TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Dr. Chethan Rao **Topic: Call to Order/Approval of Minutes**	Meeting called to order. Minutes from November 16, 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: Grace Farquhar **Topic: Third Quarter Stoke Data**	Grace anticipates that the database will go live next week. GWTG recently updated their registry it's a new look pulling reports isn't like it use to be. Grace will sit in on some training to ensure she is pulling the correct forms and fields. A brief overview of the 2022 3rd quarter stroke data was presented. Charts were presented and discussed: **Total stroke volume by month** – has started to trend upward. Ischemic strokes count for the greatest number of strokes in our region. Going forward the report will be by quarter instead of by month. Total strokes by year 2020-2021 had covid implications and the Texas freeze. Good data was pulled again in 2022 compared to 2019. **Alteplase/TNK administration rates by quarter** was not broken down whether alteplase or TNK was used. The fields collected in the database was general. Going forward if it is something the committee wants to start looking at, as more facilities start using TNK while still using Alteplase they can, but it will need to start with Q3 or Q4 of 2022 because facilities were still making the change in 2022. Q3 regional number is 14.5% based on total stroke volume it does not consider those patients that got Alteplase or TNK at an outside facility and those patients that arrived outside of the window, or patients that have an acceptable reason for not receiving alteplase or TNK. That number has increased and starting to trend back up. Looking at the early part of 2021 it was barely 13%. It has been hovering around the 50% mark. Dr. Rao will check to see if there are other regional organizations tracking this data and will get back to the committee. Dr. Rao foresees the way to organize as a group is to see if it is a trend, pattern, or regional why people are not getting tPA or TNK	The committee has no further recommendations.

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	when eligible. Focus on resources on local education and educating providers in the area to help them get close to 100%. For the next meeting Grace will break the data down to show those who arrive 4.5 hours of LKW and had what is considered an unacceptable reason for not receiving alteplase or TNK and put something together to look at the number of patient refusal, unable to determine, and any other specifics that the group want to look at that can make an impact. **Door-to-Needle Times after ED arrival -** the regional goal is 50% of patients administered tPA within 30 minutes. The goal set by the committee is to have 50% of patients that receive Alteplase or TNK within 30 minutes. **Alteplase/TNK Administration Analysis – 60 Minutes Door-to-Needle (D2N)** was discussed it has trended up lately they will look to see what is driving the numbers up. Q3 the administration numbers went down. Dr. Rao proposed the group start presenting quality achievements and progresses to ISC to showcase the great work being done. The next ISC meeting is February 7-9, 2024, in Phoenix. The abstract deadline is in August. The CEO sees the SETRAC Ischemic Stroke Data Alteplase/TNK Administration Rates by Quarter with and without patients who did not receive Alteplase/TNK at an outside facility and arrived within 4.5 hours LKW, and Door-to-Needle Times after ED Arrival. Grace will present and make the changes at the data committee meeting in February and present the changes to the committee in March.	
Presenter: Dr. Chethan Rao **Topic: Old Business** ○ **TNK Implementation** ○ **Rehab Utilization**	Dr. Rao mentioned the two projects discussed previously, implementation of TNK and systems of care. Have we started collecting any metrics related to TNK. Two ways of looking at it #1 are there any barriers to implementation #2 if implemented what are the outcomes and if there are different from the administration of tPA. The floor was opened for discussion on how much data we have and if we can collect on TNK. Grace advised that information can be pulled from those that use GWTG whether Alteplase or TNK was administered. Most of the facilities were switching over	TNK Implementation will be on the agenda until further notice.

