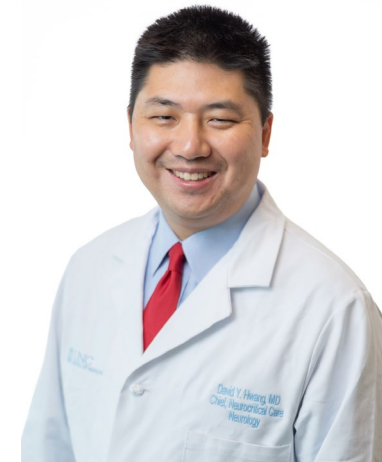
Duke- UNC Eastern North Carolina and Southern Virginia Regional Stroke trial cONsortium (ENVISION) U24NS135250



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UNC Neurology



Major Stroke Centers and Contacts

Duke University Health
UNC-Chapel Hill
UNC-REX (Raleigh)
WakeMed Health
Riverside Regional
St. Mary Hospital

Wayne Feng & Alex Limkakang
David Hwang
Erin Lewis
Chandni Kalaria
O'Brien Gossage
Amandeep Sangha



- VERIFY: biomarkers of (UE) motor outcome in AIS
- DISCOVERY: post-stroke cognitive impairment and dementia
- CREST2: intensive medical vs CEA plus medical in Carotid Stenosis
- ASPIRE: aspirin vs apixaban post-ICH and AFib
- SATURN: statins continuation vs. discontinuation post-ICH
- SISTER: TS23 (new thrombolytic) in AIS < 24 hours
- CAPTIVA: ticagrelor vs. rivaroxaban vs. clopidogrel in >70% major intracranial artery stenosis
- TELEREHAB2: intensive arm motor telerehab vs. usual care
- STEP: multifactorial, adaptive platform trial for endovascular pts



ENVISION Current Projects Status

Project	Site PI	# of subjects
VERIFY	FENG	31
DISCOVERY	EL HUSSEINI	67
CREST-2	SHORTSELL	10
ASPIRE	RYAN/CARLSON	4
SATURN	SHARROCK	1
SISTER	LIMKAKENG/LE	1
CAPTIVA	SHEKHAR/WILLIAM S	Signing up now
TELEREHAB2	FENG/CASSIDY	Signing up now
STEP	FENG/HASSAN	In progress

