

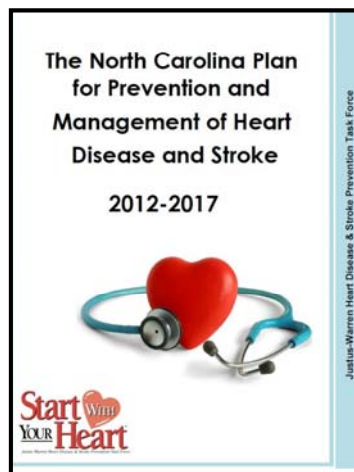
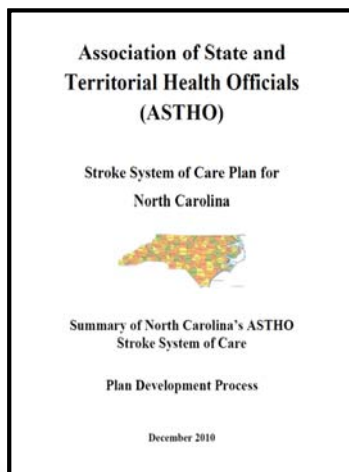
Update in Stroke Prevention/Treatment in NC

Anita Holmes, J.D., M.P.H., Executive Director, Justus - Warren Heart Disease and Stroke Prevention Task Force; NC Department of Health and Human Services
Doyle M. "Skip" Cummings, Pharm.D., Professor of Family Medicine
Berbecker Distinguished Professor of Rural Medicine
East Carolina University, Brody School of Medicine

Stroke Systems of Care Plan Foundation

- Built upon existing structures:
 - Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF):
 - Legislative body created in 1995 by NC General Assembly
 - Membership includes representatives of NC Senate and House of Representatives, health and related professionals, a heart attack survivor, and a stroke survivor
 - Stroke Advisory Council legislated in 2006

Selected Accomplishments



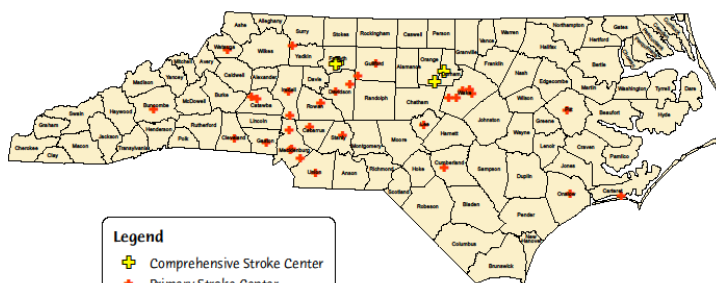
Stroke Advisory Council

| Work Group | Top Priorities |
|------------------------------|--|
| Prevention/Public Awareness | <ul style="list-style-type: none"> • Focus on Hypertension • Expand Public Awareness – Stroke Signs and Symptoms • Support Tobacco Control Efforts |
| Pre-hospital | <ul style="list-style-type: none"> • Enhance 9-1-1 Call Centers • Improve Secondary Transport Capacity • Standardize Definitions and Validate Designations (PSC, Stroke Capable) |
| Acute/Sub-acute Care | <ul style="list-style-type: none"> • Stroke Plan for Every Hospital • Stroke Care Capability Designation |
| Recovery/Transitions of Care | <ul style="list-style-type: none"> • Study Linking Post-Hospital Data with NC Stroke Care Collaborative Data • Consistent and Shared Patient Information among Providers • Patient and Family Resource Center |
| Telestroke | <ul style="list-style-type: none"> • Expand Use of Telestroke Networks • Align/Collaborate with other NC Telehealth Initiatives • Support Increased Reimbursement |

2013 Legislative Session

- Session Law 2013-44: Designate Qualified Hospitals as Primary Stroke Centers
 - Joint Commission or other nationally recognized accrediting body
 - Coordination of care with other hospitals
 - Publication of listing
- 1.2 Million Recurring Funds – QuitlineNC
- NC Smoke Free Restaurant and Bars Law Rules Clarification

North Carolina Joint Commission Certified Primary Stroke Center Hospitals and Certified Comprehensive Stroke Center Hospitals



Legend

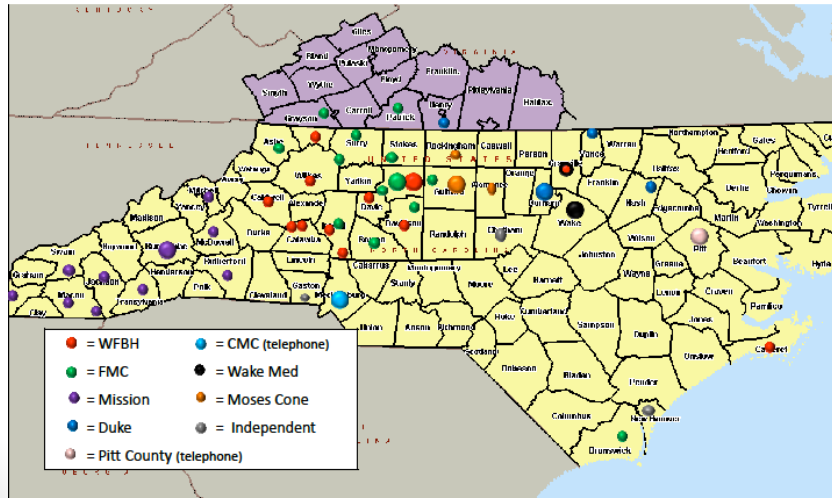
- ✚ Comprehensive Stroke Center
- ✚ Primary Stroke Center

