

Wednesday, May 30, 2018 SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008

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1 CALL TO ORDER

Ms. Grace Farquhar 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 Ms. Farquhar immediately after the meeting to receive credit for attendance.

	DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
2	APPROVAL OF MEETING MINUTES The minutes were approved with no revisions requested.	No action items or recommendations.	Closed.
3	a) Quarter 4 2017 reports Data for the quarter was shared with the committee. There have been no major changes since the previous quarter; however, the number of patients not receiving tPA due to "other" reasons continue to decline. At the recommendation of the stroke data workgroup, a two-year trending chart was created to show the number of patients not receiving tPA due to the "rapid improvement" and "too mild" categories.	The stroke data workgroup will discuss the data collection process for studying patients not receiving tPA due to "rapid improvement"/ "too mild" symptoms.	Update to be provided at the next meeting.
	b) Quarter 1 2018 – data entry feedback Beginning with January 2018, all data will go into the new database (data.setrac.org). At this time, there have been no technical issues with entering the data.	No action items or recommendations.	Closed.
	c) Stroke Data Work Group – LVO data points A handout of the proposed data collection for LVO patients was provided to the committee. The committee discussed the data elements and how to optimize care across the region so LVOs are detected and treated as quickly as possible without hurting those patients who don't have LVOs and need tPA.	The stroke data workgroup will discuss the best way to collect this data and determine how many patients not receiving tPA were referred for LVO. The data elements will be revised and sent to the committee.	Update to be provided at the next meeting.
4	SUBCOMMITTEE REPORTS		



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a)	Stroke Coordinators The subcommittee met in April and discussed the LVO data points previously discussed and working on a presentation for town hall meetings.	No action items or recommendations.	Standing report.	
b)	 Farmers Market event (recap) Stroke education materials and blood pressure checks were provided at the City Hall Farmers Market on May 16th. Another event will be scheduled in the fall. 	No action items or recommendations.	Closed.	
	 Additional ideas for regional education Ms. Farquhar has reached out to a technology company that has developed an interactive stroke education tool to see if it is something that can be used in the region. A meeting will be set up soon to discuss putting together the presentation for town hall meetings. 	No action items or recommendations.	Update to be provided at the next meeting.	
c)	Protocol • Regional Stroke Plan (update) The plan will be ready for review and approval upon receipt of the final draft of the prehospital stroke guideline algorithm.	No action items or recommendations.	Update to be provided at the next meeting.	
	Thrombectomy-Capable Stroke Centers (TSCs) and DAWN Trial There are currently no hospitals in this region pursuing TSC accreditation. DNV is looking into the possibility of offering this accreditation. The results of both the DAWN and DIFUSE 3 trials are published and support thrombectomy in very selective patients. The patients that were eligible for the trials had to have a CT perfusion scan analyzed by RAPID software.	No action items or recommendations.	Closed.	



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	DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
)	SETRAC Bylaws Deferred to after the SETRAC Board meeting in July.	No action items or recommendations.	Deferred.
;)	 2018 Goals Assisting hospitals falling short of specified percentage of tPA administration Develop community education, beginning with certain zip codes One goal of having the current SETRAC database updated is to collect zip code information. This information can be used to tailor education with legislative districts. Creation of additional tPA administration rate reports: Rates based on patients arriving within 3.5 hours Hospital administration rates excluding transfer patients. This information is unable to be collected with the data received by SETRAC, but may be collected in the future. 	The stroke data subcommittee, previously an ad hoc meeting, will now be scheduled regularly to discuss new data collection.	Update to be provided at the next meeting.
	 Determine LVO data collection See "Stroke Data Work Group" section Development of rational useful guideline of the timelines in the new AHA guidelines for clinicians This will be developed once the parameters are set by AHA (likely in 2019). 		
d)	Study findings and abstract publication status The abstract showing regional tPA treatment rates and healthcare savings for the Stroke Journal is going through a second revision.	No action items or recommendations.	Update to be provided at the next meeting.



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		DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
	e)	Stroke support groups – listing Information about stroke support groups in the region is posted on the stroke committee page on the website.	No action items or recommendations.	Closed.
6		W BUSINESS Creatinine administration/literature update A document was distributed to the committee that states that waiting for serum creatinine value is unnecessary prior to CT angiography in CVA/LVO evaluation.	A survey will be sent to determine which hospitals are currently providing CT angiography without waiting for serum creatinine.	An update on the survey will be provided at the next meeting.
	b)	Wake-up stroke at TIAs – new studies The New England Journal of Medicine recently published an article about the possibility of treating patients with wake-up strokes that do not have LVO but are identified on MRIs. The results of the NIH funded POINT trial were recently published. The study discovered that dual antiplatelet administered to TIA patients work better than one agent alone to prevent strokes; however, there is an increased risk of developing a systemic bleed after 3 to 4 weeks.	A survey will be sent to determine if hospitals are administering tPA to wake-up stroke patients, based on imaging.	An update on the survey will be provided at the next meeting.
	c)	F.A.S.T. marketing item SETRAC has reached out to a company to create phone screen wipes containing the F.A.S.T. message to distribute at community events.	No action items or recommendations.	Closed.
7	The	JOURNMENT ere being no further business, Dr. Savitz adjourned the eting.	No action items or recommendations.	Closed.
	We 2:0	xt Meeting: ednesday, July 25, 2018 l0pm to 3:30pm TRAC Conference Center		