TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Dr. Kevin Schulz **Topic: Call to Order/Approval of Minutes**	The minutes from the April 22, 2022, meeting was approved as written. Attendance will now be tracked by going to www.setrac.org/cardiac. This is where you will enter your code words.	The committee has no further recommendations
Presenter: Dr. James McCarthy **Topic: GETAC Update**	No updates. Grace advised there was not a GETAC meeting in May. The next GETAC meeting will be the 2nd or 3rd week in August.	The committee has no further recommendations
Presenter: Dr. Kevin Schulz **Topic: STEMI Coordinators Subcommittee** ○ **Leaders Needed**	Dr. Schulz advised that leaders are needed for the STEMI Coordinators Subcommittee and if anyone wanted to volunteer to lead the group to reach out to Tonya or Grace.	The committee has no further recommendations
Presenter: Rakesh Shah, M.D. **Topic: Cardiac Care Education Series** ○ **Controllable/Uncontrollable Heart Attack Risk Factors**	Dr. Schulz informed the group of the presentation given by Dr. Shah regarding controllable/uncontrollable heart attack risk factors. He advised it was very useful information back to basics on what we can do for ourselves and our patients on how to improve cardiac health and cardiac care. Dr. Schulz asked if anyone would like to present or knew of anybody who would like to present to the group as part of the education cardiac care series to let Tonya know, as the committee is always looking to education our patients, the public, and ourselves on how to continue to provide better care.	The committee has no further recommendations
Presenter: Grace Farquhar **Topic: Data Review** ○ **Q1 2022 Data Reports**	Q1 2022 data was due at the end of May. Grace thanked everyone that submitted their data. Q2 data is due at the end of August she advised if they have not submitted their data, yet they will be getting a reminder in a couple of weeks that the data is due. Five facilities have not submitted their data and one facility has submitted partial data. Grace will reach out to those facilities missing data. A month and half ago Grace sent database users along with some of the chest pain coordinators a report showing their facility's authorized database user along with the data received and not received. She advised If they did not receive the report and would like that information let her know. If a facility is seeking	The committee has no further recommendations

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	certification and requesting a letter of participation from SETRAC and is not current on their data submission, the participation letter will not be released. If you are not sure who enters your data let Grace know so she can get you caught up. New RAC assessment to be implemented. Self-assessed survey of RAC's regional system of care for all acute care service lines including cardiac care. RACs are encouraged to interact with partners outside of PCI facilities and EMS agencies (e.g., long term care facilities, public health, local government leaders. Few specific data metrics provided by the state include demographics and discharge disposition. Initial survey assessment will begin with trauma and prehospital service lines, due August 2023. Additional service lines, including cardiac, to be added later. SETRAC is reviewing ways to make cardiac data submissions more efficient for PCI hospitals. EMS partners to explore data collection based on Cardiac Care Committee recommendations.	
Presenter: Micah Panczyk **Topic: Texas CARES Data**	Micah presented Texas CARES data and summarized the final data for 2021. Over 3,100 cases logged across SETRAC only four were missing outcomes. 2021 Location of Arrest (Home/Residence, Nursing Homes, and Public Setting) by percentage SETRAC 16.8%, Texas 16.4%, and National 16.2%. Arrest witnessed by bystander SETRAC 41%, Texas 38%, National 37.5%. In 2018 CPR initiated bystander SETRAC 47.4%, Texas 44.0%, National 40.7. CPR initiated Firs Responder SETRAC 14.4, Texas 28.2, National 30.6. 17.4%. SETRAC last year had 65 % of cases-initiated bystander CPR before EMS arrival 65% of the time in Texas 72%, and 71% nationwide. COVID moved the bystander CPR rates down, locally, statewide, and nationally. AED applied prior to EMS arrival percentages SETRAC 66.5%, Texas 67.7%, and National 72.1%. by bystander SETRAC 8.3%, Texas 8.3%, and 5.8% National. First Responder SETRAC 27.2%, 23.9%, and 22.1%). These percentages point towards community AED awareness. Shockable rhythms last year were lower in SETRAC then Texas and Nationally. Sustained ROSC in the field numbers looked similar across SETRAC, Texas and Nationally.	The committee has no further recommendations