schs
STROKE CARE HOSPITALS

Note: Certified as of September 5, 2013



NC Regional Telestroke Market January 2014



Courtesy of Charles Tegeler, MD, Professor, Neurology, Wake Forest Baptist Health and Chairperson, Telestroke Work Group, Justus – Warren Heart Disease and Stroke Prevention Task Force's Stroke Advisory Council

Dr. Doyle "Skip" Cummings



Wake Forest Telestroke Services

- 24/7 easy access to consultation with **Vascular Neurology Stroke Faculty via RP-7 Remote Presence (In Touch Health)**
- If needed: Preferential bed placement with rapid and facilitated transfer with single “800” phone number



WFBH Telestroke Services

Current Snapshot

- Initial Network Hospital signed - 11/09
- Initial Network Hospital go live - 12/09
- Through 01/31/14 – **950** network activations
- Activation to physician response; mean <5 min
- Currently 11 active sites (9 regional, 2 state):

Lexington Memorial

Allegheny Memorial

Caldwell Memorial

Davie County Hospital

Lake Norman Medical Center

Granville Regional (Wake Med Telestroke Network)

Wilkes Regional

Frye Regional

Carteret General

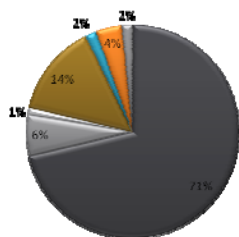
Catawba Valley

Iredell Memorial

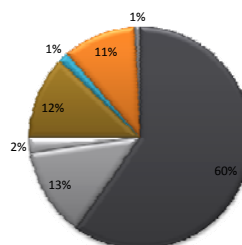
Total Network Summary* * Jan 2010 – Nov 2013

| | Network Activation | Robot Consult | Remained at NH | Transferred | # tPA administered |
|----------------|--------------------|---------------|----------------|-------------|--------------------|
| TOTAL | 912 | 507 | 287 | 218 | 214 |
| TOTAL % | | 56% | 57% | 43% | 42% |

REMAIN at Network Hospital

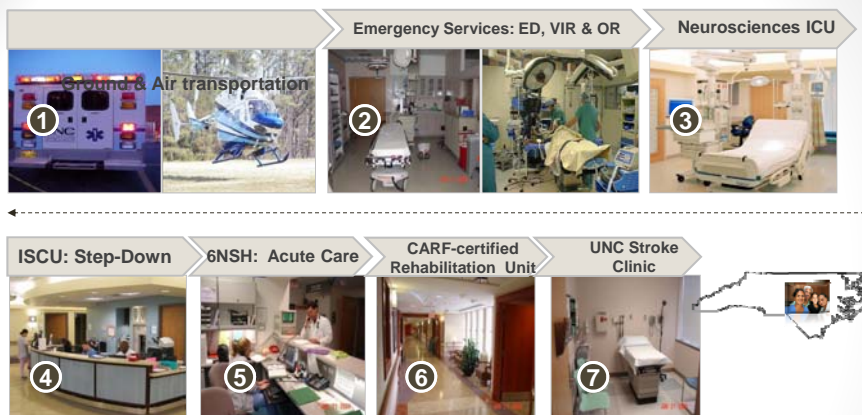


TRANSFER to WFBMC



- DC to Home
- Rehab
- DC to Home (small)
- DC to SNF
- DC to Palliative/Hospice
- Expired
- AMA

