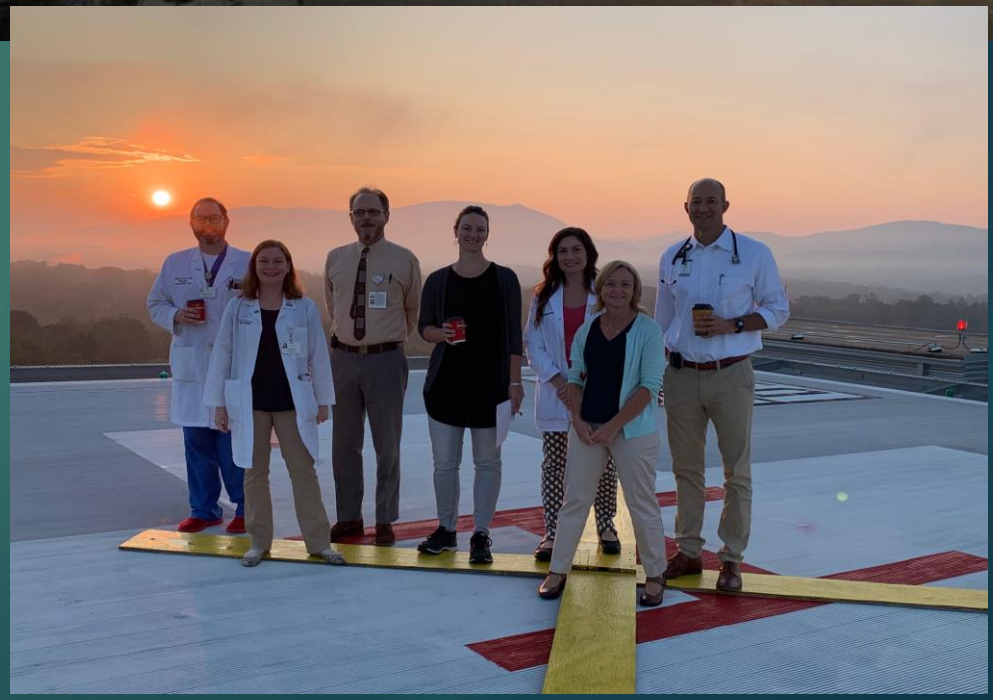
Mission Hospital Comprehensive Stroke Program

- Only Comprehensive Stroke Center in WNC
  - Serving ~ 1 million people in 18 surrounding counties
  - Large number of rural communities
- Regional Stroke referral center
  - 5 Spoke Hospitals
  - Provide own Tele-stroke service to 11 surrounding hospitals (Including the Cherokee Indian Hospital)
  - All ICH patients are sent to Mission CSC



Evaluating Blood Pressure Methods in Non-Traumatic Intracerebral Hemorrhage: A Two-site Prospective Observational Trial

- Optimal BP management in ICH remains elusive and difficult to treat
- Coverdell Y1: We evaluated the difference between BP methods in acute ICH (first 24hrs of admission). N=34
- **Coverdell Y2 builds upon pilot work in Y1:**
  - **High variability between manual and NIBP =**

increased mortality/disability

SBP Difference		DBP Difference		MAP Difference	
<=5	>10	<=5	>10	<=5	>10
38.2%	20.6%	35.3%	26.5%	58.8%	14.7%

  - Mortality 35.0% in at discharge
  - Survivors: 50% with rehab needs related to their ICH (SNF, IPR, HH, outpt rehab…etc.)
  - 23.5% of these patients able to go home, but needing outpatient or home health services or services, and only 1 in 6 (14.7%) able to go home with no rehab needs.
  - For those who can be discharged home in Western NC, we identified a gap in care and services for those who went home in any capacity. Perhaps those who discharge home are at the greatest risk for further stroke and decline since they do not have the benefit of ongoing healthcare services as patients who go to skilled nursing centers.

Evaluating Blood Pressure Methods in Non-Traumatic Intracerebral Hemorrhage: A Two-site Prospective Observational Trial

- **Aim 1** Understand the agreement between SBP, DBP, and MAP measured by manual sphygmomanometry performed by trained healthcare providers and NIBP and, if applicable, **A-line** measurements in patients with acute non-traumatic ICH.
- **Aim 2** Investigate the relationship between SBP, DBP, and MAP measurements by various methods and **clinical outcomes** in patients with acute non-traumatic ICH.
  - Monitoring heath care disparities
    - Zip code
    - ID vulnerable population with limited access to healthcare
    - Increase coordination of care across continuum of stroke systems

Y2: Focus on Partnerships

- Establishing/enhancing community/regional stroke system of care
  - Building partnership with Moses Cone Hospital (2nd site in acute ICH BP study)
  - This expands study and adds diversity
  - Rich body of data to better understand discrepancy in BP mgt in different regions/demographics
- Increased number of partnerships in community organization
  - Y2 funding has engaged Yancy County Community Paramedic for Stroke follow up
    - In home assessments at 30 and 90 days will be preformed
    - NIHSS, mRS, medication adherence
    - Connecting pts and families with resources such as medication delivery, rehab, support groups etc.
- Increase number of individuals linked to community resources
  - Increase community partnerships and awareness of resources
  - ID and analyze health inequalities