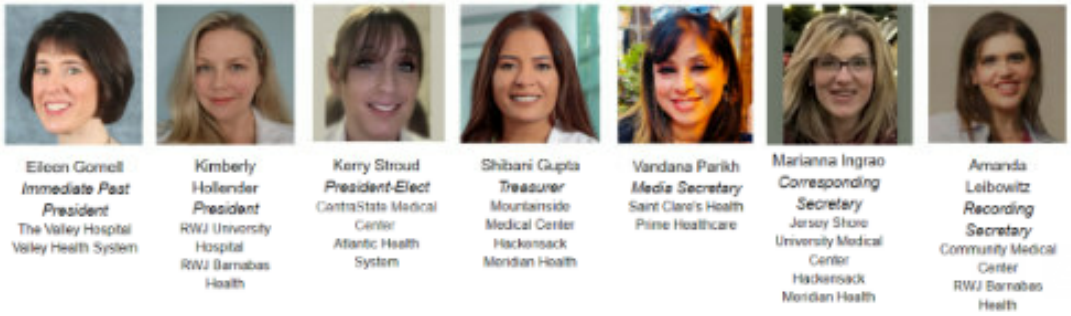
New Jersey Stroke Coordinator's Consortium Meeting

Date of Conference/ Meeting:	12/4/2025	**President:**	Kimberly Hollender
Location:	FEN Conference center: 12 Centre Dr., Monroe Township, NJ 08831	**Recorder:**	Amanda Leibowitz
Time:	9am-3:00pm	**Attending:**	See attendance list on other document

12/4/2025 Meeting Minutes

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9:00am-9:05 am	• Introduction of Board Members ***Current Board Members***  • New members o Katherine introduced as new stroke coordinator at New Brunswick previously in Baltimore. o Christopher is Stroke Coordinator at JFK o Alyssa New stroke coordinator at Cooperman Barnabus with Ryan o Megan New stroke coordinator at Atlantic care, focus on language development being a RN and speech pathologist	**Kim Hollender and board**
9:05- 9:10 Agenda and Reports	• Agenda for today: o Welcome & Introduction o Treasurer Report o Special Election Details o ***Ice Breaker***	**Kim Hollender, Shibani Gupta, Eileen Gornell, Kerry Stroud,**

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	o NJ Stroke Care Advisory Panel (SCAP) & NJ Department of Health Updates o VizAI Presentation o Leadership Series: "Leading in a Changing Environment" o Break o AHA Update o Certification Review Visits o ***Lunch*** o Regulatory Survey Preparation: Panel Discussion o Networking o Workgroup Updates o Research Engagement o Upcoming Conferences & Educational Programs	**Shibani Gupta**
9:10-9:20: Election	● Treasure report review: Shibani unable to attend please view below: o Current balance: $5,062.29. o No new expenses since last meeting. o Industry partners provided significant support this year. o Partners already secured for next year. o Need to plan for future meeting expenses and funding.	**Kim Hollender, Kerry Stroud**
	● Special Election o Open Positions: ▪ Treasurer 2025-2027 ▪ President Elect 2026 (President 2027) o Nominations are: ▪ **Treasurer** ● Alyson Bryson: Stroke coordinator at Monmouth medical center- 2.5 years ▪ **President elect** ● Annjill Singh: Stroke coordinator at Overlook medical center in Summit, also co-chair for NJSCC research committee ● Laura Smith: Neuroscience Program Manager at RWJ Somerset in stroke care for 9 years	**Alyson Bryson, Annjill Singh, Laura Smith, Connie Mastrangelo**

