



# SETRAC Cardiac Care Committee

Friday, April 26, 2019

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

Page 1 of 5

TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p><b>Presenter: Dr. McCarthy/Todd Caliva</b>  <b>Topic: Call to Order/Approval of Minutes</b></p>	<p>Todd Caliva welcomed the group and introductions were made.</p> <p>The meeting minutes were approved as written.</p>	<p>The committee has no further recommendations</p>
<p><b>Presenter: Amy Iademarco</b>  <b>Topic: Meeting Schedules and Expectations</b></p>	<p>Subcommittee and Workgroup meetings will be held immediately after the Committee meetings. Since committee meetings are quarterly, recommended conference calls for special projects in between quarterly meetings.</p>	<p>The committee has no further recommendations</p>
<p><b>Presenter: Grace Farquhar</b>  <b>Topic: Data/QI Update</b></p>	<p>The Quarter 4 2018 SETRAC data was presented to the committee. Noted a few facilities did not report data and one hospital that is no longer open that did not submit Q4 data before closing. Will be at roughly 94% for Q4 data submission. Email with Q4 information for CEO reports recently sent for review and necessary changes.</p> <p>Number of patients with reported STEMIs reviewed. 385 patients out of 627 met D2B &lt;90 minutes. Regarding the 39 cases in red, acceptable reasons will change this number.</p> <p>Regarding transfer metrics, we are now using numbers reflecting transfers for PCI. Did not make a large difference in data. Increase in number of lytics received. 7 out of 17 patients received lytics within 30 minutes at referral hospital.</p> <p>Regarding data elements that make up other/not documented, <b>“patient coded in cath lab and expired before procedure began”</b>, may now go into Anatomy Not Suitable category.</p> <p><b>“Patient had non obstructive coronary artery disease”</b> is pulled out at some hospitals but usually falls under the Anatomy Not Suitable category. The documentation is needed.</p> <p>Grace noted marking <b>“Pt. intubated in the ED for respiratory failure”</b> as an acceptable reason when deep diving into individual hospital data. Will discuss new data dictionary at workgroup meeting.</p> <p>PCI transfers remain around 50%. Increase in lytics noted. Out of 62</p>	<p>New criteria to generate reports that show lytics received within 30 minutes in green or did not achieve but 180 met. Provide update at next meeting</p>



# SETRAC Cardiac Care Committee

Friday, April 26, 2019

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

TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>patients, 17 received lytics. Possibly due to better reporting. Unknown if it is before or after 120 minutes. Goal being met roughly 1/3 of the time. Darrell noted, focusing on the outlier transfer facilities for improvement.</p> <p>Todd Caliva recommended a subcommittee to deep dive on outlier hospitals and reach out to those CEOs. Recommended tool kit for non-STEMI facilities and aid in identifying PCI partnerships. Recommended receiving a letter from SETRAC requiring an explanation for lytics outside of window. Darrell noted being willing to visit outlier hospitals that transfer patients in.</p> <p>Goal is 120 minutes. If patients arrive at non-STEMI facility, does not receive lytics, transfers to a capable facility for lytics and does not meet the goal, it goes against the STEMI facility. Detail on transfers outside of the window are not currently on the unblinded CEO reports but other report shows hospitals that are reporting patients that did not meet goal. The 10/30 project also works on this.</p> <p>Blinded CEO report for Q4 2018 reviewed. Cardiac coordinators can drill down on outliers. For hospital B: Out of the 12 patients, 8 received lytics however only 2 had DIDO of the first hospital within 30 minutes. Members noted if patient receives lytics, they should not be on the chart.</p> <p>Recommended 2 graphs. 1 showing patients show received lytics within 30 minutes as the clock stops at that point. Second graph showing patients who did not meet the 120 goal. Will have to change database to have question, of the patients that received lytics, how many received in 120 minutes. Unable to pull this data at this point.</p> <p>Graph should reflect lytics received within 30 minutes. If not, then metric should be in the red. Most important metric is lytics within 30 minutes and cath lab within 180 minutes. Recommendation is to wait 2 hours after lytics before performing cath. Data subcommittee to review the database questions for clarification.</p>	
<p><b>Presenter: Allison Capetillo</b> <b>Topic: Mission Lifeline Report</b></p>	<p>Q4 2018 data reviewed. Noted it is only representative of 14 hospitals. 242 STEMI cases, no referring hospitals reported in Q4. 95.3% arrival within 30</p>	<p>Standing report.</p>