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	The overall survival rates for hospital admissions last year for SETRAC 28.4%, surviving two hospital admission was higher than statewide and national rates (Texas 24.0% and Nationally 24.7%). Hospital discharge, 10.1%, Texas 9,4%, and Nationally 9.1%. With Good or moderate CPC SETRAC 6.7%, Texas 7.0%, Nationally 7.2%. Bystander Witnessed & Shockable Rhythm percentages were show and the CARES summary report demographic and survival characteristics of OHCA. The Texas Cardiac Arrest Registry to Enhance Survival (TX-CARES) and Penn Medicine TTM Academy present Save the Date November 11, 2022, 9am-4pm at McGovern Medical School Bldg. UTHealth-Houston. Best Practices & Cutting-Edge Techniques for Saving Lives in our Communities. For EMTs, Nurses & Physicians involved in cardiac chain of survival "From BLS to ECMO: State of the Art Cardiac Resuscitation" Two separate tracks prehospital and in hospital post arrest management. Have one hundred seats fifty in each track. If interested registration will be available by the middle of next month. Will be offering CMEs and CNEs any questions on the course reach out to Micah at micah.j.panczyk@uth.tmc.edu.	
Presenter: Dr. Kevin Schulz **Topic: 2022 Committee Goals Review/Update** ○ **Regional Care Plan**	Dr. Schulz went over the goals and advised that the committee will continue to educate and strive to reach each goal set. Each PCI facility will identify at least one fee-standing non-PCI facility to partner with within 60 days. Total of transfer patients meeting D2B<120 minutes, provide Lytics when appropriate and transferred out within 30 minutes the is goal 75% based on the data we are not there yet will continue to strive for improvement by identifying the problem and addressing it. PCI hospitals will give feedback to EMS on patients 80% of the time. This is not a metric we can collect Dr. Schulz opened it up to the EMS members in the meeting. Cindy advised EMS have to ask for feedback they would love to have a mechanism in place where they get feedback. Dr. Schulz advised EMS get feedback and would like to see more as it will help with the overall system of care. Giving feedback on any efficiencies and EMS responding back about initiatives being taken to address whatever the	Volunteers for the Regional Cardiac Plan task force

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	efficiencies was mentioned. The goal to developing community education including a regional hands-on CPR event was in motion but COVID happened and slowed it down it is still moving forward. News/social medica presence related to stroke and STEMI regional education. A 4-week campaign message was rolled out in 2020. We still have a lot of the images and graphics from that campaign from time to time we will repost them on social media especially the one on cardiac care when the call is made to EMS. The Regional Cardiac Plan will be a new goal as a new rule is coming down from DSHS requiring all RACs to develop a regional cardiac plan. It is a requirement and encompasses the entire system of care in the region. A task force consisting of 3 to 4 people to work on the cardiac regional plan as soon as possible as it is one of the self-assessments criteria. Will need people to help drive this task force, Allen and Cindy volunteered. If interested in being apart reach out to Tonya and Grace and they will let the leaders know.	
Open Discussion	Grace advised that a Wrist Band Initiative is coming down the pipe from the state. They would like all the EMS providers to use them any time 911 is called and EMS transfers the patients they want them to put a wrist band on them that will stay with them throughout their stay. We are one of the last regions to put it in place. There is no funding for it. A new ED workgroup has formed a lot of pertinent topics have been discussed. Pulsara and Life Net was mentioned. Pulsara has been talked about in the EMS and ED meeting more discussion will be had.	The committee has no further recommendations
Next Meeting/Adjourned	There being no other items for discussion, the meeting was adjourned. Next meeting October 28, 2022 @ 8:00am-8:30am	Code Words – Hot/Cool