

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

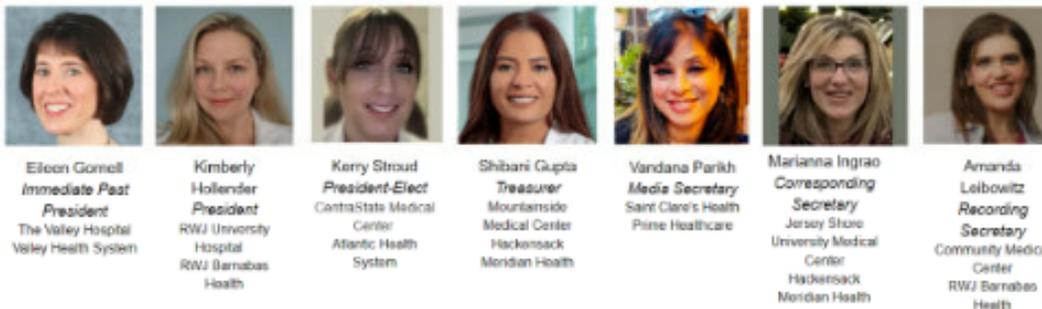
New Jersey Stroke Coordinator's Consortium Meeting



9:00am-9:05 am

- Introduction of Board Members

Current Board Members



- New members
 - Katherine introduced as new stroke coordinator at New Brunswick previously in Baltimore.
 - Christopher is Stroke Coordinator at JFK
 - Alyssa New stroke coordinator at Cooperman Barnabus with Ryan
 - Megan New stroke coordinator at Atlantic care, focus on language development being a RN and speech pathologist
- Agenda for today:
 - Welcome & Introduction
 - Treasurer Report
 - Special Election Details
 - **Ice Breaker**

Kim Hollender and board

9:05- 9:10
Agenda and Reports

Kim Hollender,
Shibani Gupta,
Eileen Gornell,
Kerry Stroud,

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<p>9:10-9:20: Election</p>	<ul style="list-style-type: none"> 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 ● Treasure report review: Shibani unable to attend please view below: <ul style="list-style-type: none"> 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. ● Special Election <ul style="list-style-type: none"> o Open Positions: <ul style="list-style-type: none"> ▪ Treasurer 2025-2027 ▪ President Elect 2026 (President 2027) o Nominations are: <ul style="list-style-type: none"> ▪ Treasurer <ul style="list-style-type: none"> ● Alyson Bryson: Stroke coordinator at Monmouth medical center- 2.5 years ▪ President elect <ul style="list-style-type: none"> ● 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 	<p>Shibani Gupta</p> <p>Kim Hollender, Kerry Stroud</p> <p>Alyson Bryson, Annjill Singh, Laura Smith, Connie Mastrangelo</p>
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<p>10:00-10:20 GORE</p>	<p>NJSCC Stroke Conference: Attendance and Growth</p> <ul style="list-style-type: none">- 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. <p>Standardization of EMS Education and Protocols</p> <ul style="list-style-type: none">- 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. <p>Vendor presentation: GORE</p> <p>Secondary Stroke Prevention: Guidelines and Pathways</p> <ul style="list-style-type: none">• 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%.
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Elieen Gornell,
Varsha Singh,

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Leibowitz

**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.

**Elieen Gornell,
Varsha Singh,
Annjill Singh,
Lorrie Koonz,
and Amanda
Leibowitz**

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- 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,
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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

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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**

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<p>12:15-13:00 Lunch Break</p> <p>13:00-13:45 Adlers Aphasia</p>	<ul style="list-style-type: none">● 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. <p>Surveyor Feedback: Documentation and Policy Issues</p> <ul style="list-style-type: none">● 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. <p>Upcoming Guidelines and Social Work Documentation</p> <ul style="list-style-type: none">● 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). <p>Case Reviews: Assessment, Education, and Compliance Gaps</p> <ul style="list-style-type: none">● 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
Tarquino,

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- - 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.

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.

**14:10-14:50 By
Law Revision
and wrap up**

**Kim Hollender,
Annjill Singh ,
Lorrie Koonz,
Elieen Gornell,
Gayle
Walker-Cilo,**

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- 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

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	<ul style="list-style-type: none">● 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. <p>● Research, Benchmarking, and Professional Development</p> <ul style="list-style-type: none">● 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.	
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Attendance sheet on separate page