TRAINING PROGRAM

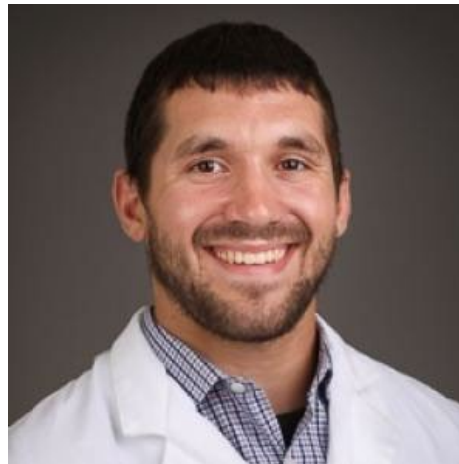
Training Director



Bill Powers MD
Professor of Neurology
Duke University



Strokenet fellow 2023-2024:
Bobby Charalambous PhD
Duke University

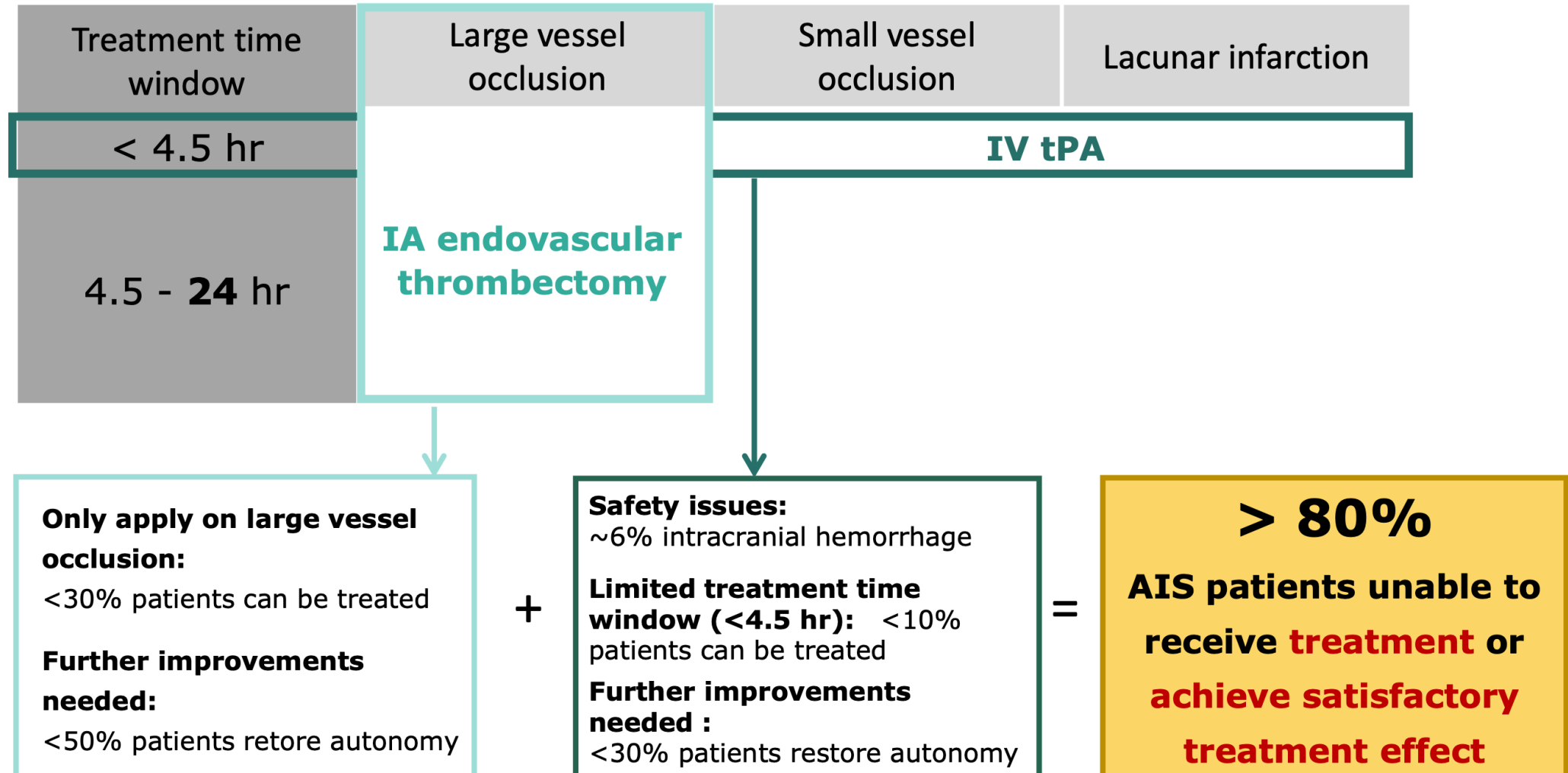


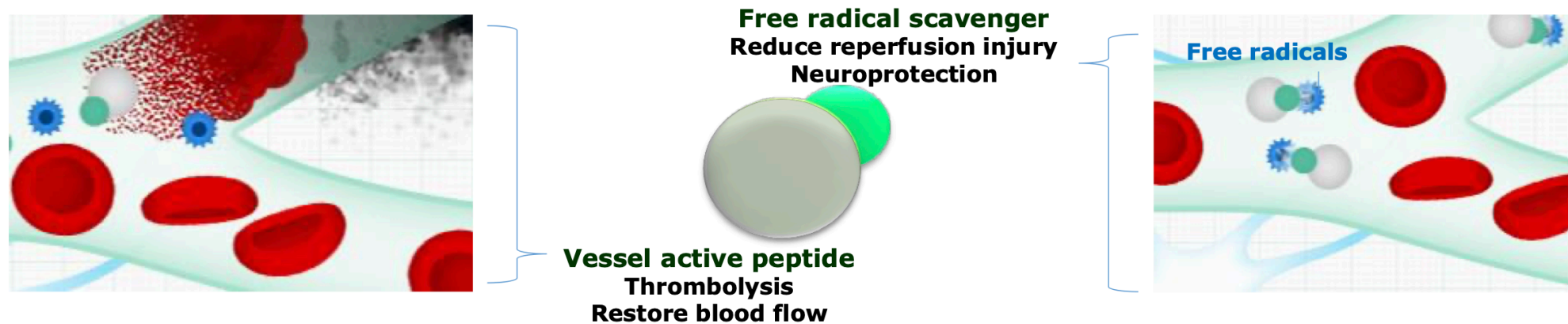
Strokenet fellow 2024-2025:
Dylan Ryan MD
Duke University