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	last year around the summer there are some that will be making the transition. It hasn't been tracked it but going forward we can start tracking it from the information we get from GWTG. The state of Texas through the Lone Star Stroke Consortium is also looking at the data. Three or four centers have come together pulling their data to see if there is any difference in the outcomes of patients treated with TNK vs tPA. Dr. Rao asked if the group would be interested in following through to look at outcomes or focus their energy and efforts to help people transition to TNK. There is research study showing that TNK is the thrombolytic before the revascularization. Thrombectomy has some better outcomes than using Alteplase. Dr. Rao will share the study with SETRAC to be sent out. Questions put to the group - is it more meaningful to provide information about TNK and track if systems have transitioned to TNK and then help them transition, is it more useful to track the data of how patients that get TNK differ from patients that get tPA within our region, or is it advisable to do both? Tracking outcomes of patients administered tPA vs TNK will be the best of the two. Dr. Rao volunteered to help systems with transitioning to TNK and asked if there were volunteers willing to help as well. Michelle VU w/ UTMB stroke coordinators subcommittee leader will make TNK implementation an agenda item for their April 26th meeting. Their systems are in the process of transitioning. Dr. Rao advised to start evaluating the data post transitioning #1 the D2N times on those patients who are getting tPA vs TNK, #2 Surveyors DNV and/or JCAHO on the flushes the last 15 mins hooked on after tPA is infused, a lot of centers were cited in the past. Is there a way to get that information from GWTG. It is not believed that it is apart of GWTG dataset its probably tracked at the facility level. Dr. Rao would like any intervention or plans that is implemented follow the PICO measures, (what patient, what intervention defining, what clinical setting, what outcome measured).	

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	Dr. Rao made a motion to approve in the chat for Measuring patient outcomes and quality outcomes (post tPA drip flush) who receive tPA vs TNK for acute ischemic stroke. The motion was approved. **Rehab Utilization** – Dr. Rao strongly believe medicine without rehabilitation patients will slip down. Patients that stop going to rehab their outcome is not as good. There was a study in the New England Journal in 2009 that showed when a patient experiences an injury to the brain especially an ischemic stroke if put through rehabilitation, they will see improvement in their disability. To track rehab utilization for outpatient stroke is important in finding out the geographic patterns, zones within the community where rehabilitation needs are available. Dr. Rao would like to know what data is available in GWTG and how to utilize it to improve patient outcomes. Grace advised the data subcommittee is looking into it along with zip code, age groups, gender, ethnicity, insurance, and quality metrics pre-stroke MRS vs their discharge disposition. Having the data can help bring change when taken to the policy makers. Put data metrics on rehab utilization on the agenda for the next meeting action item. Grace advised they have some of the data put together already and will present it to the data subcommittee at their February meeting and will have something to share at the committee meeting in March.	Discuss at the next data subcommittee and report at next meeting.
Presenter: Tonya Carter **Topic:** Hospital Capability Survey	Tonya went over the hospital capability survey on achieving the 30-minute DTN time. 18 hospitals answered the survey questions. Questions on the survey: **Which thrombolytic does your facility use** – #1 alteplase #2 both. **Who is able to initiate alteplase/TNK at your facility** – #1 ED physician – #2 Telemedicine - #3 Neuro Consult Required **How Often does ED volume affect your hospital's ability to administer alteplase/TNK within 30 minutes -** #1 some of the time #2 no affect #3 most of the time. Barriers that were given were shown and discussed.	Discuss further D2N Time

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Presenter: Jill Bricker **Topic:** Data Subcommittee	Jill Bricker gave a summary of what was discussed in the data subcommittee meeting. EMS data metrics suggestions were forwarded to the SETRAC EMS liaison. Upgrades to the database are being made. Discussed having a stroke bootcamp everyone is on board. It will be towards the end of summer CEs will be provided. This meeting was Jill's last meeting as she took another position. She will be greatly missed.	The committee has no further recommendations.
Presenter: Tonia Shelton/Michelle Vu **Topic:** Stroke Coordinators Subcommittee ○ Develop Wakeup Stroke Protocol for LKW	Michelle Vu reported at their last meeting wake up stroke protocol for LKNW was opened for discussion to see what the different facilities were doing. They will discuss it further in their next subcommittee meeting. They had a good presentation on best practice from David Shacklett with Memorial Hermann the Heights on Dysphagia Screening and Hight Intensity Statins. TNK implementation will be an agenda item at their April meeting.	The committee has no further recommendations
Presenter: Tonya Carter **Topic**: **Stroke Education Workgroup**	In February Vi Nguyen with CHI Baylor St Luke's will be presenting on their best practices. Houston Methodist TMC and/or Memorial Hermann Southwest are up for March. The calendar was shown Tonya advised if a facility could not present on their month to please let her or Carrman know so they can get someone to fill in.	The committee has no further recommendations
Next Meeting / Adjournment	There being no other items for discussion, the meeting was adjourned. Next meeting will be held Wednesday March 22, 2023, at 2:00pm – 3:30pm – In Person will call in option.	Code Words Latte/Doodle