NC Stroke Advisory Council Work Group Recommendations & Updates

October 9, 2014

Acute/Subacute Care Work Group

Karen McCall, Co-Chair
David Huang, MD, Co-Chair

Start WITH YOUR Heart
Justus-Warren Heart Disease & Stroke Prevention Task Force

Acute /Subacute
Work Group Discussion Points

- Reviewed Work Group membership for alignment with areas of focus.
- Recommendation made to include representation of EMS on the Work Group.

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Acute /Subacute
Work Group Discussion Points

- Top two priorities of Work Group remain:
  - Every hospital in NC should have a comprehensive plan for stroke care.
  - Provision of stroke care capability designation criteria for all hospitals not a primary stroke center.

Acute /Subacute
Work Group Discussion Points

- Continuing support:
  - Promote/Support the implementation of Primary Stroke Center Legislation.
  - Promote secondary transport of stroke patients plans.
  - Standardize the identification of Comprehensive and Primary Stroke Centers using Joint Commission designations.
  - Work with the North Carolina Hospital Association to increase the identification and number of Acute Stroke Capable Hospitals.

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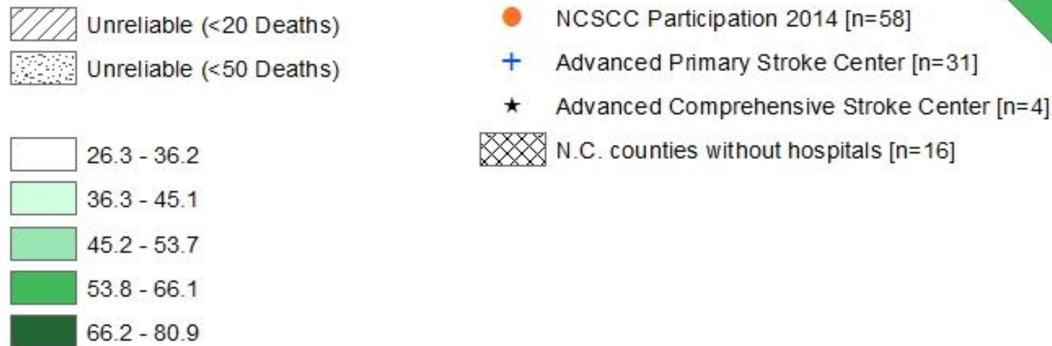
Stroke Death Rates by County of Residence, N.C., 2008-2012
N.C. Stroke Care Collaborative (NCSCC) Participation
and the Joint Commission Stroke Certification



Stroke: ICD-10 codes I60-I69.
Rates per 100,000 population, age-adjusted to the 2000 U.S. standard population. N.C. Data Source: North Carolina Division of Public Health, State Center for Health Statistics. Volume 2: Leading Causes of Death in North Carolina 2012, SCHS Online Database 2014. http://www.schs.state.nc.us/schs/deaths/lcd/2012/.
North Carolina Division of Public Health, Community and Clinical Connections for Prevention and Health (CCCPH) Branch, North Carolina Stroke Care Collaborative Programmatic Data, April 14, 2014.
The Joint Commission Stroke Certification. Accessed April 14, 2014. http://www.qualitycheck.org/StrokeCertificationList.aspx

Community & Clinical CONNECTIONS for Prevention & Health Branch NORTH CAROLINA DIVISION OF PUBLIC HEALTH

Acute /Subacute Work Group
Work Group Discussion Points

- Acute stroke capable designation:
  - Physicians at acute stroke ready hospitals should have competency in the diagnosis and treatment of stroke including:
    - Ability to identify patients that can benefit from tPA.
    - Willingness and ability to administer intravenous tPA.
  - Hospitals should have a transfer plan, post tPA, if they are unable to monitor the patient.

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Work Group Discussion Points

- Concern about new JCAHO stroke capable hospital guidelines:
  - Reporting requirements are extensive
  - Need for telestroke not established when a trained physician is available
  - Requires transport contracts

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