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	● Connie Mastrangelo: Stroke Program Manager at Morristown Medical Center, in NJSCC for 7 years and was on the board as recording secretary, supporting minorities and vulnerable populations and education materials	**A L**
9:20-9:45 Ice Breaker	o Off-cycle year: electing president-elect, secretary positions open next year (3 positions) o QR code provided for participation, available again at lunchtime ● *Icebreaker: pair with someone outside your system, share favorite holiday tradition and job aspect*	**Kim Hollender, Varsha Singh, Kerry Stroud, Gayle Walker-Cilo**
9:45-10:00 SCAP	**SCAP Over View** ● SCAP recommendations for triage plans approved by the Department of Health Commissioner. ● Ongoing legal review delays public release of New Jersey Shore Registry data. ● Record 745 attendees at the NJ Stroke Conference; provider participation at an all-time high (165). ● Significant growth in participating entities: from 200 to over 700 in two years. ● Emphasis on standardized education and best practices for EMS and stroke care. ● Detailed discussion on secondary stroke prevention and multidisciplinary care pathways **SCAP Updates and Legal/Regulatory Status** ● Last SCAP meeting held on November 18th. ● Ongoing review of New Jersey Shore Registry data; no legal approval yet for public release. ● SCAP triage plan recommendations approved by Department of Health commissioner. ● Dr. Halprin invited to present triage plans at NJSCC January virtual meeting.	**Kim Hollender, Connie Mastrangelo & Gayle Walker-Cilo, Lorrie Koonz**

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10:00-10:20 **GORE**	**NJSCC Stroke Conference: Attendance and Growth** - NJ Stroke Conference had 745 attendees in 2023, highest to date. - 165 providers (MDs, APPs) attended, a record high. - Conference dates set for first Thursday of May and November each year. - EMS-only registrations were ~80; EMS submissions increased due to dual registration. - Participating entities grew from 200 to over 700 in two years. - Lori managed EMS credit process, ensuring compliance with 10 required criteria. **Standardization of EMS Education and Protocols** - NJFCC leaders now participate in SCAP; group recognized as important in the state. - Commissioner approved new recommendation, but it is not yet law; next steps unclear. - Educational content for EMS should follow best practices and AHA guidelines but not be presented as required until law is enacted. - Consistency in EMS education and messaging across the state emphasized to avoid confusion. - If brief score >5, recommendation is to bypass primary stroke centers for intervention-capable centers but must follow local protocols. **Vendor presentation: GORE** **Secondary Stroke Prevention: Guidelines and Pathways** ● Focus on secondary stroke prevention and reducing ESIS/cryptogenic stroke rates. ● Emphasize advanced diagnostic testing: echo (with/without saline), TEE, TCD, and genetic/risk factor screening (e.g., factor V, lupus, COVID). ● Highlight AFib: 20–30% of discharged AFib patients have recurrent stroke; 1 in 5 stroke patients discharged with AFib. ● Guidelines: Up to 50% of cryptogenic ESIS patients have PFO; TEE confirmation recommended for all suspected cases. ● TEE with/without contrast identifies cause in 39% of ESIS patients, potentially reducing cryptogenic diagnoses by ~40%.	**Elieen Gornell, Varsha Singh,**

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10:20-11:20: Discussion Panel: Tele neurology	**Multidisciplinary Collaboration and Best Practices** ● Coordination between cardiology and neurology for long-term imaging and follow-up remains inconsistent. ● Structural heart teams often manage imaging and consults; aim to schedule follow-up before patient discharge. ● Use of group texts and HIPAA-compliant chats to identify and track PFO candidates; multidisciplinary communication is key. ● Guidelines require confirmation of PFO as stroke etiology and exclusion of other causes before closure; insurance mandates strict criteria. ● At least 28 days of cardiac monitoring recommended for patients ≥50 years with high-risk anatomy; new research may reclassify PFO as a diagnostic code for stroke. **Discussion Panel on Tele neurology/Tele Stroke** ● **Overview** ● Discussion focused on telestroke and teleneurology program implementation across multiple hospitals. ● Key challenges: neurologist shortages, burnout, and regulatory requirements for 24/7 coverage. ● Hospitals use a mix of in-house and contracted telemedicine providers (e.g., Adjacent Health, Savarro, Patronus, Nuview Health). ● Response times and quality metrics are closely tracked, with some sites reporting median response times as low as 27 seconds. ● Access to EMR, PACS, and AI tools varies by site and vendor; integration and credentialing are ongoing challenges. ● Quality assurance and data accuracy are major concerns, with some sites expressing dissatisfaction with vendor-reported metrics. ● Competency training for staff and ongoing feedback loops are emphasized as critical for program success. ● **Rationale for Telestroke Adoption and Early Challenges** ● Neurology group not present in hospital at night.	**A** **L** **a** **Leibowitz** **Elieen Gornell, Varsha Singh, Annjill Singh, Lorrie Koonz, and Amanda Leibowitz**

