



# SETRAC Cardiac Care Committee

Friday, January 25, 2019

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

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| TOPIC  | DISCUSSION/RECOMMENDATION   | ACTION/FOLLOW-UP                                    |
|--|---|---|
| <p><b>Presenter: Dr. McCarthy/Todd Caliva</b></p> <p><b>Topic: Call to Order/Approval of minutes</b></p> | <p>Todd Caliva welcomed the group and introductions were made.</p> <p>No code words provided. Attendance will be tallied based on GoToMeeting log receive credit for participation.</p> <p>The meeting minutes were approved as written.</p>  | <p>The committee has no further recommendations</p> |
| <p><b>Presenter: Darrell Pile/Donald Morrison</b></p> <p><b>Topic: Committee Chair Elections</b></p>     | <p>The committee elected Dr. James McCarthy (uncontested), Todd Caliva (uncontested), and Dr. Kevin Schultz for a 2-year term. New Bylaws related to SETRAC participation requirements reviewed and noted that attendance is no longer required at Board meetings.</p>  | <p>The committee has no further recommendations</p> |
| <p><b>Presenter: Grace Farquhar</b></p> <p><b>Topic: Data/QI Update</b></p>                              | <p>The Quarter 3 2018 SETRAC data was presented to the committee. 97% of PCI centers reporting. CEO report reviewed. Shows improvement on fallouts. Will begin grouping hospitals by Systems on report. Reasons why PCI not performed or delayed reviewed. Transfer metrics reviewed. Noted Q3 had no patients that received lytics. Trends reviewed. Will review transfer collection data in the data subcommittee.</p> <p><i>Data Definitions</i> – currently being revised</p> | <p>Group hospitals by System on CEO report</p>      |
| <p><b>Presenter: Allison Capetillo</b></p> <p><b>Topic: Mission Lifeline Report</b></p>                  | <p>Discussed the A-Fib Scholarship Contest. A-Fib modules interface with heart failure and stroke. Email <a href="mailto:allison.capetillo@heart.org">allison.capetillo@heart.org</a> Deadline Feb 22<sup>nd</sup>. Allison provided fliers.</p> <p>Mission Lifeline report. Currently 10 hospitals.</p> <p>Discussed the Strive to Revive education course on April 12, 2019. Partnership with SETRAC. CEUs and meals included. Cost \$30. Fliers provided.</p>                  | <p>Standing report.</p>                             |
| <p><b>Presenter: Sharla Shumaker</b></p> <p><b>Topic: Protocol Subcommittee</b></p>                      | <p>Call for Volunteers: Assistance is needed to help educate facilities on the 10/30 project as well as developing a post-arrest tool kit.</p> <p>Additional members including EMS support needed. Contact Sharla Shumaker.</p> <ul style="list-style-type: none"> <li>• 10/30 Project</li> </ul> <p>The goal for this project is to have non-PCI centers obtain EKGs within 10 minutes</p>   | <p>Standing report.</p>                             |



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|  | of patient arrival at the hospital and have door-in/door-out (DIDO) times $\leq$ 30 minutes. Recommended revisiting this project in regard to lytics and transfers.   |  |
| <b>Presenter: Christy Means</b><br><b>Topic: Education Subcommittee</b>  | Christy Means reviewed the evidence-based guidelines tool. This has been presented to the chest pain coordinators. Example of post STEMI patient report reviewed. Turn-around time of 1-2 days. Opportunity to partner and share with EMS. Dr. McCarthy requested removing or clarifying chilled fluids as it is outside of the guidelines and may cause harm in immediate ROSC phase. Dr. Persse noted including why patients did not go to Cath lab.  | Remove chilled fluids<br>Include why patients did not go to Cath lab<br>Standing report.   |
| <b>Presenter: Liza Ruff/Tracy Akin</b><br><b>Topic: Data Subcommittee</b>  | Will begin reviewing transfer collection data.  | The committee has no further recommendations   |
| <b>Presenter: Dr. McCarthy/Todd Caliva</b><br><b>Old Business: 2018 Goals</b> <ul style="list-style-type: none"> <li>• Abstractor Education</li> </ul> | Abstractor education will be held once the data dictionary is better defined.   | Closed   |
| <b>Presenter: Dr. McCarthy/Todd Caliva</b><br><b>New Business: 2019 Goals</b>  | <ul style="list-style-type: none"> <li>• Propose SETRAC standard for resuscitated patients.</li> <li>• Move goal of STEMI patients treated within the guidelines to 75%.             <ul style="list-style-type: none"> <li>• Standardizing care for cardiac arrest.</li> </ul> </li> </ul> <p>Acting collectively. Pushing out best practice via published recommendations and provide education on appropriate cath patients and working with EMS to ensure patients are going to facilities that can facilitate cath or facilitate transfer to STEMI capable facility.</p> <p>Todd proposed 1<sup>st</sup> step of recommendation on how resuscitated patient is handled. Convene meeting with group of experts (cardiologists, ER physicians from all Systems, and EMS...all stakeholders from all hospitals) in the next 60 days to discuss recommendation to help SETRAC come up with recommendations to be distributed via SETRAC. Incorporate national guidelines. Will discuss at next</p> | SETRAC to convene meeting with group of experts (stakeholders from all hospitals) in next 60 days.<br>Discuss national guidelines at next committee meeting.<br>Discuss ROSC and transferred STEMI patients at next meeting.<br>Distribute recommendations |



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|                     | <p>cardiac meeting and recommendation to be put out to region by May 1, 2019. SETRAC to collect D2B time data/metrics to track performance. Will discuss ROSC and transferred STEMI patients at this meeting.</p> <ul style="list-style-type: none"> <li>• Transfers</li> </ul> <p>Lytic use is less than 10%. Education on timely intervention required. Lytics within 30 minutes. 10/30 project noted. Facilities with lytics should be published on SETRAC website. Free standing ERs should have a partnership with facility that provides this service. Possibly add to EMResource. Noted free standings should carry lytics regardless of the cost to meet AHA and ACC recommendations. Discussed SETRAC goal certifications for free standing ERs that meet criteria. i.e. Platinum, Gold, Bronze, Silver.</p> <p>Discussed focusing on facilities that have lytics but do not give to patients, such as non-PCI facilities. Standard is 80%. Goal is 75%. Currently at 50%. Improved strategy needed for transfers. Focus on facilities that have cath labs. If free standing has partnership with cath facility, the cath facility should hold free standing accountable for transfer patients.</p> <p>Discussed 1<sup>st</sup> medical contact to intervention as registries are mandating this information. Data committee may begin collecting this data. ACC coming out with EMS report allowing access for EMS and hospitals to view contact times. Possibly beta test database with RAC. Noted Action Registry captures 1<sup>st</sup> medical contact time but is being defined differently.</p> | <p>to region by May 1, 2019.</p> <p>SETRAC to collect D2B time metrics to track performance.</p> |
| <b>Next Meeting</b> | <p>Date: April 26, 2019 at 8:00am to 9:30am<br/>           American Heart Association (Hamill Rm)<br/>           10060 Buffalo Speedway Houston, TX 77054</p>  |  |
| <b>Adjourned</b>    | <p>There being no other items for discussion, Dr. McCarthy adjourned the meeting.</p>  |  |