REGIONAL STROKE SYSTEM PLAN

Endorsed by SETRAC Board of Directors
Date: 10/17/2022

Approved by SETRAC Stakeholders
Date: 6/17/2024

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SETRAC serves the counties of Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller, and Wharton.

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INTRODUCTION

MISSION

The mission of the Southeast Texas Regional Advisory Council (SETRAC) Stroke Committee is to facilitate coordination of stroke providers to promote the most efficient, consistent, and expeditious care of each individual who experiences an acute stroke by developing and maintaining integrated quality processes in stroke patient care and public education.

VISION

SETRAC will provide leadership within TSA Q through a stakeholder coalition supported by resources which will develop, operate, evaluate, and integrate a regionalized stroke system of care.

ORGANIZATION

SETRAC provides the infrastructure and leadership necessary to sustain a stroke treatment and transfer system within the designated nine-county region and works to improve the level of care provided to persons living or traveling through this region. Together, through the work of designated standing committees, SETRAC member organizations (hospitals, first responder organizations, EMS providers, air medical providers, emergency management, public health, etc.) collaborate to ensure that quality care is provided to stroke patients by pre-hospital and hospital care professionals. SETRAC will provide stroke and public awareness education to the people of the region, and stroke education to healthcare providers in each of the nine counties it serves.

REGIONAL PLAN

This plan has been developed in accordance with generally accepted stroke guidelines and procedures for implementation of a comprehensive Emergency Medical Services (EMS) and Stroke system plan. This plan does not establish a legal standard of care, but rather is intended as an aid to decision-making in stroke patient care. It is not intended to supersede the physician's prerogative to order treatment.

STROKE SYSTEM OF CARE GOALS

The purpose of the SETRAC Stroke Committee is to facilitate the development, implementation, and operation of a comprehensive stroke system based on accepted, evidence-based standards of care to decrease morbidity and mortality related to stroke. SETRAC will solicit participation from health care facilities, organizations, entities, and professional societies involved in health care. SETRAC will encourage multi-community participation in providing stroke care, work to promote improvement of facility services, and cooperate with all member entities, agencies, and organizations in the establishment of an efficient and effective system of stroke care. SETRAC will develop a plan for a regional comprehensive stroke system that meets the requirements of the Texas Department of State Health Services (DSHS).

- Identify and integrate resources to foster commitment and collaboration in developing a regional stroke system of care.
- Identify strategies to promote EMS provider participation in the stroke system of care.
- Establish system coordination relating to access, protocols/ procedures, and referrals. This coordination is intended to establish continuity and uniformity of care among the providers of stroke patient care.
- Promote internal communication as the mechanism for system coordination. This communication will include stakeholders such as EMS providers, hospitals, and members of the SETRAC Stroke Committee.
- Create system efficiency through continuous quality improvement processes to develop standardization and uniformity in approaches to stroke patient care.

RECOGNITION OF STROKE FACILITIES

Texas DSHS Stroke Center Designations

SETRAC supports the DSHS system by which hospitals may seek state designation as a stroke facility. SETRAC will not designate stroke facilities at any level but may set minimum standards for participation in TSA Q's Stroke System of Care.

- A facility interested in seeking state designation as a Stroke Center (Level I, II, or III) must apply to the Texas Department of State Health Services (DSHS).
  -The application will include a Letter of Participation from SETRAC.
  -The application will also include additional documentation as defined by Texas DSHS.
- SETRAC participation requirements specific to stroke facilities include, but are not limited to:
  - Payment of dues as a designated stroke center.
  - Participation in SETRAC—6 annual meetings with at least 3 being stroke committee meetings
  - Submission of stroke data to SETRAC on a quarterly basis.
  - Compliance with all rules established by the SETRAC Board and the Stroke Committee (with approval by the SETRAC Board.)

NOTE: Any facility that does not meet participation requirements of the above-mentioned committees and misses two fiscal quarters of data submission will be deemed "Not participating with SETRAC" and arrangements will need to be made on an individual basis between the facility and SETRAC in relation to any discrepancies.

