

STROKE ADVISORY COUNCIL MEETING MINUTES

November 14, 2024

1:00 - 2:30 pm

Members/Partners

Present: Wally Ainsworth, SAC member, NC OEMS; Sue Ashcraft, Novant Health (NH); Andrew Asimos, Atrium Health (AH); Pat Aysse, American Heart Association; Barbara Beatty, JWTF member, Catawba County Commissioner; Debbie Beecham, UNC Health Nash; Sharon Biby, SAC member, Cone Health; Melanie Blacker, FirstHealth; Kelly Boland, Cone Health; Olivia Broomer, Cone Quality; Haley Brennan, Novant Health; Anna Bess Brown, Executive Director, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Stacey Burgin, Community and Clinical Connections for Prevention and Health (CCCPH), DPH; Cheryl Bushnell, Wake Forest Baptist School of Medicine; Adrienne Calhoun, JWTF member, NC Association of Area Agencies on Aging; Amber Carter, Cone; Heather Carter, Dementia Services, NC Division of Aging; Ally Castelloe, ECU Health Roanoke-Chowan Hospital; Shannon Chesney, Duke Raleigh; Judy Clark, NH Greater Winston-Salem; Kat Combs, JWTF member, YWCA Triangle; Michelle Comp, NH Thomasville; Shannon Cox, Atrium Health; Karissa Del Hoyo, NH Kernersville MC; Tina Dotson, NH Rowan; Mark Dunn, UNC Health Johnston; Braydon Dymm, Duke; Karen Freeman, AH; Heather Forrest, Duke; Diane Galati, Iredell Health; Michelle Geroleman, WakeMed; Claudia Giraldo, CCCPH, DPH; Emily Gobble, UNC Health; Amy Guzik, AH Wake Forest Baptist; Ricky Harold, Northern Regional Hospital; Scott Herrick, AHA; Lori Hollowell, AHA; Gina Howell, Appalachian Regional Health/Watauga Medical Center; Ed Jauch, MAHEC; Robin Jones, SAC member; Brad Kolls, Duke; Hervey Kornegay, SAC member, Emergency Medicine, Goldsboro; Di Laues, Fayetteville VA Medical Center; Sydney Lawrence, Lake Norman Regional Medical Center; Jo Malfitano, Onslow Memorial; AH; Jessica Martin, Mission HCA; Leatrice Martin, JWTF member, NC Central University; Emma McClain, The Outer Banks Hospital; Arron McIntyre, Fayetteville VA Medical Center; Lucinda McLean, Columbus Regional Healthcare; Jenny McConnell, AH; Kim McDonald, Chronic Disease and Injury Prevention Section, DPH; Lucinda McLean, Columbus Regional Healthcare System; Tom Mitchell, NC OEMS; Lisa Monk, Duke; Grayson Moore, ECU Health; Terri Moore, Coverdell Stroke Program, DPH; Margaret Murchison, JWTF member, WFJA radio; Angela Murray, ECU Health; Kathy Nadareski, WakeMed; Jen Nixon, Cone; Peg O'Connell, Chair, Stroke Advisory Council; Sarah O'Neal, WakeMed; Gaurang Palikh, SAC member, Neurologist, Shelby; Renee Potter, UNC; Brooke Prevattte AHWFB High Point; Robin Raynor, ECU Health; Julia Retelski, AH; Eugene Reynolds, JWTF member, Kintegra Health; Birtha Shaw, Diabetics Supply; Marlene Sosa, AH Pineville; Ashley Spenard, AH Stanley; Carrie Stokes, UNC Health Wayne; Julie Sundermann, JWTF member, DHHS Division of Aging and Adult Services; Julie Teachey, ECU Health; Chuck Tegeler, vice chair, Stroke Advisory Council; AH WFBMC; Leilani Tolentino, AH Cabarrus; Julie Webb, Duke Regional; Sheila Wright, AH Community Health.

Welcome and Introductions

Peg O'Connell, SAC Chair

Stroke Advisory Council chair Peg O'Connell welcomed everyone joining this virtual meeting and recognized Vice-Chair Chuck Tegeler who gave his greetings. Peg thanked everyone at Atrium Health who hosted us for our September meeting. She offered a special welcome to those attending their first Stroke Advisory Council meeting, explained that our meetings are open, and welcomed folks to get more involved with our stroke work.

Approval of Minutes

Peg reminded members that minutes from the September 25, 2024 meeting were posted on the website

[start with your heart.com](http://startwithyourheart.com) and sent via email. She asked for corrections and additions. Hearing none, members approved the minutes by acclamation.

Legislative Update on Items on the Task Force Action Agenda Election 2024

Peg reported that in 2025 North Carolina will have a new governor, Josh Stein, who is currently our Attorney General; new Lt. governor, Rachel Hunt, currently a state senator; and several new members of the Council of State (Insurance, Labor, Agriculture commissioners; superintendent of Public Instruction) which is part of the Executive Branch; it is now currently balanced between Democrats and Republicans. Every member of the NC legislature was up for election. The Republicans increased their majority in the Senate and retained control the House, but their veto-proof majority has been broken. There are two extra votes yet to be determined depending on two recounts.

On the federal level, Peg noted we'll have a new president and vice president, and Republicans will control both House and Senate. It was a clean sweep for Republicans in terms of national policy making. The NC legislature continues to convene periodically, and they will convene again December 11-13.

The Justus-Warren Heart Disease and Stroke Prevention Task Force has accepted evidence-based proposals and will meet virtually December 5 from 10-11:30. At that meeting we'll have an update on the burden of heart disease and stroke in our state, and we'll hear presentations from organizations on their advocacy priorities.