Lumosa 203

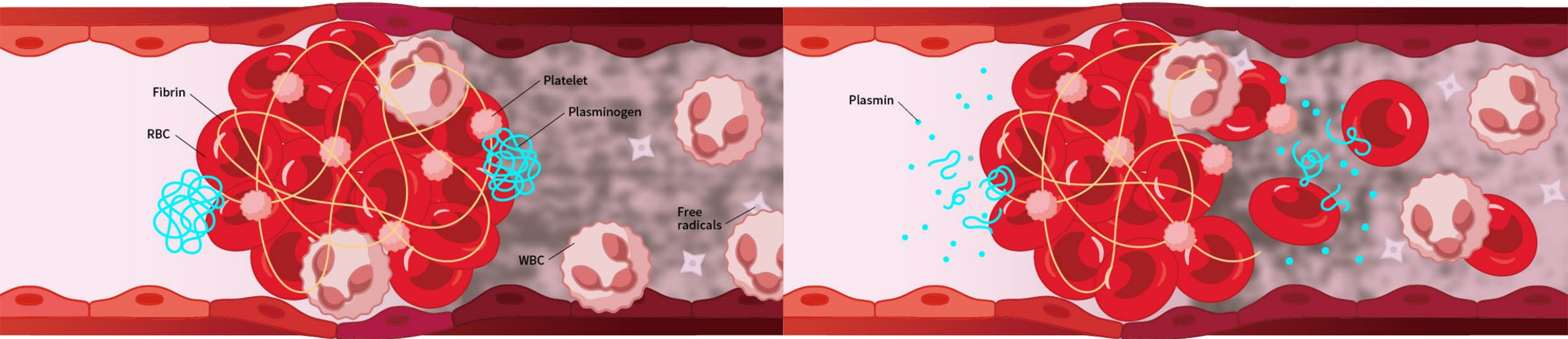
James Pham Ho, MD

Lumosa 203



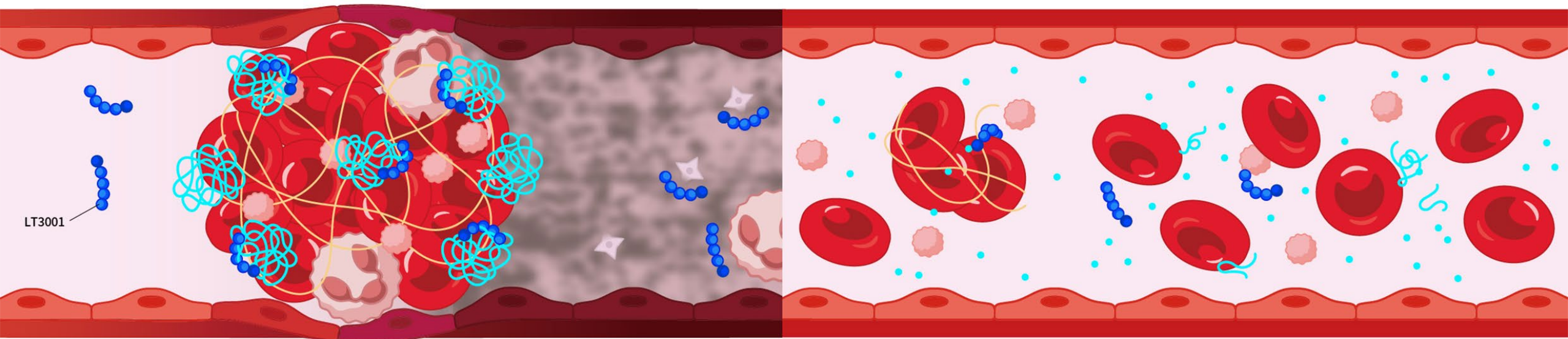


Targeted indication	Acute ischemic stroke (AIS)
Administration route	Short infusion
Patent protection	2034 (Composition patent), 2040 (Formulation), 2042 (Method of use)
Development status	1) Phase 2a (single-dose) – completed 2) Phase 2b – Three Phase 2b trials ongoing
Primary targeted population	1) AIS patients < 24 hours after stroke symptoms 2) Concomitant use with endovascular thrombectomy in AIS patients
Forecast (worldwide)	US\$ 6.4 ~ 9.6 billion



- **LT3001 safely restores blood vessel patency by promoting the local endogenous fibrinolysis activity.**
- LT3001 enhances the binding of plasminogen to the fibrin clot and facilitates the activation of plasminogen to plasmin while simultaneously protecting the tissues from free radicals and inflammation.

