



**1 CALL TO ORDER**

Dr. Sean Savitz 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 Grace Farquhar immediately after the meeting to receive credit for attendance.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p><b>2 APPROVAL OF MEETING MINUTES</b></p> <p>The minutes were approved with no revisions requested.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p><b>3 SETRAC DATA REPORTS</b></p> <p><b>a) Quarter 1 2018 reports</b></p> <p>Data for the quarter was shared with the committee. There have been no major changes since the previous quarter; however, the number of patients not receiving tPA due to “other” reasons continue to decline.</p> <p>The committee discussed how to help hospitals that continuously have delay issues, including adding the to the CEO report the reasons why delays in tPA administration and the reasons for not administering tPA are occurring at their specific hospital.</p> <p>On behalf of the committee, Dr. Savitz has reached out to Genentech to assist in studying the patients deemed as having rapidly improving symptoms or symptoms too mild for not receiving tPA and their outcomes. The results of the study could produce data to help educate physicians to drive down the regional numbers.</p> <p>To assist in driving down the numbers of patients in the “too mild” category, the committee suggested having provider to provider education and pushing data and supporting information to CEOs. A goal was set to have the number of patients not receiving tPA due to symptoms “too mild”</p>	<p>Additional reports will be created to show the number of patients receiving tPA within 45 minutes of ED arrival as well as trending of transfer patients receiving tPA at outside facilities, severe hypertension as a reason for delay of tPA administration, and how patients arrived at the emergency department.</p> <p>SETRAC will reach out to the facilities that are listing patients in the “other” category for not administering tPA or delays in tPA that may need to be reclassified or reviewed.</p> <p>Allison Capetillo will review Get With The Guidelines (GWTG) coding instructions for patients who have returned to baseline and were not given tPA.</p> <p>A workgroup will be formed to determine the action items to assist with the committee goal of reducing patients not</p>	<p>Update to be provided at the next meeting.</p>



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reduced by 25% at the end of the 2019.	receiving tPA due to “too mild” symptoms by 25%.	
<p><b>4 SUBCOMMITTEE REPORTS</b></p> <p><b>a) Stroke Data</b></p> <p>The subcommittee will continue to monitor the trend of patients in the “too mild” and “rapidly improving” categories and review the new trending reports that will be created (see “SETRAC Data Reports” section.)</p> <p>The AHA is currently determining how to collect information for large vessel inclusions in GWTG. Therefore, the committee will look at obtaining the following information (from primary stroke centers only) at this time:</p> <ul style="list-style-type: none"> <li>- number of patients transferred out for endovascular evaluation.</li> <li>- of the above patients, the number of patients that had door-in/door-out (DIDO) times ≤ 60 minutes.</li> </ul>	<p>The subcommittee will review trending data during meetings to help determine future possible improvement initiatives.</p> <p>Leaders for the meeting will be selected at the next meeting.</p>	Standing report.
<p><b>b) Stroke Coordinators</b></p> <p>The subcommittee met last month and reviewed the discussion of the Data Subcommittee meeting and the upcoming DSHS meeting (see DSHS Stroke Rules Meeting section.)</p>	No action items or recommendations.	Standing report.
<p><b>c) Education</b></p> <ul style="list-style-type: none"> <li>• <b>City Hall Farmers Market</b>        October 17<sup>th</sup> will be the date of the next City Hall Farmers Market where we will be distributing information about FAST and providing blood pressure checks.</li> </ul>	Anyone wishing to volunteer for the event can contact Diana Rodriguez or Grace Farquhar.	Update to be provided at the next meeting.
<p><b>d) Protocol</b></p>		



DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<ul style="list-style-type: none"> <li>• <b>Regional Stroke Plan (update)</b>            The prehospital stroke guidelines are under review with a small group of local leaders from EMS and hospitals. Once revised, the guidelines and the stroke plan in its entirety will be presented to the committee for review and approval.</li> </ul>	<p>No action items or recommendations.</p>	<p>Update to be provided at the next meeting.</p>
<p><b>5 OLD BUSINESS</b></p> <p><b>a) Thrombectomy-Capable Stroke Centers (TSCs) and DAWN Trial</b></p> <p>TSCs are currently offered by Joint Commission, but not DNV at this time. More information will be coming soon from the Brain Attack Coalition about TSCs and DSHS is seeking feedback from stakeholders about the topic. There is some concern from stakeholders that facilities seeking TSC certification may not be recognized by the state.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p><b>b) SETRAC Bylaws</b></p> <p>The bylaws are under revision and will be presented at the SETRAC board meeting in October for approval. Some items included in the revisions are board meeting attendance requirements and term limits of board and committee members.</p>	<p>No action items or recommendations.</p>	<p>Update to be provided at the next meeting.</p>
<p><b>c) 2018 Goals</b></p> <ul style="list-style-type: none"> <li>• <b>Assisting hospitals falling short of specified percentage of tPA administration</b></li> <li>• <b>Develop community education, beginning with certain zip codes</b></li> <li>• <b>Creation of additional tPA administration rate</b></li> </ul>	<p>The new report for tPA administration rates will be presented at the next Stroke Data Subcommittee meeting.</p>	<p>Update to be provided at the next meeting.</p>



DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p><b>reports:</b></p> <ol style="list-style-type: none"> <li>1) Rates based on patients arriving within 3.5 hours</li> <li>2) Hospital administration rates excluding transfer patients.</li> </ol> <p>A new report is being created to only include patients arriving within 3.5 hours and removing patients that received tPA at another facility. This report will not include wake-up stroke patients at this time.</p> <ul style="list-style-type: none"> <li>• <b>Determine LVO data collection</b> See "Stroke Data Subcommittee" section.</li> <li>• <b>Development of rational useful guideline of the timelines in the new AHA guidelines for clinicians</b> This will be developed once the parameters are set by AHA (likely in 2019).</li> </ul>		
<p><b>6 NEW BUSINESS</b></p> <p><b>a) DSHS Stroke Rules Meeting (recap)</b></p> <p>Committee members who attended the DSHS meeting provided their feedback on the draft of the rules and the meeting in general.</p> <p>The feedback on the rules will be accepted from stakeholders around the state, after which time the rules will be revised. Another meeting will then be held in Austin in 2019 to review the revised rules and provide additional feedback. The new rules are currently scheduled to go into effect in 2020.</p>	<p>Anyone wishing to provide additional feedback on the rules should contact DSHS.</p>	<p>Update to be provided at a future meeting when available.</p>
<p><b>b) Creatinine Administration / Wake-Up Stroke Survey</b></p> <p>A survey was sent to hospitals to see who in the region</p>	<p>No action items or recommendations.</p>	<p>This topic will be revisited at a future date</p>



## SETRAC Stroke Committee

Wednesday, September 26, 2018  
 SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008

Page 5 of 5

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>currently provides CT angiography without waiting for serum creatinine. The results, based on 10 responses, were shared with the committee,</p> <p>It's possible that some hospitals may not know if they have any issues until the DIDO times are reviewed. Therefore, the committee opted to have this survey put on hold until more information is available after studying the DIDO times for stroke patients.</p>		if necessary.
<p><b>c) Announcements</b></p> <p>Houston Methodist Hospital recently had a successful comprehensive stroke survey.</p>	No action items or recommendations.	Closed.
<p><b>7 ADJOURNMENT</b></p> <p>There being no further business, the meeting was adjourned.</p>	No action items or recommendations.	Closed.
<p><u>Next Meeting:</u></p> <p>Wednesday, November 14, 2018          2:00pm to 3:30pm          SETRAC Conference Center</p>		