Coverdell Stroke Program Update

Peg announced that North Carolina has received word from the CDC that we will be awarded Coverdell Stroke Program funding. The first year runs September 30, 2024 through June 30, 2025. The grant period for this round of Coverdell Stroke Program funding is 5 years. Peg thanked those who provided letters of support and all who form this amazing network of stroke care providers and advocates. She noted that we are excited that Terri Moore will be back as Program Coordinator starting Dec. 1. The NC Coverdell Program is working on a Request for Applications which will be released in January 2025 and will be awarded to successful applicants in Year 2. Stay tuned for more details to come.

Other funded states are Arkansas, Florida, Kansas, Massachusetts, Michigan, Minnesota, New York, Ohio, Pennsylvania, Virginia, and Wisconsin.

Cone Health Coverdell Stroke Program

Peg added that we are thrilled that the CDC funded two entities in North Carolina: DPH and Cone Health. Sharon Biby, Stroke Center Program Manager and SAC member; and Jen Nixon, Executive Director, Healthy Communities, Cone Health, gave an overview of their plans.

Sharon Biby shared Cone's history with Coverdell Stroke Program funding through the years (see slides). Jen Nixon noted that the strong focus on community and equity drew Cone's Center for Health Equity to the grant. She added that Cone is also a recipient of CDC grant funding (through DPH) for cardiovascular health. Census tract data identified "the comma," an area in east Greensboro; an area of High Point; and an area in Randolph County as being high burden and high risk of stroke. Cone Health is currently pulling a team together and advertising positions including a program manager and CHWs. In Year 1, they will identify patients at risk for stroke and who have had strokes, create an Advisory Council, work with the Institute of Public Health on evaluation and a Quality Improvement Plan, work with EMS, support patients with community connections, and will build a library of culturally competent stroke education

materials. Jen added that she sees many opportunities for collaboration with DPH and with the Stroke Advisory Council.

Peg congratulated DPH and Jen, Sharon, and Cone Health on the awards.

2024 Guideline on the Primary Prevention of Stroke

Cheryl Bushnell, Wake Forest Baptist School of Medicine, lead author

Peg announced that just last month AHA/ASA released the 2024 Guideline on the Primary Prevention of Stroke. This work was led by our own Cheryl Bushnell, long-time SAC member, Stroke Neurologist, and Professor of Neurology at Wake Forest Baptist School of Medicine. Peg congratulated Dr. Bushnell and thanked her for sharing this critical Guideline.

Dr. Bushnell recognized and thanked the committee for their work. She emphasized the huge opportunity to control risk factors, the “prevention gap:” lifestyle factors, medical management, non-medical issues, and social determinants of health. See her slides for recommendations and new additions to the Guideline.

Lessons Learned from the IMPROVE Stroke Project

Bradley Kolls, Duke Initiative for Science & Society, Duke Clinical Research Institute, Duke University School of Medicine

Peg noted that some participants may recall learning about Duke’s IMPROVE Stroke Project, an implementation science program with a core goal to improve regional stroke care within 9 hub-and-spoke systems, at a SAC meeting in 2020. She said we’re excited to have Dr. Brad Kolls with us to share lessons learned from that project. Dr. Kolls is a Professor of Neurology and works with the Duke Initiative for Science & Society and Duke Clinical Research Institute. Peg added that many attendees contributed to this work, and we’re delighted to hear about the implementation and outcomes.

Dr. Kolls shared that people born and reared in the stroke belt are 34% more likely to have a stroke than in other parts of the US and that his team wanted to be sure everyone has access to all available treatments including thrombectomy. The main program objective was to implement operational best practices and improve regional systems of care within comprehensive stroke networks. Dr. Kolls noted the gaps between having written guidelines and operationalizing them. Part of this program was to update an operations manual. It’s hosted on SWYH website so it’s accessible to all.

Primary Results

- The IMPROVE Stroke Care Program was associated with improved speed and consistency of thrombolytic administration for ischemic stroke.
- The Program led to the successful implementation and/or optimization of nearly all 49 targeted care elements across all 9 networks.
- Engagement of EMS led to improved use of prehospital stroke screens and scales.
- Enhanced prehospital notification was achieved.

One lesson learned was that the work impacted thrombolytics more than thrombectomy.

IMPROVE Stroke revealed a huge opportunity for education to get communities to use EMS. EMS arrival is the secret sauce. DTN time decreases with EMS transport. All patients should arrive by EMS.

The program was not able to conduct community education due to COVID.

Disparity gaps that were measured (race, insurance status, women vs. men) narrowed due to the program (see slides).

Chuck Tegeler noted that the focus of the SAC has been stroke systems of care, and this work is superb. Chuck thanked Cheryl Bushnell and her team for their incredible work on the Prevention Guideline.

Questions and Answers

Q: We don't always see the same excitement about stroke that there is for STEMI. How do you address the culture around stroke and stroke burnout?

A: It *is* a challenge. The fact that we have interventions should generate excitement. Getting people on the stroke team collecting data and sharing it back would be great. Some teams compete to see who has the best time. Neuro needs to bring that sense of urgency. Your company rep should be part of that team. It takes time. You need frontline champions in the ED to treat stroke like the emergency it is.

Dr. Kolls added that his team is really interested in taking telestroke work to the community site level and encouraged folks to reach out to him (kolls001@mc.duke.edu) to work on it.

Peg thanked all for attending, and she thanked the presenters for their work and for sharing it. She wished everyone a bountiful Thanksgiving and a wonderful holiday season.

2025 Stroke Advisory Council Meeting

March 4- virtual 1-2:30

May 22- virtual 1-2:30

September- (date TBD) in person

November 12- virtual 1-2:30