	• Concern over lack of in-person neurologist for night stroke cases. • -Neurology burnout due to insufficient neurologists. • -Telestroke implemented to address coverage and burnout. • -Telemedicine adoption began in 2008. • **Regulatory Drivers, Funding, and Initial Implementation Stories** • New Jersey regulation in 2008 required 24/7 neurologist coverage and assessment within 15 minutes for stroke centers. • Initial funding of $75,000 provided to set up a stroke center; neurologists requested $100,000 more for on-call coverage. • Adopted telestroke services via contract with Specialist on Call; implemented within one month. • Achieved state Primary Stroke Center designation in 2008; advanced to higher recognition in 2013 due to telestroke. • Telestroke enabled consistent, 24/7 stroke care across multiple sites, especially during resource shortages and COVID-19. • **Coverage Models, Vendor Selection, and Response Times** • Telestroke and teleneurology established in New Jersey ER since 2013; 100% virtual, no on-site neurologists. • Average telestroke call response time: 1 minute 32 seconds; some report median 27 seconds with new AI-supported company. • Coverage models vary: some use outside companies (e.g., Adjacent Health, Patronus, Savarro), others mix in-person and virtual neurologists. • Primary stroke centers often use 24/7 virtual coverage; comprehensive centers combine in-person and virtual with backup systems. • Older neurologist workforce and COVID-19 accelerated adoption; remote EEG monitoring and multi-layered backup systems implemented. • **Scope of Consults, Documentation, and Technology Integration** • Patronus contractor provided detailed monthly reports; in-house data not available. • Nuview Health replaced Access Telecare; reported faster response times, but measurement methods differ.	**Elieen Gornell, Varsha Singh, Annjill Singh, Lorrie Koonz, and Amanda Leibowitz**

11:20-11:35 AHA Update- GWTG	• Teleneurology services include board-certified vascular neurologists, neurocritical care, and general neurologists with telemedicine experience. • Teleneurologists perform comprehensive assessments, coordinate with neurointerventionalists, and document consent discussions. • Communication structures (e.g., APN point-of-contact, Wizz app) streamline care and decision-making for stroke codes. • **Quality Metrics, Data Tracking, and Benchmarking** • Implemented two-tiered code stroke process: 0–6 hours and 6–24 hours. • Teleneurology added January 15, 2024, for all code stroke cases, including thrombectomy-eligible patients. • Rapid AI used for imaging; neurologists review images immediately and contact neurosurgeons to expedite care. • Access to EMR, PACS, and imaging systems varies by site; some teleneurologists have full access, others read-only or none. • Teleneurologists provide recommendations but do not enter orders; responsibility remains with on-site providers. • **Quality Assurance, Data Discrepancies, and Best Practices** • Inconsistencies in tele-neurology documentation and time stamps identified; escalated to leadership for vendor review. • Joint Commission surveyors scrutinize CT read times and documentation; potential Medicare fraud concerns raised. • Internal benchmarks and manual tracking used for door-to-CT/CTA read times; typical CT read goal around 43 minutes. • Quality of tele-neurology services varies; some sites report detailed monthly reports, peer review, and rapid feedback, others report data inaccuracy and plan to transition to internal services. • Competency training for telestroke equipment and processes emphasized; ongoing education and certification recommended for staff.	**Casey Chu** **Casey Chu**

