



**Welcome / Introductions**

Todd Caliva welcomed the group and introductions were made.

Darrell Pile and Mr. Caliva provided an overview of SETRAC, its history, and the growth of the Cardiac Care Committee. Mr. Caliva stated that now is the time for the committee to partner with non-PCI centers and freestanding emergency departments (FSEDs) and establish regional best practices that include providing thrombolytics for STEMI patients being transferred. There is also a need to have more cardiologists participate in committee.

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><b>Subgroup Reports</b></p> <ul style="list-style-type: none"> <li>• <b>Data/QI Update</b> <ul style="list-style-type: none"> <li>a) <u>SETRAC Data Review</u> <p>The Quarter 2 2018 data was presented to the committee. At this time there are 3 facilities that have not reported data.</p> <ul style="list-style-type: none"> <li>○ <i>Data Definitions – Clarification</i> <p>“No PCI Intervention” - Some hospitals are putting patients that do not receive primary PCI due to clear coronaries in the “no PCI intervention” category with no explanation. The committee felt that these patients should be classified as “anatomy not suitable for PCI.”</p> <p>“Number of Patients Transferred Out for PCI” – This category should only reflect the number of patients that you received from another facility that required PCI. Not</p> </li> </ul> </li> </ul> </li> </ul>	<p>No action items or recommendations.</p>	<p>Standing report.</p>



DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>included are those patients transferred out from your facility to another facility.</p> <p>b) <u>Data Subcommittee – Call for Volunteers</u></p> <p>A sign-up sheet was passed around for volunteers to be a part of the data subcommittee. The purpose of having the group is to review the current data dictionary and look at additional data to collect for regional reporting.</p>	<p>A meeting will be scheduled before the next committee meeting to discuss the data dictionary and additional collection of data points.</p>	<p>Update to be provided at the next meeting.</p>
<ul style="list-style-type: none"> <li>• <b>Mission: Lifeline Report</b> AHA is working on relaunching the Mission: Lifeline reports on a quarterly basis. Allison Capetillo presented the Quarter 2 2018 report, of which the numbers appear to be similar to the SETRAC data reported.</li> </ul>	<p>No action items or recommendations.</p>	<p>Standing report.</p>
<ul style="list-style-type: none"> <li>• <b>Protocol/Education Update</b> Sharla Shumaker reported that the subcommittee has a goal of getting non-PCI centers and FSEDs more engaged and help them meet the patient transfer measures.</li> </ul> <p>a) <u>10/30 Project</u> The goal for this project is to have non-PCI centers obtain EKGs within 10 minutes of patient arrival at the hospital and have door-in/door-out (DIDO) times ≤ 30 minutes. Dr. Rohith Malya is working with five hospitals to beta test the project.</p> <p>Facilities participating and meeting the 10/30 measures will be posted on the SETRAC website.</p> <p>b) <u>Protocol/Education Committee – Call for Volunteers</u> Assistance is needed to help educate facilities on the 10/30 project as well as developing a post-arrest tool kit. A sign-up sheet was passed around for volunteers to be a part of the</p>	<p>No action items or recommendations.</p>	<p>Standing report.</p>



# SETRAC Cardiac Care Committee

Friday, October 19, 2018

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

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>data subcommittee.</p> <p>c) <u>Lytic FAQs</u>            Suzanne Dominey (Genentech) spoke about the replacement program for lytics which includes the replacement process for expired and mixed but unused Activase and TNKase. A handout was provided with the replacement program instructions.</p>		
<p><b>OLD BUSINESS</b></p> <ul style="list-style-type: none"> <li>• <b>Committee Goals</b> <ul style="list-style-type: none"> <li>a) <b>Non-PCI / Transferring Facilities</b>                The previously discussed 10/30 Project will have a big impact on working together with non-PCI and other transferring facilities.</li> </ul> </li> </ul>	<p>See "10/30 Project".</p>	<p>Standard report.</p>
<ul style="list-style-type: none"> <li>b) <b>Post-Arrest Took Kit</b>                The Protocol/Education Subcommittee will look into the creation of a post-arrest tool kit that hospitals can use in their cardiology meetings. More volunteers are needed to assist the Protocol/Education Subcommittee complete this goal.</li> </ul>	<p>This project will begin once additional volunteers are identified.</p>	<p>Standing report.</p>
<ul style="list-style-type: none"> <li>c) <b>Abstractor/Community Education</b>                Abstractor education will be held once the data dictionary is better defined.</li> </ul>	<p>No action items or recommendations at this time.</p>	<p>Standing report.</p>
<ul style="list-style-type: none"> <li>d) <b>Free Standing Emergency Departments</b>                The previously discussed 10/30 Project will have a big impact on working together with non-PCI and other transferring facilities.</li> </ul>	<p>See "10/30 Project".</p>	<p>Standing report.</p>



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<p><b>NEW BUSINESS</b></p> <ul style="list-style-type: none"> <li> <b>New Bylaws Passed by Board (Participation for FY 2019)</b>            The newly revised bylaws no longer require hospitals to attend board meetings to meet participation requirements. Stakeholders must attend at least six meetings per year, of which three must be Cardiac Committee meetings for PCI centers. The additional meetings can be subcommittee meetings or meetings of other clinical services.             Each committee will now have three leaders, one of which will be the chair of the committee and the other two will be vice chairs. The positions will need to be filled by one hospital representative, one EMS representative, and one physician. Elections will take place prior to the end of January.         </li> </ul>	<p>An e-mail will be sent from SETRAC with the changes in participation requirements and information on the election process for committee leaders.</p>	<p>Closed.</p>
<ul style="list-style-type: none"> <li> <b>Therapeutic Hypothermia in SCA</b>            Laura Gottlieb (Arctic Sun) gave a presentation on therapeutic hypothermia and the importance of door-to-cool times in the survival of patients with return of spontaneous circulation. Arctic Sun is partnering with hospitals and to review their data to meet these metrics.         </li> </ul>	<p>A suggestion was made to have the Data Subcommittee look at collecting regional data on door-to-cool times, including the number of patients, how many started the process within six hours, and how many reach the correct temperature within six hours.</p>	<p>Closed.</p>
<ul style="list-style-type: none"> <li> <b>Hands Only CPR</b>            Allie Bateman (AHA) discussed the Hands Only CPR program for adults and CPR for infants.         </li> </ul>	<p>A suggestion was made to present the infant CPR program to the SETRAC Perinatal Committee.</p>	<p>Closed.</p>
<ul style="list-style-type: none"> <li> <b>2019 Meeting Dates</b>            The meeting dates were presented and accepted by the committee.         </li> </ul>	<p>Grace Farquhar will confirm with AHA on availability of the conference room.</p>	<p>Closed.</p>



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Page 5 of 5

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<b>ADJOURNMENT</b> There being no other items for discussion, Mr. Caliva adjourned the meeting.	No action items or recommendations.	Closed.
<i>Next Meeting:</i>  <i>Friday, January 25, 2019</i> <i>8:00am to 9:30am</i> <i>American Heart Association (Hamill Room)</i> <i>10060 Buffalo Speedway Houston, TX 77054</i>		