



SETRAC Stroke Coordinators Subcommittee

Wednesday, April 24, 2019
SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008

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TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Shelley White/Tonia Shelton Topic: Call to Order/Approval of Minutes	Shelley called the meeting to order. The minutes from the meeting on February 27, 2019 were approved with no changes.	The committee has no further recommendations
Presenter: Donald Garrett Topic: SETRAC Stroke Data Subcommittee	Discussed adding EMS departure time to the Jot form.	The committee has no further recommendations
Presenter: Subcommittee Topic: 2019 Goals	• Door to Needle within 45 minutes. Currently no goal percentage. Nationally, 30 minutes at 50%. 45 minutes at 75%. 60 minutes at 85%. Door to Brain scan measure will be added. Regional rate for 2018 is 90.3% at 60 minutes and 60.3% at 45 minutes. Goal is established as 45 minutes at 75%. • Remove 3.5hr filter from collection database to capture all tPA patients. Allison to remove 3.5 filter from each hospital beginning next quarter. Per Allison, the hospitals that allow up to 24 hours, the cases are auto excluded due to wait window. • EMS education. SETRAC will look into grant funding and follow up with Dr. Suarez and Dr. Rawl for ENLS. Education is needed for the prehospital stroke assessment tool. EMS agencies that have not adopted a stroke scale will be encouraged to use LANS. MCHD has developed a training video with interactive PPT that will be uploaded to Brainshark as first training. Video briefly discusses the difference between Comprehensives and Primaries. Dispatch instructs HFD which hospital to go to which eliminates their knowledge of which hospitals are comprehensive or not. HFD will be able to attest to trainings however competency validation is difficult due to large number of employees. Will train, test, and review data for effectiveness.	The subcommittee approved goal of 45 minutes at 75%.



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Presenter: Theresa Eschete Topic: Best Practices and Challenges	Theresa shared focus points from a recent survey. • tPA, vitals, and neuro checks within 15 minutes prior to tPA administration • Consents • Pulse and groin checks • tPA flush. The wording on the flush orderset. Surveyors want to see the flush is documented at the same rate as the tPA • Comorbidities Swallow screenings are also being looked at. Must be validated. Noted many patients have been double billed for bolus as bolus and saline was a separate orderset.	The committee has no further recommendations
Presenter: Jeannie Sumner Topic: Stryker Presentation	Jeannie presented on their stroke application and received feedback from the subcommittee. Recommended adding Radiology and Lab to the activation team. App can be customized per hospital. App can be used to initiate a transfer. Long term goal is to view images and lab results via app. A PDF of the GWTG report can be provided but data will not automatically transfer to GWTG. Recommended export to CSV file to auto upload into GWTG but hospital would have to set this up. Data is HIPPA compliant but still having discussion regarding personal devices. Goals regarding alerts are being discussed. Challenges include pre-hospital alerts. Pre-hospital app may be developed in the future.	The committee has no further recommendations
Topic: Open Discussion/Announcements	Stomp Out Stroke: Free event on May 4 th . Registration is open. More information is available at www.strokefestival.org . Fliers provided Genentech Stroke Education: Last education event will be at Third Coast in the Medical Center on April 30, 2019.	The committee has no further recommendations
Adjournment / Next Meeting	There being no other items for discussion, Shelley adjourned the meeting. Wednesday, June 26, 2019 at 12:00pm to 1:30pm SETRAC Conference Center	The committee has no further recommendations