Message from the Editor-in-Chief

Optimizing Stroke Care to Best Meet the Needs of Our Patients

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This issue of *Stroke Clinician* encourages us to reflect on our preparedness to fully meet the needs of our vulnerable acute stroke patients. While stroke center processes will continue to evolve with new discoveries, each of us must also ensure that our care enables optimal patient management through use of the latest technology, ongoing study of our patients' experiences, and knowing our patients' unique needs.

First, Sarah Barve provides a provocative call for clinicians to fully understand the lived experience of patients with acute large vessel occlusion (LVO) ischemic stroke that have undergone thrombectomy. While the primary focus in medical research has been on revascularization and 90-day outcomes, no one has yet to explore the lived experience of suffering an LVO stroke and undergoing thrombectomy with conscious sedation. There remains an ongoing debate about whether thrombectomy patients should be placed under general anesthesia or be managed more rapidly with conscious sedation, but many leading stroke centers including my own program use conscious sedation with a great deal of procedural success. Barve's article highlights how other cardiovascular patient populations have undergone qualitative exploration of procedural experiences, suggesting that use of mixed methods research designs will build knowledge about LVO stroke patients' recall from the time of symptom onset through to the thrombectomy procedure itself. Such knowledge may enhance our understanding of emerging anxiety disorders and stress that are often overlooked in stroke patients during hospitalization, while also offering an opportunity to test interventions that ensure a therapeutic milieu for these patients.

We then delve into the benefits of utilizing artificial intelligence (AI) supported neuroimaging to enhance stroke center diagnostic and treatment efficiency, as well as interprofessional provider communication. ANVC President-Elect, Rhonda Finnie and colleagues describe their systemwide uptake of RapidAI across their affiliated primary stroke centers (PSC) and comprehensive stroke center (CSC) resulting in faster transfer times and an ability to initiate treatment more rapidly to support optimal patient outcomes. Note the use of an implementation science framework that guided these clinicians' adoption of AI, as

this may facilitate improved uptake of this and other new initiatives trialed in your workplaces in the future. Robertson and colleagues then share their use of Viz.ai supported neuroimaging using a case-based approach that illustrates how AI can significantly improve door-in-to-door-out (DIDO) times between PSCs and CSCs. International telestroke leader Brett Meyer and colleagues present methods supporting implementation of AI within telemedicine networks, demonstrating the synergistic relationship that AI has with telestroke operations. Collectively, these contributions illustrate the importance of AI to support excellence in acute stroke care as recommended by the American Heart Association/American Stroke Association Scientific Statement on foundations for stroke center growth and ongoing development.[1] If your program has yet to make the leap into AI supported neuroimaging, this issue of *Stroke Clinician* will provide you with all the ammunition you need to build a case for optimized performance using this innovative technology.

Next, Debbie Hill and Sarah Livesay provide compelling information about the importance of health-related social needs (HRSN). HRSN are often overlooked by us during inpatient hospital care yet are capable of significantly impacting stroke outcomes. New regulations require our hospitals to document HRSN in our patients, and each of us should be closely reviewing these data on our patients, individually and as an aggregate, to understand key factors such as access to housing, healthy food, transportation, and environmental safety. Regardless of the high-quality acute stroke medical care we provide, patients that lack basic HRSN such as these are unlikely to follow through with prescribed secondary prevention measures for reasons that we commonly overlook, such as lack of transportation, and are at high risk for readmission. Clearly, we all need to be thinking about how best to meet these needs through innovative interventions, so that the excellent care we provide ensures optimal patient and societal outcomes.

Our standing columns include an interesting neuroimaging case in a challenging sickle cell disease patient, and in our Research Corner we present even more compelling evidence supporting use of tenecteplase (TNK) for treatment of acute ischemic stroke. Be sure to test your knowledge in our Certification Corner section of the journal, and take a look at stroke unit in Australia in the *Our Stroke Unit* column. Lastly, we conclude with some fun *Clots & Coffee* photos submitted by our readers showcasing their take on this innovative approach to delivery of stroke education.

We hope that you will find something of value to take back to your practice home in this issue of *Stroke Clinician*. Consider implementing a stroke team journal club focused on one or more of these interesting articles and use it to count towards your education hours for stroke center certification. We aim to support your practice with relevant clinical knowledge, and this issue certainly fulfills that goal. After all, our "stroke patients deserve nothing less!"

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References

1. Dusenbury W, Mathiesen C, Whaley M, Adeoye O, Leslie-Mazwi T, Williams S, Velasco C, Shah SP, Gonzales NR, Alexandrov AW; American Heart Association Council on Cardiovascular and Stroke Nursing and the Stroke Council. Ideal Foundational Requirements for Stroke Program Development and Growth: A Scientific Statement From the American Heart Association. Stroke. 2023 Apr;54(4):e175-e187. doi: 10.1161/STR.0000000000000424. Epub 2023 Feb 7. PMID: 36748462.