



1 CALL TO ORDER

Ms. Grace Farquhar called the meeting to order and welcomed the group. Committee members attending by phone will need to e-mail the two code words given during the meeting to Ms. Farquhar immediately after the meeting to receive credit for attendance.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>2 APPROVAL OF MEETING MINUTES</p> <p>The minutes were approved with no revisions requested.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p>3 SETRAC DATA REPORTS</p> <p>a) Quarter 3 2017 reports</p> <p>Data for this quarter includes one non-designated hospital that has begun reporting data as well as one facility that has moved from a primary to comprehensive designation.</p> <p>In the region, 81% of patients are not receiving tPA. Of those that received tPA, 73% received tPA within 60 minutes. The percentage of patients who arrived at the facility by EMS has slightly increased over the past quarter.</p>	<p>SETRAC will be reaching out to facilities that are not able to consistently reach a certain tPA administration percentage to provide assistance to improve their percentages.</p>	<p>Closed.</p>
<p>b) New database implementation</p> <p>A presentation was given on how the new database will be implemented. Quarter 4 2017 data will need to be entered into the current database while Quarter 1 2018 data will need to be entered into the new database.</p>	<p>SETRAC will send out instructions for accessing the new database as well as a questionnaire regarding database services that will be needed for the upgrade.</p>	<p>Update to be provided at the next meeting.</p>
<p>c) Additional data collection</p> <p>The committee discussed whether to include transfer</p>	<p>In the future, a report that includes tPA</p>	<p>Update to be provided at the next</p>



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<p>patients in the tPA administration rates reported by facilities. While the information would provide a better look at the hospital's ability to provide tPA within the time limits, there would not be a regional rate to measure it against.</p>	<p>administration rates based on direct presentation only will be included.</p>	<p>meeting.</p>
<p>4 SUBCOMMITTEE REPORTS</p> <p>a) Stroke Coordinators</p> <p>The subcommittee met in December and discussed the following:</p> <ul style="list-style-type: none"> - tPA administration in 45 minutes – hospitals were obtaining between 30% and 83% (goal is 50%), emphasized the need for everyone in the CT room to have a job and provide good communication. - working with EMS on blood pressure control parameters and providing medication prior to arrival. - improving ED screening tools for LVO. - having educational topics before stroke coordinator meetings or half-day programs. <ul style="list-style-type: none"> • Town hall meetings <p>This goal for 2018 involves putting together a presentation that can be used to educate legislators and the general public at these meetings.</p>	<p>No recommendations or action items.</p>	<p>Standing report.</p>
<p>b) Education</p> <ul style="list-style-type: none"> • Farmers Market event (recap) <p>Members of the committee distributed FAST information</p>	<p>No action items or requirements.</p>	<p>Closed.</p>



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<p>and performed basic stroke screenings at the City Hall Farmers Market on November 1st. Another event will be scheduled, possibly in May.</p> <ul style="list-style-type: none"> • Additional Education <p>The Stroke Coordinator Subcommittee discussed education for the upcoming year that would include topics of interest to EMS and stroke coordinators.</p>	<p>Members of the Stroke Coordinators Subcommittee will assist the Education Subcommittee with developing educational events for our region.</p>	<p>Update to be provided at the next meeting.</p>
<p>c) Protocol</p> <p>Andy Adams will be taking over for Coty Aiken as a co-leader for this subcommittee.</p> <ul style="list-style-type: none"> • Regional Stroke Plan (update) <p>The STATS tool is currently in the second phase of revisions. The current discussion is mainly regarding the LVO component. Also, the subcommittee will need to review the new guidelines from AHA to determine if any additional changes need to be made to the plan.</p>	<p>No action items or recommendations.</p> <p>Grace Farquhar will arrange a meeting with Andy Adams and Marian Skewes to discuss the stroke plan revisions.</p>	<p>Closed.</p> <p>Update to be provided at the next meeting.</p>
<p>5 OLD BUSINESS</p> <p>a) 2017 Stroke Committee Goals</p> <p>Quite a bit was accomplished during 2017 as indicated on the agenda.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p>b) Thrombectomy-Capable Stroke Centers (TSCs) and DAWN Trial</p>		



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<p>Joint Commission has released their guidelines for TSCs. DNV is not offering this accreditation at this time.</p> <p>Both the DAWN and DIFUSE 3 trials studied the extension of the time window for treating ischemic strokes.</p>	<p>The Stroke Data Workgroup will look at the data points that need to be reviewed based on the findings of the DAWN and DIFUSE 3 trials.</p>	<p>Keep on agenda for future discussions.</p>
<p>c) SETRAC Bylaws</p> <p>The SETRAC Board is reviewing the current by-laws, including committee structure, voting, selection of committee chairs, and term-limits.</p>	<p>No action items or recommendations.</p>	<p>Update to be provided after bylaws have been revised and approved by the SETRAC Board.</p>
<p>d) 2018 Goals</p> <p>The committee needs to focus on what additional data needs to be focused on for the next year or two. Additional goals include:</p> <ul style="list-style-type: none"> - Reaching out to hospitals that are not able to improve tPA much and remain under a specified tPA administration percentage. - Develop community education, beginning with certain zip codes. - Create reports showing tPA administration rates based on patients that arrive within 3.5 hours, all stroke patients presenting to the ED, and stroke patients that present directly to the hospital. - Determine what data should be collected to study LVOs in the region. - Development of rational useful guideline of the timelines presented in the new AHA guidelines for clinicians. 	<p>Meetings will be scheduled with the subcommittees to begin working on the goals.</p>	<p>Update to be provided at the next meeting.</p>



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<p>6 NEW BUSINESS</p> <p>a) Update e-mail addresses in list serves</p> <p>Committee members were asked to look at their SETRAC list serve accounts to ensure their e-mail address is current.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p>b) SETRAC banquet</p> <p>The banquet has been rescheduled for April 17th at the Hilton Americas Houston. A cash bar reception will begin at 4:30pm. Dinner will begin at 6pm with dinner to follow.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p>c) Study findings and abstract publication status</p> <p>Positive review was received on the first study about the economic benefits to the region based on regional collaboration and tPA administration rates.</p>	<p>No action items or recommendations.</p>	<p>Update to be provided at the next meeting.</p>
<p>d) New AHA stroke guidelines</p> <p>The new acute ischemic stroke guidelines replace the guidelines that were released in 2013. A document was provided to the committee that provided a brief overview of the changes in the new guideline, including tPA treatment out to 4.5 hours and LVOs.</p> <p>There will not be any immediate changes in Get With The Guidelines or the measures in the registry. Notification will be sent when changes are implemented.</p>	<p>A PowerPoint presentation will be sent to SETRAC for distribution through the list serves.</p>	<p>Closed.</p>
<p>e) Stroke Support Groups</p> <p>A listing of stroke support groups in the region will be</p>	<p>Stroke support group meeting information</p>	<p>Closed.</p>



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Page 6 of 6

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collected and posted to the SETRAC website.	to be added to the list can be e-mailed to Ms. Farquhar.	
7 ADJOURNMENT There being no further business, Dr. Savitz adjourned the meeting.	No action items or recommendations.	Closed.
<u>Next Meeting:</u> Wednesday, March 28, 2018 2:00pm to 3:30pm SETRAC Conference Center		