Lumosa 203 – LT3001



4.5 hours

LT3001: 24 hours



UNC

SCHOOL OF
MEDICINE

Stroke Survivor, Caregiver, and Community Advisory Board

UNC Hospitals Comprehensive Stroke Center

Joy Phillips-Murphy

Stroke Survivor and facilitator Sanford/Lee County Stroke Support Group



Brief History UNC Stroke Advisory Board

- 2012 Advisory Board formed under Dr. Souvik Sen
- Hospital-wide Patient and Family Centered Care Steering Committee
- Stroke Advisory Board paused during COVID pandemic


Post COVID - 2023 We Heard Our Survivors!

- **Rebuilding was needed!**
- Connected current board members and recruited new board members
- Scheduled meetings Bi-monthly
- Resumed Annual Stroke Survivor and Care Giver Event
- Stroke Times Newsletter


[ST Sep 2025 - Doc](#)



Becoming a Member UNC Stroke Advisory Board



UNC Comprehensive Stroke Center
Stroke Advisory Board




Are you a Stroke Survivor or Caregiver of a Stroke Survivor interested in becoming more involved in the UNC Stroke Center?

The UNC Stroke Center is currently looking for both Stroke Survivors and Caregivers to participate in our Patient, Caregiver & Community Advisory Board. We are looking for members who:

- ◊ Will provide the voice of the patient or caregiver
- ◊ Be a strong advocate for patients and caregivers
- ◊ Are willing to provide input on key issues affecting the Stroke Center and those that we care for
- ◊ Are Stroke Survivors or Caregivers who were cared for at the UNC Stroke Center
- ◊ Are able to attend regular meetings.


(Meetings are typically 1-2 hours in length and occur every other month & video conferencing is available for those that cannot attend in person)




Interested in learning more?
Contact Renee Potter for more information:
984-974-3734 or Renee.Potter@unhealth.unc.edu

UNC COMPREHENSIVE STROKE CENTER
**Information for
Stroke Survivors and Caregivers**

Are you a stroke survivor or caregiver of a stroke survivor? Are you interested in learning more or getting involved in the UNC Stroke Center? Check out some ways to learn more and get involved below:



Support Groups
Connecting with other stroke survivors and caregivers to share experiences, information, resources and advice can be very beneficial. Support groups are held in Chapel Hill and Sanford. For more information, contact Dr. Blaise Morrison (blaise_morrison@med.unc.edu or 919-843-7385) for the Chapel Hill location or Joy Murphy (jpemurphy25@gmail.com or 919-258-6133) for the Sanford location.



Patient, Caregiver & Community Advisory Board
Patients, family members, caregivers, community leaders and the health care team work hand in hand to achieve excellent patient outcomes and experiences in all areas of the UNC Comprehensive Stroke Center. This group meets bi-monthly and we are seeking patient and caregiver members. For more information, contact Renee Potter 987-984-3734 or Renee.Potter@unhealth.unc.edu



Other Opportunities
On occasion, we have opportunities for patients to be involved in staff education and training. If you are interested in helping out as a survivor or caregiver as needed, please contact Renee Potter at 984-974-3734 or Renee.Potter@unhealth.unc.edu to be added to our database.