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	AHA Update GWTG **Overview** ● Reviewed New Jersey Get With The Guidelines Stroke benchmark data (2023-2025) ● State performance is consistently high on most Joint Commission stroke measures ● Highlighted measures below 98% and 90% for targeted improvement ● Annual data deadline: March 31, 2026 for 2025 data submission ● Clarified Joint Commission vs. AHA roles and data definitions ● Discussed data abstraction challenges and coding nuances ● Identified learning opportunities and upcoming webinars **Data Deadlines, Reminders, and Recognition Cycle** ● New Jersey Get With The Guidelines Stroke data reviewed for 2023–2025. ● Highlighted measures below 98% or 90% compliance. ● Joint Commission measure resources available; state held accountable by DOH. ● Annual data deadline: March 31, 2026; all 2025 data must be completed by then. ● Reminders and outlier review opportunities provided early 2026 before recognition cycle. **Joint Commission Measures, Manuals, and Data Abstraction Guidance** ● Joint Commission manual contains measure descriptions, algorithm flowcharts, narratives, data element definitions, and code tables. ● Manual provides information for STK and CSTK measures; use the version matching the case timeline (e.g., Q3). ● Get With The Guidelines (GWTG) Stroke is an American Heart Association inpatient quality improvement program, separate from Joint Commission. ● GWTG Stroke acts as a data vendor for Joint Commission, integrating TJC measure algorithms and updates into its system. **New Jersey Stroke Benchmark Data Review (2023-2025)** ● Reviewed Get With The Guidelines Stroke benchmark data for 2023–2025 (New Jersey). ● STK1 (VTE prophylaxis) increased to 96.3% in 2025 (year not complete). ● STK4 (thrombolytic therapy) steady at 92.2% in 2025, consistent with previous years. ● STK5 (antithrombotic by end of hospital day 2) rose from 96.9% (2023) to 97% (2025).	**Casey Chu**

11:35-12:15 TJC/DNV review	• STK8 (stroke education) remained stable: 97.2% (2023), 97.3% (2024), 97.1% (2025). **Data Abstraction, Coding, and Measure Inclusion Challenges** • ICD-10 principal diagnosis code refers to the admitting diagnosis, not the final discharge diagnosis. • Joint Commission defines the principal diagnosis as the condition responsible for admission. • Incorrect abstraction often results from using the final diagnosis instead of the admitting diagnosis. • Clarification on data elements can be provided if needed. **CSDK11, CSDK12, and CSDK3: Reperfusion and Hemorrhage Measures** • CSDK11: Rapid effective reperfusion from hospital arrival increased from 63.6% (2023) to 66.3% (2024, 2025). • CSDK12: Rapid effective reperfusion from skin puncture increased from 74.1% (2023) to 80.3% (2025). • CSDK3: HUN-HES score trends upward overall and for subarachnoid hemorrhage (CSDK3A) and ICH (CSDK3B) patients, with CSDK3A generally higher. **Learning Opportunities, Webinars, and Future Data Initiatives** • Webinar on national vs. state-level racial disparities in acute stroke interventions scheduled for December 17th using Get With The Guidelines Stroke data. • Next Get With The Guidelines Stroke quality forum set for January 22nd, 2026. • Recordings available for past webinars upon registration. • Plan to analyze New Jersey Stroke registry data next year to differentiate performance by hospital type (primary, comprehensive). • Data analysis aims to inform educational needs and potential collective PI projects. **TJC Surveys:** **Joint Commission survey findings and feedback discussed in detail.**	**Kerri Stroud, Connie Mastrangelo, Heather Gasser**

