



Welcome / Introductions

Todd Caliva welcomed the group and introductions were made. Mr. Caliva introduced Amy Iademarco, SETRAC’s Regional Director of Clinical Development. Everyone attending by phone will need to e-mail today’s code words to Grace Farquhar immediately after the meeting to receive credit for participation. The meeting minutes were approved as written.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>Subgroup Reports</p> <ul style="list-style-type: none"> • Data/QI Update <ul style="list-style-type: none"> a) <u>SETRAC Data Review</u> <p>The Quarter 1 2018 data was reviewed by the committee. There are currently 2 PCI facilities that have not reported data. E-mails will be sent in the next few weeks for facilities to review their data for the CEO reports, which may prompt these facilities to enter their data.</p> <p>There continues to be facilities reporting “other/not documented” as a reason for not performing primary PCI.</p> <p>Data continues to show that of the patients transferred to another facility for PCI, about half arrive within the 120-minute guidelines for first door to balloon. For this quarter 40 out of 89 patients transferred met the door-to-balloon time of 120 minutes, 8 patients had a door-in door-out (DIDO) time of less than 30 minutes at the first hospital, and 11 patients received lytics.</p> <p>EMS medical directors who view a presentation on the</p> 	<p>The committee recommended that the CEO report e-mail addressed to those hospitals not submitting data include verbiage about their data not submitted.</p> <p>Facilities that are including “other/not documented” as reasons for not administering primary PCI will be contacted to see what assistance they may need.</p> <p>The committee requested the unblinded CEO report be presented at the committee meetings with the other data reports.</p> <p>Ms. Farquhar will look into whether the CEO reports are being sent to authorized EMS agencies.</p>	<p>Standing report.</p>



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<p>usage of the CEO reports should be receiving a copy of the unblinded report.</p> <p>The SETRAC database is not currently collecting data regarding post-arrest patients that have confirmed STEMIs. These patients would be included as acceptable reasons for exclusions if they do not meet the D2B within 90-minutes guidelines.</p>	<p>A suggestion was made to begin collecting data regarding post-arrest patients.</p>	
<ul style="list-style-type: none"> Protocol / Education Update <p>A meeting was held with Genentech to determine how to get lytics into freestanding emergency departments, including providing education on Genentech's replacement policy. The representative from Genentech is looking into reimbursements and if Medicare patients could be reimbursed through Genentech. A plan for rolling out education is being worked on and require assistance from other physicians.</p>	<p>No action items or recommendations.</p>	<p>Standing report.</p>
<p>OLD BUSINESS</p> <ul style="list-style-type: none"> Committee Goals a) Non-PCI / Transferring Facilities <p>Based on the data collected by SETRAC, there is an area of opportunity to assist these facilities with improving the number of STEMI patients receiving lytics and being transferred out within 30 minutes of arrival. The committee agreed to start with the non-PCI facilities and hospital-based freestanding emergency departments.</p> <p>SETRAC currently has a workgroup for freestanding emergency departments; however, the participation has dropped and the meetings are less frequent.</p>	<p>A recommendation was made to have SETRAC send a letter to all the non-PCI facilities about lytics administration and ensuring they have an established relationship with a PCI facility. Those facilities would be requested to complete an acknowledgement form of the committee's recommendation.</p> <p>The committee set a goal to have the</p>	<p>Standard report.</p>



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<p>The AHA has a project in Kansas, known as the “10/30 Project” that included the critical care access hospitals in the state. Hospitals that signed an attestation and demonstrated that they provided EKGs within 10 minutes of arrival and provided lytics and/or had door-in/door-out times less than 30 minutes were added to a list of hospitals meeting the guidelines. The PCI centers used the list to use for education to the non-PCI centers. Audits would need to be conducted to ensure compliance and information can be pulled by the PCI facilities that are using CAD and Action Registry.</p>	<p>letters go out in August and provide a report at the October meeting on the number of acknowledgements received.</p> <p>The committee will extend an invitation to have Dr. Mark Feanny (chair of the FSED work group) to attend these committee meetings.</p> <p>The committee opted to use the “10/30 Project” in this region.</p> <p>The committee suggested looking at reasons why lytics or DIDO times less than 30 minutes are not being met.</p>	
<p>b) Post-Arrest Took Kit</p> <p>The Protocol / Education Subcommittee will look into the creation of a post-arrest tool kit that hospitals can use in their cardiology meetings.</p> <p>Mr. Caliva charged the committee with having more cardiologists attend the meeting to help be pioneers for STEMI care in the region. Committee members are asked to submit names of cardiologists and an invitation from SETRAC inviting them to be a part of the group.</p> <p>The committee discussed having SETRAC recognition for the cardiologists that participate as a committee member, such as a “SETRAC affiliated” title and including a link to the physician’s bio and photo.</p>	<p>The Protocol / Education Subcommittee will look into the creation of a post-arrest tool kit that hospitals can use in their cardiology meetings.</p> <p>Committee members will provide names of interventional cardiologists at the next meeting that can be a part of the committee. The topic “Cardiologist Recommendations” will be included on the next agenda under “Old Business”. For physicians attending the next meeting, a link to the physician bio page on the hospital website will be sent to Ms. Farquhar and Ms. Iademarco.</p> <p>The committee suggested having Darrell</p>	<p>Standing report.</p>



SETRAC Cardiac Care Committee

Friday, July 27, 2018

American Heart Association, Hamill Room, 10060 Buffalo Speedway, Houston, TX 77054

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
	<p>Pile (SETRAC CEO) send a letter to system CEOs to appoint interventional cardiologists from their systems to attend the meeting.</p>	
<p>c) Abstractor/Community Education</p> <p>The database is currently being upgraded so data can be uploaded and additional data points can be collected. Once the upgrade is completed and additional data points are identified, abstractor education will be arranged.</p>	<p>No action items or recommendations at this time.</p>	<p>Standing report.</p>
<p>d) Free Standing Emergency Departments</p> <p>See "Protocol / Education Update".</p>	<p>See "Protocol / Education Update".</p>	<p>Standing report.</p>
<p>NEW BUSINESS</p> <ul style="list-style-type: none"> Awards / Recognitions <p>See "Welcome / Introductions".</p>	<p>No action items or recommendations.</p>	<p>Standing report.</p>
<p>ADJOURNMENT</p> <p>There being no other items for discussion, Mr. Caliva adjourned the meeting.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p><i>Next Meeting:</i></p> <p><i>Friday, October 19, 2018</i> <i>8:00am to 9:30am</i> <i>American Heart Association (Hamill Room)</i> <i>10060 Buffalo Speedway Houston, TX 77054</i></p>		