Notification Requirements

Designated stroke facilities failing to meet and/or maintain critical essential criteria outlined below shall provide notification within 5 days to SETRAC, EMS providers, and the healthcare facilities from

which it receives stroke transfers. Failure to meet the following essential criteria (as defined by DSHS) must be reported:

- Neurosurgical capabilities (Level 1)
- Neuro-Interventional capabilities (Level 1)
- Neurology capabilities (Level 1, Level 2)
- Anesthesiology (Level 1)
- Emergency physicians (All levels)
- Stroke Medical Director (All levels)
- Stroke nurse coordinator/program managers (All levels)
- Stroke Registry (All levels)

If the facility chooses to relinquish or change its stroke designation, it shall provide at least 30 days notice to the SETRAC and DSHS offices.

"Currently Seeking"

SETRAC desires to recognize and communicate with EMS agencies the names of hospitals that are seeking designation as a designated stroke center. Any acute care facility may seek recognition as "Currently Seeking" by submitting to SETRAC a letter of intent from the CEO or designee and providing a presentation to the Stroke Committee showing how they meet the essential criteria established by DSHS for the designation level for which the facility has applied. Utilization of hospitals in the "currently seeking" category shall be decided by EMS agencies.

Once SETRAC receives official notice from DSHS that the hospital has been designated, the EMResource system will be updated to list the facility as a designated Stroke Center at the level granted by the State of Texas.

SETRAC STROKE FACILITY ESSENTIAL CRITERIA

Level 1: Comprehensive Stroke Centers (CSC) will meet the requirements of a Primary Stroke Center and those specified in the consensus Statement on Comprehensive Stroke Centers. (http://stroke.ahajournals.org/content/36/7/1597.long) and the Texas Administrative Code 157.133.

Level 2: Advanced Stroke Centers (ASC) *Thrombectomy Capable/Primary Plus Certification* will meet the requirements defined by the Texas Administrative Code 157.133.

Level 3: Primary Stroke Centers (PSC) will meet the requirements specified in "Recommendations for the Establishment of Primary Stroke Centers" (http://stroke.ahajournals.org/content/42/9/2651.full) and the Texas Administrative Code 157.133.

Level 4: Acute Stroke Ready (ASR) will meet the requirements defined by the Texas Administrative Code 157.133

STROKE PREVENTION

Goal: The SETRAC stroke system stakeholders (SETRAC, EMS and facilities) will partner to conduct health education, public awareness, and community outreach on the prevention of stroke, recognition of signs and symptoms of stroke, and the emergent care of the person with signs and symptoms of stroke.

SYSTEM ACCESS

Goal: Persons in the region will have access to emergency stroke care. In portions of this Region, First Responder Organizations (FRO) may provide initial treatment pending EMS arrival.

A primary element of an EMS/Stroke system is the provision of easy and rapid access to EMS and subsequent mobilization of a medical response to the scene. Every call for emergency services should universally and automatically be accompanied by location identifying information. Routing is based on telephone exchange area, not municipal boundaries. Automatic Number Identification (ANI) and Automatic Location Identification (ALI) should be available. Alternative Routing allowing 911 calls to be routed to a designated alternative location is in effect. Most areas route their calls to the county 911 in case of overload or failure.

Committee Charge

EMS Committee in collaboration with the Stroke Committee will promote written protocols and proper training of dispatch personnel.

COMMUNICATIONS

GOAL: All EMS communications systems must provide the means by which emergency resources can be accessed, mobilized, managed, and coordinated.

SETRAC (TSA Q) encourages 100% participation from all EMS agencies within the nine counties that comprise the SETRAC area. By enhancing participation, SETRAC can identify quality issues then move toward the resolution of these issues through assessment, education, intervention, and evaluation via system process improvement (SPI) procedures.

SETRAC MEDICAL DIRECTION

GOAL: Participation of the physicians on the SETRAC Board, the Stroke Committee, and through other standing or ad hoc committees will provide expertise and direction in the development and ongoing review of the regional stroke system of care.

The development of a regional stroke system of care requires the active participation of qualified physician providers. All physicians should not only be clinically qualified in their area of clinical practice but should have expertise and competence in the treatment of stroke patients.

Physician Involvement in Regional Plan Development - SETRAC encourages coordinated medical control in the region. To that end, an organized Physician Advisory Group can be organized on a periodic basis to review and approve regional planning components, policies, and protocols related to medical care.