12:15-13:00 **Lunch Break** **13:00-13:45** **Adlers Aphasia**	• Documentation issues identified: missing or late assessments, incomplete education records, and unclear policy adherence. • Upcoming changes: New hemorrhagic and Joint Commission guidelines in 2026. • Technology integration: Discussion on EMR and medication cabinet alerts, and their limitations. • Staff education and performance highlighted as key focus areas by surveyors. **Surveyor Feedback: Documentation and Policy Issues** • Surveyor: Renee Potter from UNC, first time at this site. • Issue 1: Staff unable to locate Clinical Practice Guidelines (CPGs); implemented daily quizzes to address. • Issue 2: ER failed to perform checks on subarachnoid bleed patient for 8 hours; process improvement needed. • Issue 3: CCU nurse accepted carotid patient against policy; missed required 15-minute vitals for post-surgery admissions; corrective actions initiated. **Upcoming Guidelines and Social Work Documentation** • New hemorrhagic and Joint Commission guidelines to be released in 2026. • Social work notes must document patient self-readiness for discharge, not just family readiness. • Multidisciplinary rounding notes must specify daily participants in the chart. • Risk documentation now requires inclusion of 'alternatives' in the note. • Medication cabinet alerts (e.g., Pyxis) for first-dose administration require integration with EMR (Epic) to trigger appropriate prompts (e.g., swallow screen). **Case Reviews: Assessment, Education, and Compliance Gaps** • Surveyor Eileen Hawkins focused on nursing documentation and compliance. • Key findings: missing blood pressure documentation prior to TNK administration; late vascular assessments (3-5 minutes) during patient transitions; delayed blood pressure reassessment (10 minutes late) after elevated readings. • First dose education for anticoagulant not documented until day 4 post-extubation; required at time of first dose. • Incorrect documentation of patient education while patient was sedated and unable to participate. • All findings related to point interventions, missing assessments, or blood pressure within first 24 hours are immediate concerns.	

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	Surveyor Recommendations and System-wide Improvements ● Case manager department created system-wide smart phrase for Joint Commission compliance. ● Surveyor focused on staff education, knowledge, and performance over neuro checks/vitals. ● NIH stroke scale assessment required prior to T-CAR procedures; annual NIH certification for T-CAR surgeons. ● Discrepancy in required assessment timing: some surveyors require within 3 hours, others 24 hours post-intervention. ● Tele-neurology findings: incomplete NIH documentation and inaccurate timestamps before thrombolytic administration. **Lunch Break** **Overview** ● Aphasia affects all four domains of language: reading, writing, understanding, and speaking. ● 85% of aphasia cases are caused by stroke. ● 33% of people have never heard of aphasia. ● The Adler Aphasia Center offers support groups, caregiver programs, and community resources. ● Effective communication with people with aphasia requires patience, clear speech, and alternative communication methods. ● Advocacy and education are key to increasing aphasia awareness and support. **Aphasia: Definition, Prevalence, and Misconceptions** ● - Adler Aphasia Center provides caregiver and member support groups for people affected by aphasia. ● - Aphasia affects four language domains: reading, writing, understanding, and speaking. ● - Many healthcare professionals, including nurses, may lack awareness of aphasia's full impact, especially on reading. ● - Speaker has four years' experience at Adler Aphasia Center and is pursuing an MSW. **Communication Tips for Working with Aphasia**	**13:45-14:10 TJC/DNV review Continue** **Varsha Singh, Christopher Tarqunio,**