# SETRAC Cardiac Care Committee

Friday, April 26, 2019

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

TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>minutes for Q4 2018. 75% goal. Currently at 96.1 for EMS FMC to PCI. Goal is 90 minutes for median time. Recommended drill down to see how many EMS providers are not meeting median time. Also based on volumes which can skew data. Noted report refreshes daily.</p> <p>Regional trends over 5 quarters reviewed for Arrival to 1<sup>st</sup> facility to PCI. Noted Q4 2018 had 85% met the goal, roughly 5 patients that did not receive lytics. 14 hospitals reporting with 2 inconsistent reporting.</p>	
<p><b>Presenter: Todd Caliva</b> <b>Topic: Subcommittee Leader Recognition</b></p>	<p>Subcommittee leaders recognized and presented with gifts. Leaders thanked for their contributions.</p> <ul style="list-style-type: none"> <li>• Sharla Shumaker</li> <li>• Dr. Rohith Malya</li> <li>• Christy Means</li> <li>• Liza Ruff</li> <li>• Tracy Akin</li> </ul>	<p>The committee has no further recommendations</p>
<p><b>Presenter: Sharla Shumaker</b> <b>Topic: Protocol Subcommittee</b></p>	<p>Will meet after committee. Working on 10/30 project and working on toolkit for facilities that are not meeting times.</p>	<p>Standing report.</p>
<p><b>Presenter: Christy Means</b> <b>Topic: Education Subcommittee</b></p>	<p>Will meet after committee. Changes to ROSC toolkit made. Chilled fluids removed and including why patients are not going to cath lab upon arrival.</p> <p>Transfer guideline and tool has been revised. Draft will be provided. Possibly develop a protocol. Will discuss criteria needed for listing as PCI facility on SETRAC website.</p> <p>Noted importance of EMS partnerships. EMS is receiving the same copy of comparative results that CEOs receive. EMS report is available upon report. Contact Amy Iademarco or Christy Means</p>	<p>Standing report.</p>
<p><b>Presenter: Liza Ruff/Tracy Akin</b></p>	<p>Will meet after committee. Will review D2B metrics to improve reporting</p>	<p>Standing report.</p>



**SETRAC Cardiac Care Committee**

Friday, April 26, 2019

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

TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p><b>Topic: Data Subcommittee</b></p>	<p>automation and standardize what elements are identified to pull data from NCDR and GWTG to streamline the ways data is collected. Discuss revisions to data dictionary.</p>	
<p><b>Presenter: Dr. McCarthy/Todd Caliva</b> <b>Old Business: CPR Community Event</b></p>	<p>1<sup>st</sup> week of June is CPR week. Pending grant funding for 50 kits for each hospital to perform CPR education through the AHA. Recommended smaller groups during this week versus one large event.</p> <p>Requested small workgroup to coordinate central events. Also, the consortium meeting will be held for all leaders to discuss post arrest and cooling patients. Requested workgroup volunteers. Sign-up sheet provided</p> <p>Requested partnering with the Astros, Rockets, or Texans for collaboration on community event on Saturday with free publicity from news stations for increased attendance. Should take advantage of public service announcements. Christy to reach out to Astros for collaboration.</p>	<p>Christy to provide update on Astros collaboration</p>
<p><b>Presenter: Dr. McCarthy/Todd Caliva</b> <b>New Business: 2019 Goal Review</b></p>	<p>Goals reviewed. On track for addressing 2019 goals.</p>	<p>The committee has no further recommendations</p>
<p><b>Open Discussion</b></p>	<p>Tracy inquired if EMS should still go to nearest STEMI receiving facility as some patients are received through the transfer center because they agreed to receive the patient. HFD will take STEMI and Stroke patients to the nearest PCI facility. This is the standard for EMS unless the facility is having an emergency. Noted EMS bypassed 3 STEMI receiving facilities. ACC guideline is for facility to not be on diversion for STEMI patients. Transfer center is different from 911 EMS. Recommended additional education for EMS providers and transfer centers as transfer centers operate under different guidelines. Hospital educators can educate on best practices. Patient preference is not usually taken into consideration as the best interest of the patient is priority.</p> <p>Allison noted AHA newsletter available. Free Hands-Only CPR 2-day</p>	<p>The committee has no further recommendations</p>



## SETRAC Cardiac Care Committee

Friday, April 26, 2019

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

Page 5 of 5

TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
	seminar in Dallas on July 1st. Introduced Rene Ramon who presented on RQI. If interested in RQI, station is set up in the lobby. Memorial Hermann will be signing on soon for CPR certifications.	
<b>Next Meeting</b>	Date: July 26, 2019 at 8:00am to 9:30am American Heart Association (Hamill Rm) 10060 Buffalo Speedway Houston, TX 77054	
<b>Adjourned</b>	There being no other items for discussion, Todd Caliva adjourned the meeting.	