



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>2 <u>APPROVAL OF MEETING MINUTES</u></p> <p>The minutes were approved with no revisions requested.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p>3 <u>SETRAC DATA REPORTS</u></p> <p>a) Quarter 3 2018 Data Due November 30th Quarter 2 data was reviewed at the previous meeting. Requests for an extension for the Quarter 3 data submission should be submitted to Ms. Farquhar. The CEO reports for Quarter 1 2018 has been distributed.</p> <p>b) tPA Administration Rates Report Allison Capetillo (AHA) created reports that compares our regional data vs. national and state data. The trending reports indicate that consideration should be taken to have a tPA administration goal of 45 minutes instead of 60 minutes. It also appears that SETRAC is outperforming the rest of the state and nation in tPA administration. The reports also show that complication rates for patients that received tPA are low.</p> <p>The SETRAC board has expressed interest in having this information published. Anyone interested in working on this project can contact SETRAC or Dr. Savitz.</p> <p>A new SETRAC report has been created that shows individual hospital tPA administration rates that excludes patients that received tPA at an outside facility and patients that arrived in greater than 3.5 hours of last known well.</p>	<p>No action items or recommendations.</p> <p>Ms. Capetillo will review the protocols for publishing this data in her reports.</p> <p>A suggestion was made to track each hospital to see how they are trending with tPA administration rates and what hospital changes were initiated to improve rates. SETRAC will compare the hospital rates to meeting attendance to determine how participation may affect improving tPA rates.</p>	<p>Closed.</p> <p>Update to be provided at the next meeting.</p>



DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>System reports will be created for those who represent entire hospital systems.</p>		
<p>4 SUBCOMMITTEE REPORTS</p> <p>a) Stroke Data See “SETRAC Data Reports” and “Goals – Determining LVO Data Collection” sections.</p>	<p>No action items or recommendations.</p>	<p>Standing report.</p>
<p>b) Stroke Coordinators The subcommittee met last month. The new tPA administration report was reviewed and a discussion took place on how to account for patients that did not receive tPA because they returned to baseline (part of the “rapidly improving category”.)</p>	<p>No action items or recommendations.</p>	<p>Standing report.</p>
<p>c) Education</p> <ul style="list-style-type: none"> • City Hall Farmers Market SETRAC had a tent at the farmers market last month and provided blood pressure screenings to 24 people. This number is about half of how many are usually at our tent, most likely due to the weather conditions that day. One visitor who was screened learned he had hypertension and now has a physician monitoring his blood pressure. • New Cholesterol Guidelines The new AHA guidelines for cholesterol and statin measures have been released and will probably go into effect in January. The Get With The Guidelines (GWTG) program will use the new cholesterol guidelines as a reference to for treatment of patients on statins. 	<p>No action items or recommendations.</p> <p>Anyone needing the new guidelines can contact Ms. Capetillo.</p>	<p>Closed.</p> <p>Closed.</p>
<p>d) Protocol</p> <ul style="list-style-type: none"> • Regional Stroke Plan (update) The prehospital stroke tool continues to be reviewed. 	<p>A suggestion was made to present the topic of catheters to the EMS Committee.</p>	<p>Update to be provided at the next meeting.</p>



DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>The tool has been simplified for EMS to use while out in the field. The committee discussed having a recommended type of catheter for EMS to use and changing the term “advanced imaging center” to “closest stroke center” since all designation stroke centers are required to have advanced imaging.</p> <p>Once revised, the guidelines and the stroke plan in its entirety will be presented to the committee for review and approval.</p>		
<p>5 <u>OLD BUSINESS</u></p> <p>a) Thrombectomy-Capable Stroke Centers (TSCs) and DAWN Trial 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. The SETRAC prehospital stroke guidelines include TSCs and there will be more studies in the future that will affect protocols.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p>b) SETRAC Bylaws The SETRAC board voted for every committee to have three leaders (one hospital, physician, and EMS representative.) Of the three elected leaders, one will be chosen as a chair for the committee. The board also agreed that board meeting attendance will no longer be required for hospital participation and meeting documents will be provided one week prior to the meeting.</p> <p>Dr. Mattox will be leaving his chair position at the end of this fiscal year. Elections for board chair will take place this summer and Dr. Mattox will serve a 1-year term as an immediate past chair.</p>	<p>Information about the elections will be sent via the list serves and a date will be scheduled in January for the Stroke Committee meeting.</p>	<p>Closed.</p>



SETRAC Stroke Committee

Wednesday, November 14, 2018
 SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008

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DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
<p>6 <u>NEW BUSINESS</u></p> <p>a) 2019 Meeting Dates The meeting dates for the Stroke Committee were presented and will be updated on the SETRAC website.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p>b) Announcements SETRAC will be presenting a study topic to Genentech that will look at patients that didn't receive tPA due to symptoms being "too mild" or "rapidly improving" and their outcomes. The goal would be to reduce the number of patients not receiving tPA that fall into this category.</p>	<p>No action items or recommendations.</p>	<p>Update to be provided at an upcoming meeting.</p>
<p>7 <u>ADJOURNMENT</u></p> <p>There being no further business, the meeting was adjourned.</p>	<p>No action items or recommendations.</p>	<p>Closed.</p>
<p><u>Next Meeting:</u></p> <p>Wednesday, January 23, 2019 2:00pm to 3:30pm SETRAC Conference Center</p>		