	• - Write information for individuals with receptive aphasia. • - Reduce background noise to aid comprehension. • - Maintain good eye contact and speak slowly and clearly. • - Avoid speaking down; use adult-appropriate tone. • - Keep sentences short and simple. **Adler Aphasia Center: Programs, Locations, and Impact** • Organization founded in 2003 in Maywood, NJ, by philanthropists affected by aphasia. • Operates full-service centers in Maywood, West Orange, and Tom's River; offers twice-weekly group programs led by speech therapists (not speech therapy). • Provides additional aphasia communication groups (twice monthly) in multiple locations and virtually for those unable to attend centers. • Runs diverse group activities (singing, painting, jewelry making); jewelry store raised over $500,000 for scholarships. • Offers caregiver support groups (in-person and virtual), education programs, and participates in NIH research on communication groups for aphasia. **Group Participation and Inclusion for People with Aphasia** • Outreach to stroke support groups, social workers, and case managers to raise awareness. • Group participation possible for individuals with varying degrees of aphasia. • Participation methods include speaking or writing, depending on ability. • Group sessions last approximately one hour.	
14:10-14:50 By Law Revision and wrap up	**TJC/DNV review Continue** **Survey Results and Documentation Issues** • Received four RFIs, all due to documentation or clerical errors, not practice issues. • Issues included copying pre-procedural notes and lack of documentation on treatment options for surgical procedures. • Surveyors engaged in consultative, positive discussions; group expressed gratitude for the process. • Focused discussions on dysphagia protocols, swallow screening, and ORTISET immunization standards.	**Kim Hollender, Annjill Singh , Lorrie Koonz, Elieen Gornell, Gayle Walker-Cilo,**

	• Surveyor demonstrated high proficiency in navigating DMR records. **Stroke Center Standards, Monitoring, and Education** • St. Jude is DNV-accredited with primary and comprehensive stroke centers. • 2023 survey identified one NC (nonconformity) in comprehensive center: cardiac monitoring policy and technology. • Minor NC2: stroke education must include all procedures and be available in multiple languages (English, Spanish, Arabic, Bangladeshi). • Order sets for EBD and post-procedure care revised (10–15 sets) to ensure provider compliance and nursing instructions; compliance tracking implemented. • 2025 guidelines add ICH (intracranial hemorrhage) measures; recertification preparation underway for 2026; no set compliance or language percentage benchmarks from DNV. **Site Visit Findings and Survey Preparation** • Raritan Bay site visit identified 4 moderate findings, including lack of orders/order sets for intracerebral hemorrhage patient and inconsistent monitoring. • Documented inconsistencies in visual field assessments among nurse, OT, and physician. • Surveyor emphasized thorough neuro exam and understanding of NIH elements in care plan development. • Recommendation to have 2 years of patient lists available for site surveys, as per standards. • Recent practice of providing only 6-12 months of charts caused survey delays; standards require 2 years. **Bylaw Revisions and Committee Structure** • Board reviewed bylaws; proposed updates to clarify language and committee structure. • Proposals sent to membership by end of week; comments due by December 15; board vote by December 22. • Proposed standing committees: Research Performance Improvement, Community Outreach and Education, EMS Outreach and Education. • Committee chairs appointed by president with board approval; serve 2-year terms; at least one chair should be a board member. • Bylaws to be reviewed annually by each new board. • Community Outreach, Education, and Action Groups	**V** **C** **M**

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	• Ongoing collaboration with New Jersey Department of Health Chronic Disease Department on stroke and FAST awareness materials. • New Jersey Department of Health created and distributed first stroke-specific marketing materials; edits pending. • Alan Stillman donated $10,000 in stroke smart materials; NJ DOH will distribute but not co-brand. • Plan to form local stroke smart community action groups, leveraging existing resources and virtual meetings with key stakeholders. • High school student in Edison developing stroke education curriculum for peer dissemination; potential for statewide adoption. • **Research, Benchmarking, and Professional Development** • Conducted anonymous, IRB-approved statewide survey on stroke care practices; results to be aggregated and shared. • Survey covers CTA, non-contrast imaging, stroke coordinator roles, endovascular care, ICH care, and education opportunities. • AMBC conference had strong New Jersey representation with posters and presentations; next year in Idaho. • Three 2025 goals: support professional growth, enhance NJFCC recognition (e.g., LinkedIn), establish work groups (EMS, community education, research). • EMS education PowerPoint being consolidated for OEMS approval; virtual CE options planned for next year.	

Attendance sheet on separate page