UNC Health Care Comprehensive Stroke Center

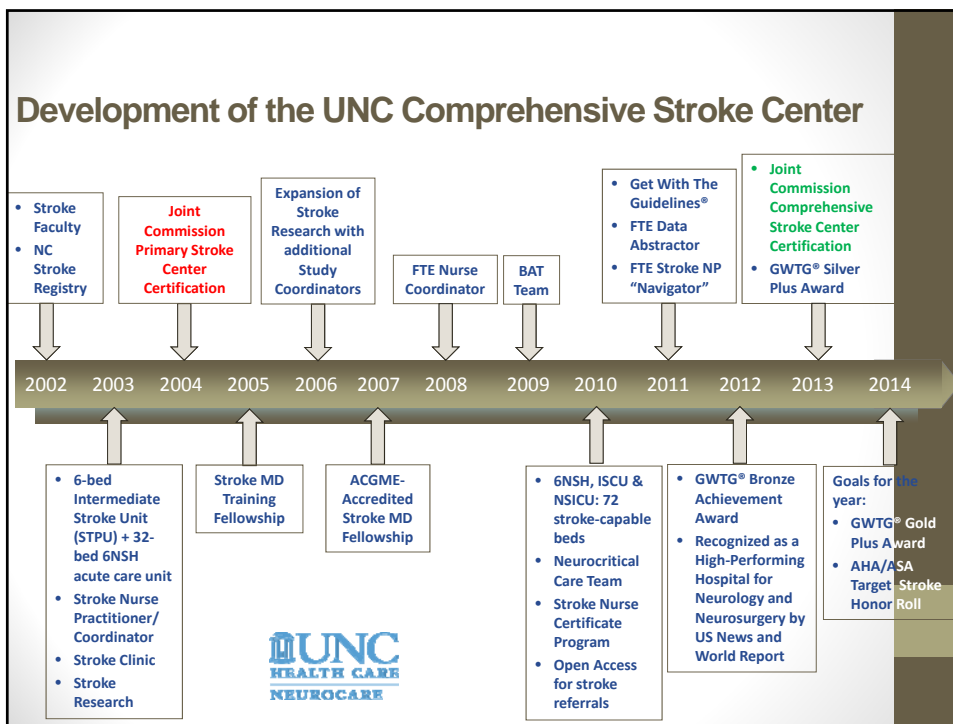


UNC Transfer Center
800-806-1968
919-843-1920




**American Heart Association
American Stroke Association
CERTIFICATION**
Meets standards for
Comprehensive Stroke Center





Eastern NC Stroke Network Meeting






Eastern NC Stroke Network Meeting

March 31, 2014

Edwin W. Monroe AHEC Conference Center
Venture Tower Drive, Greenville, NC

Provided in collaboration by:

ABOUT THE WORKSHOP:

The Eastern North Carolina Stroke Network (ENCNSN) is a multidisciplinary group of health professionals whose focus is stroke education and stroke patient care. It is both an educational and networking opportunity for all who attend.

- Vision:** The vision of the ENCNSN is to be recognized as a leading resource for voluntary collaboration on stroke best practices in Eastern NC communities
- Mission:** The mission of the ENCNSN is to improve the prevention, treatment and quality of stroke care in Eastern NC through a coordinated regional system
- Values:** The values of the ENCNSN are prevention, education, and access to quality care.

During this presentation there will be a review of neuroanatomy and the NIH Stroke scale. The goal of the presentation will be for the participant to be able to localize signs, symptoms and findings of neurological deficits by utilizing the NIH Stroke Scale and determine what area of the brain is leading to deficit.

OBJECTIVES:

Upon completion of this workshop, learners will be able to:

- Discuss the use of the National Institutes of Health Stroke Scale (NIHSS) as a standard of practice in measurement of neurological disability
- Identify a neurological deficit and correlate what anatomical structure in the brain has led to the change in the patient neuro assessment

TARGET AUDIENCE:

Physicians, Nurse Practitioners, Nurses, Pharmacists, Physical Therapists, Occupational Therapists, Speech Therapists, Recreation Therapists, Emergency Medical Service personnel and others who comprise the interdisciplinary team needed to provide a comprehensive continuum of care to stroke patients.

GUEST FACULTY



Pamela Duncan, PhD, PT, FAPTA, FAHA
Wake Forest University Health Sciences



Peter Panagos, MD, FAHA, FACEP
Washington University School of Medicine



Carl McIntyre, Actor & Stroke Survivor



Mark Rumans, MD
Vidant Health



Marie Lapointe, PharmD
South Carolina College of Pharmacy



Bill Andrews, EdD, PT, MS, NCS
Eion University

10th Anniversary

Eastern Regional Stroke Conference 2014

*Data Driven Decisions and
Clinical Outcomes*

Save the Date!

May 16, 2014

Hilton Greenville / Greenville, NC

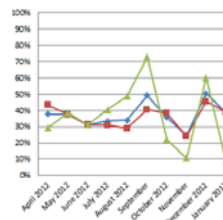
Co-Provided / Jointly Sponsored by
Vidant Health and Office of CME at Brody
School of Medicine

Provided by Eastern AHEC Department of
Nursing Education

Prevention: Heart Healthy Lenoir: NHLBI CBPR Model

- Test a system to improve blood pressure control through primary care practices
 - Coaching and community support systems for participants
 - Home BP monitors
 - Quality improvement in practices

- PHONE COACH: 12 monthly calls
- Average length – 15 minutes
- Includes
 - HTN related education
 - Review of the participant's recent BP readings and medication adherence
 - Participant-centered goal setting; motivational interviewing



Heart Healthy Lenoir
High Blood Pressure Study

My Blood Pressure Log

Name: _____

My Home Blood Pressure Goal is: _____

Arm Monitor
 Wrist Monitor

My blood pressure is taken by placing the cuff on my Left / Right arm: (circle one)

| Number of participants at baseline and end point | |
|--|-----|
| Baseline | 100 |
| End point | 85 |