



SETRAC Stroke Coordinators Subcommittee

Wednesday, June 26, 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 Topic: Call to Order/Approval of Minutes	Shelley called the meeting to order. The minutes from the meeting on April 24, 2019 were approved with no changes.	The committee has no further recommendations
Presenter: Donald Garrett Topic: SETRAC Stroke Data Subcommittee Update	Reported discussing LVO data and collection elements. SETRAC to setup call with comprehensives to review jot form and alternative ways of collecting data. Discussed back tracking CT reading time since we are now tracking additional times. AHA noted Rapid Improvement category will be considered unacceptable beginning Fall 2019. The Too Mild definition will also be changed. Patients symptoms must be considered nondisabling to fall in TM category. New definition will be released Fall 2019. If AHA definition changes, SETRAC may change category requirements upon committee member vote. Physician must document nondisabling. NIH 0 is no longer acceptable alone. Will add to Stroke Committee agenda to discuss if SETRAC should change category along with AHA. Flyer regarding additional AHA news provided to members.	SETRAC to setup conference call with comprehensive hospital stroke coordinators. Add RI/TM category change to Stroke Committee agenda
Presenter: Subcommittee Topic: ENLS Classes	Grace noted this is the same class hosted by Drs. Suarez and Rao in 2015. Dr. Rao is willing to lead class again. Suzan Styron is currently inquiring about interest in the class for estimated number of attendees. Will print flyers for next meeting. Requested members discuss this 1 day class with EMS partners to see if they're interested. Must register ahead of time and complete online modules. Exam will be taken following the course. EMS CEs can be provided.	Print ENLS flyers for next meeting



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Topic: Open Discussion/Announcements	Andy noted an upcoming 3-hour neuro and trauma conferences in Conroe. Email Andy Adams at aadams@mchd-tx.org for addition information. Can attend in-person or online. Noted a cost is involved. Neuro will be going first. Andy to send to Tonya to add to regional events email. Suzanne noted stroke education on August 6th from 7pm at Uchi on Westheimer in the Med Center for Genentech. Rachel Garvin, Emergency Physician, will be performing education geared towards emergency physicians. Email Suzanne Dominey at dominey.suzanne@gene.com for further information. Same content as last education series but provided by Dr. Garvin instead. 1-hour credit for stroke contact provided. EMS Committee has developed Situational Awareness training July 15th in Conroe and July 16th in Stafford. The 8-hour class is focused on EMS but involves high risk environments for all first responders geared around how to process outcomes in a crisis situation. Taught by retired fire chief. Online registration through eventbrite. Allen to send to Tonya to add to regional events email. Farmer's Market event: Grace noted Diana would like to secure a date for the Fall event. October 29th is World Stroke Day. Farmer's Market is open on Wednesday. Subcommittee agreed on October 30th if meeting conflicts do not occur. Naylon with Ben Taub shared best practices from their recent DNV Stroke survey. • Review orderset and remove TED Holes. • Education plans: Did not want procedure education but education for specific patient need. Ex: thrombectomy specific education.	Andy to send event to SETRAC to disperse through list serve Allen to send to SETRAC to disperse through list serve



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	• Individual care plans had glitch in setup. Ex: If CVA is added on care plan, all risk factors will auto generate in education section. You can then take off risk factors that do not apply to the specific patient. However, in Epic, if you go into education care plan, and add something regarding care, it regenerates all risk factors again. • Door to monitored bed: Surveyor wants report around bedding patients in the EC; how do you define monitored beds. DNV really looks at those needing ICU. Wants to see if same level of care is provided in ED as in ICU. If patient was in monitored bed would admit orders be initiated? • Theresa noted surveyor wanted to see that door to bed times are being monitored and what is done if numbers are high. • Bleeds and tPA thrombectomy. Door to monitored bed taskforce being developed at HM TMC per Jodie Garcia. • Downtime form: Update to system brought over 7 of 8 ordersets. tPA panel pulled over wrong information. Will review downtime forms quarterly. • Depression screening specific to stroke: Depression usually occurs post stroke discharge. PH9 is not specific to stroke. Opens questions regarding how to treat these patients. • Angio edema will be surveyed: Wants to see this in care plan for tPA patients and how long this will be monitored. No specific time documented but highest risk is up to 2 hours. Should be built into alteplase orderset with meds for angio edema. Ensure downtime orderset matches. Recommended reviewing quarterly. • Each facility needs individual transfer agreement with sister facilities and at least 1 outside facility. Must be in writing.	



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	July 2019 – October 2019 closure for construction in SETRAC offices noted. 6th floor conference room has been reserved. Reminder will be sent. Noted this is Dr. Mattox's last year as Chair of SETRAC Board. July 15th last Board meeting. Colleen Kehr Inquired if Mattress Mack would be interested in being a spokesperson for Stroke or provide a PSA. Will revisit idea at next meeting. AHA to present at the next meeting.	
Adjournment / Next Meeting	There being no other items for discussion, Shelley adjourned the meeting. Wednesday, August 28, 2019 at 12:00pm to 1:30pm SETRAC Conference Center	The committee has no further recommendations