



SETRAC Stroke Coordinators Subcommittee

Wednesday, June 22, 2022
SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008
Virtual Meeting

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TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Tonia Shelton/Michelle Vu Topic: Call to Order/Approval of Minutes	Meeting called to order. Minutes from April 27, 2022 were approved with no changes. Attendance will now be tracked by going to www.setrac.org/stroke . This is where you will enter your code words at the beginning and end of the meeting.	The committee has no further recommendations
Presenter: Peri smith Topic: Best Practice Education ED Code Stroke Process	Peri Smith, Stroke Program Coordinator with Memorial Hermann TMC presented on what they have done to improve their Door to Needle Times in the ED. Their old system was not conducive to reaching their goal of 50% of their cases given TPA within 30 minutes or less. Their goals were to recreate the code stroke process by creating a more cohesive process between the ED and Stroke teams, improved DTN times without sacrificing quality or accuracy, and mapped out a new code stroke process. As their ED grew, they went to a new tower and went from having one scanner to two. Prior DTN Data and compliance from 2015-2021 was shown. Peri gave an overview of the formation of their process. They started with a small work group consisting of the stroke medical director, a stroke faculty member who played vital part, ED medical director and herself she advised is good to start with a small group first. They included other key stakeholders, ED nurse leadership, ED nurses who served as stroke champions of the process, ED educator, pharmacy, C2 leadership, business office, and the rest of the stroke and ED physicians. Their new code stroke process consists of pre-alert/meeting location, stroke stop, designated stroke bed, weighted, 2 IV goal, BP guideline, TPA in scanner. Once they knew how they wanted their program to work they prepared for a go live consisting of education rollout with members of the team, mock code strokes, stroke supply kit, BP protocol, code stroke worksheet, Pyxis "Alteplase" reminder, and dosing charts in CT control rooms). They set up their Stoke Stop signs outside the walls of the 2 CT scanners which are designated where the trauma patients go to the trauma scanner and medicine patients to the medicine scanner. The goal is to always go to the medicine side. If that scanner is in use the triage nurse will page the trauma scanner and their stroke page where everybody knows where to meet the team. Outside the scanner where the stoke stop is EMS, ED, and stroke teams do a quick	The committee has no further recommendations



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	survey to include stable airway, IV access present if not the nurse start working on it to get a second IV, if the patient have a known weight they now have the weighted beds at that point in the process they move the patient from the EMS structure to the weighted bed, is there a known well, and are they a potential candidate for TPA. They went live on March 8, 2022. They send a case review of every patient given TPA whether quick case or delayed case. A QR code was created and posted to their stroke stop the ideal is for the QI code is for the stroke team to scan it and complete a quick QI survey to get more information on how the process is going. Started doing quarterly TPA awards for the stroke team and monthly awards for their ED nurses consisting of a certificate and cafeteria cash. An EMS and prehospital check list were created to help remind them of things to do to speed up the process it has not gone live but they are working on it with EMS. In conclusion everyone on the team is working towards the same goal. There is still more to learn about their process changes, real time feedback, continuous re-education, teaching hospital, and turnover, small workgroup first, and listen all team members need to feel heard.	
Presenter: Grace Farguhar ○ Subgroup Reports ○ RAC Self-Assessment Tool Data Collection	Grace spoke on the RAC Self-Assessment Tool Data Collection. DSHS is wanting RACs to begin doing a self-assessment of our region to see how the system of care looks for stroke, cardiac, trauma, perinatal care, injury prevention, and emergency preparedness. We have already been doing some of it and are ahead of smaller RACs right now. With the self-assessment tool there are some things we will have to start looking at that we are not currently collecting data on. The rules will go into effect next year for prehospital and trauma. For stroke and cardiac they are looking at it going in full effect in 2024-2025. We want to start preparing by getting our data collection up to where it needs to be for compliance. They are wanting us to assess ourselves on specifics such as what outcomes are in the region. How we are involving EMS and long-term care facilities. Demographics what the care looks like in the rural area vs urban. What does it look like with the older population vs younger, behavior health and bariatrics? Not all of this may apply to stroke, but it is something that we need to put on our radar. As we move along, we need to start considering what data we want to collect	The committee has no further recommendations



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	and what area we need to start focusing on as a committee. The purpose of the self-assessment is to have RACs do more with the region system of care. What we will be doing with the committee is looking to see what our stroke region system of care look like now, where do we need improvement, and what additional information we need not just from hospitals but from EMS as well. Tonya spoke with a freestanding ED group, and they have agreed to submit data that can be looked at as well. Graced asked the committee to let her know what data they would like to see that would make an impact.	
Presenter: Tonya Carter Topic: Stroke Education Calendar	Memorial Hermann Memorial City.	The committee has no further recommendations
Open Discussion	Grace Shared a stroke survivors' story. There was no further discussion.	The committee has no further recommendations
Adjournment / Next Meeting	There being no other items for discussion, the meeting adjourned. The next meeting will be held on Wednesday, August 24, 2022, at 12:00pm.	Code Words Hot/Drought