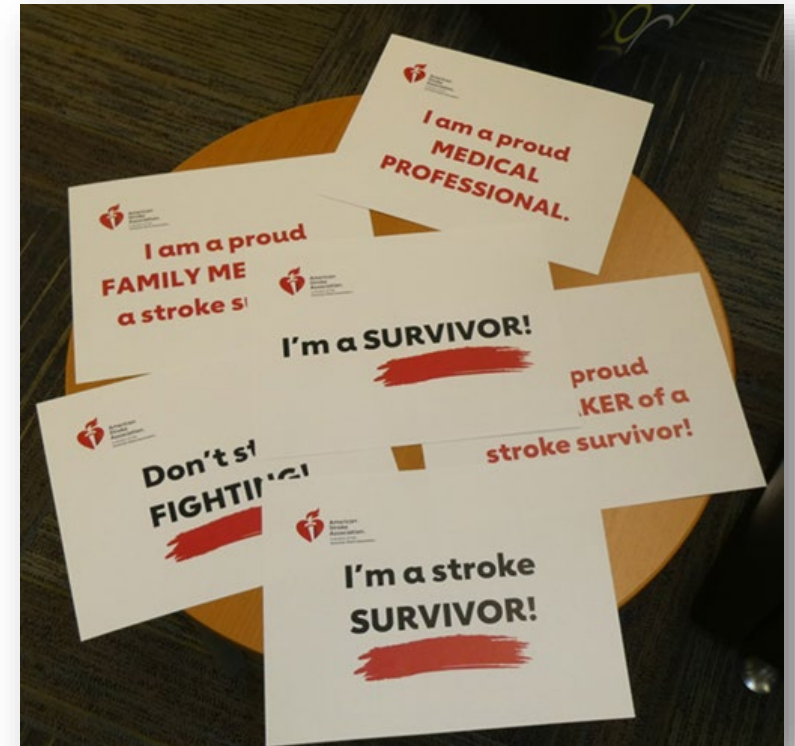
Current Stroke Advisory Board Members

- **Stroke Survivors and Caregivers**
- Stroke Program Director
- Stroke Program Manager
- Stroke Program Coordinator
- Center of Nursing Excellence – CNE
- Office of Quality Excellence – OQE
- UNC Stroke Unit Nurses
- UNC Unit Nurses
- Transfer Center Nurses
- Patient Engagement
- Social Work
- Case Management
- Neurology Clinic Coordinator



***Stroke Survivor and
Caregiver Event,
April 12, 2025***

American Heart Association / American Stroke Association



Stroke Survivor, Caregiver & Vendor Halls



Innovation to our Survivors - UNC Physical Medicine & Rehabilitation



Stroke Facts Dr. James Ho, Stroke Medical Director

Stroke Facts

UNC
SCHOOL OF
MEDICINE

STROKE BY THE NUMBERS

- Every 40 seconds someone has a stroke
- 55,000
About 55,000 more women than men have a stroke each year
- #5 Cause of death in the USA
- 1 in 4 strokes are in people who have had a previous stroke

Stroke Advisory Board Today

- Hybrid meetings
- Expanded luncheon to a conference format:
 - **Annual Stroke Survivor and Caregiver Event**
- Survivors – May Stroke Awareness Month Planning
- Orange County Stroke Resource Guide
 - Engagement from the interprofessional team
- Annual review of UNC Stroke Patient Education Guide
- UNC Hospitals and Sanford/Lee County Support Groups
- Introduced Nurse Stroke Champions
- **UNC Stroke Research:**
 - AHA Hemorrhagic Initiative
 - Target: Blood Pressure
 - StrokeNet
 - NC Coverdell Grant
- **Guest Speakers:**
 - Anna Bess Brown – Executive Director, Justus-Warren Heart Disease and Stroke Prevention Task Force Members - NC Department of Health and Human Services
 - Dr. Mehul Patel – Research Director, EMBRACE Research trial

Feedback More Events & Future Plans

- Scheduling other activities for Survivors to connect
- **Annual Stroke Survivor and Caregiver Event including** regional and state support groups
- Regional Stroke Resource Guide
- Develop Survivor Champions
- Host for NC Stroke Coordinator and NC Stroke Taskforce September 5th, 2025
 - Inviting Stroke Survivor and SAB attendees

More Community Stroke Education and Outreach!

- More Community Outreach events 2025 – 2026
 - Especially Health and Wellness activities
- Survivor Volunteers

SWAG Community Outreach & Education



Panel Discussion



Stroke Education using Research & Innovation

NCPD Activity #: 001-23466

Date of Activity: September 5, 2025

1.5 Contact Hours Provided

*Evaluation forms will be available on **Monday 9.8.25** for 30 days and completion of each session's evaluation forms is required to obtain CEU's*

Criteria for Successful Completion:

Criteria for successful completion to claim CE Certificate requires attendance at the NCPD activity, and completion of E-evaluation within 30 days of attendance.

Approved Provider Statement:

UNC Health is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



UNC Stroke Consortium
Thank you