REGIONAL PRE-HOSPITAL MEDICAL CONTROL

GOAL: In accordance with DSHS guidelines, all SETRAC pre-hospital care providers function under medical control through a delegated physician practice.

Medical Direction of Pre-Hospital Care Providers –Regional EMS protocols are available to all EMS providers for incorporation into local protocols. Periodic reviews and updates are completed and upon approval are distributed as necessary. These protocols serve as a baseline --individual Medical Directors may adapt for their local communities if necessary, to accommodate the unique aspects of their EMS region.

Regional Quality Improvement – This shall be an ongoing topic considered by the Stroke Committee, other committees as appropriate and the SETRAC Board. From time to time, a special meeting of physicians and stakeholders may be called by the Stroke Committee to delve more deeply into topics of interest.

PRE-HOSPITAL TRIAGE CRITERIA

GOAL: Patients will be identified, rapidly and accurately assessed, and based on identification of their actual or suspected onset of symptoms, transported to the nearest appropriate facility. SETRAC shall take steps to ensure that EMS personnel are properly educated throughout the region using prescribed criteria and tools.

SEE APPENDIX A – Prehospital Stroke Guidelines

SETRAC Stroke Center bypass may be considered for the following reasons:

1) Patient preference
2) Physician preference
3) Paramedic discretion

HELICOPTER ACTIVATION

GOAL: Regional air transport resources may be used to reduce delays in providing appropriate stroke care.

MOBILE STROKE UNIT ACTIVATION

GOAL: Mobile stroke units may be used to reduce delays in providing appropriate stroke care.

FACILITY SATURATION

GOAL: SETRAC stroke facilities will communicate "facility saturation" (formerly known as "facility diversion") status promptly and clearly to regional EMS and other facilities through EMSystem to ensure that stroke patients are transported to the nearest appropriate stroke facility.

Facility Saturation is used by Stroke System entities to assure that stroke patients will be transported to the nearest appropriate SETRAC stroke facility when the facility cannot at that time accept a patient for safe and appropriate patient care. (See EMSYSTEM guidelines and protocols). These include situations which would require the facility to go on saturation, notification/ activation of saturation status, and the procedure for termination of saturation status. All facilities and pre-hospital providers should use the EMSystem to notify EMS partners of saturation status.

FACILITY BYPASS

GOAL: Suspected stroke patients who are eligible within the timeframe for stroke therapies will be safely and rapidly transported to the nearest appropriate stroke facility in accordance with published SETRAC transport guidelines.

FACILITY TRIAGE CRITERIA

GOAL: To promote the use of National, evidence-based guidelines for the triage of stroke patients.

INTER-HOSPITAL TRANSFERS

GOAL: To assure that those stroke patients requiring additional or specialized care and treatment beyond a facility's capability are identified and transferred to the most appropriate facility as soon as possible.

According to the federal Emergency Medical Treatment and Labor Act (EMTALA), a stroke facility must accept any transfer of patients whose condition requires a higher level of care that cannot be provided at the initial facility.

SYSTEM QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

GOAL: To promote participation in SETRAC's data collection registry for regional performance improvement.

SETRAC has established a method for monitoring and evaluating stroke system performance over time and assessing the impact of stroke system development on the region's public health.

SETRAC has established regional stroke data filters which reflect processes and outcomes of the SETRAC stroke system of care. SETRAC also provides a multidisciplinary forum for stroke care providers to evaluate stroke patient outcomes from a system perspective and facilitates the sharing of information, knowledge, and scientific data.

In order to assess the impact of regional stroke system development, system performance must be monitored and evaluated from an outcomes perspective. Measurement is needed to determine if the system is meeting its stated goals.

Scope and Committee Charge

The scope for regional quality management resides with the Regional Advisory Council. This is accomplished through the work of the Stroke Committee, Stroke Subcommittees, as well as other SETRAC Committees or ad hoc committees as needed.

DATA COLLECTION: Performance data are collected and reported by a designated person(s) at the receiving facilities and by EMS. Summary reports are developed by SETRAC for each hospital facility, the EMS providers, and the system as a whole. Distribution is through authorized channels directly to the appropriate provider leadership.

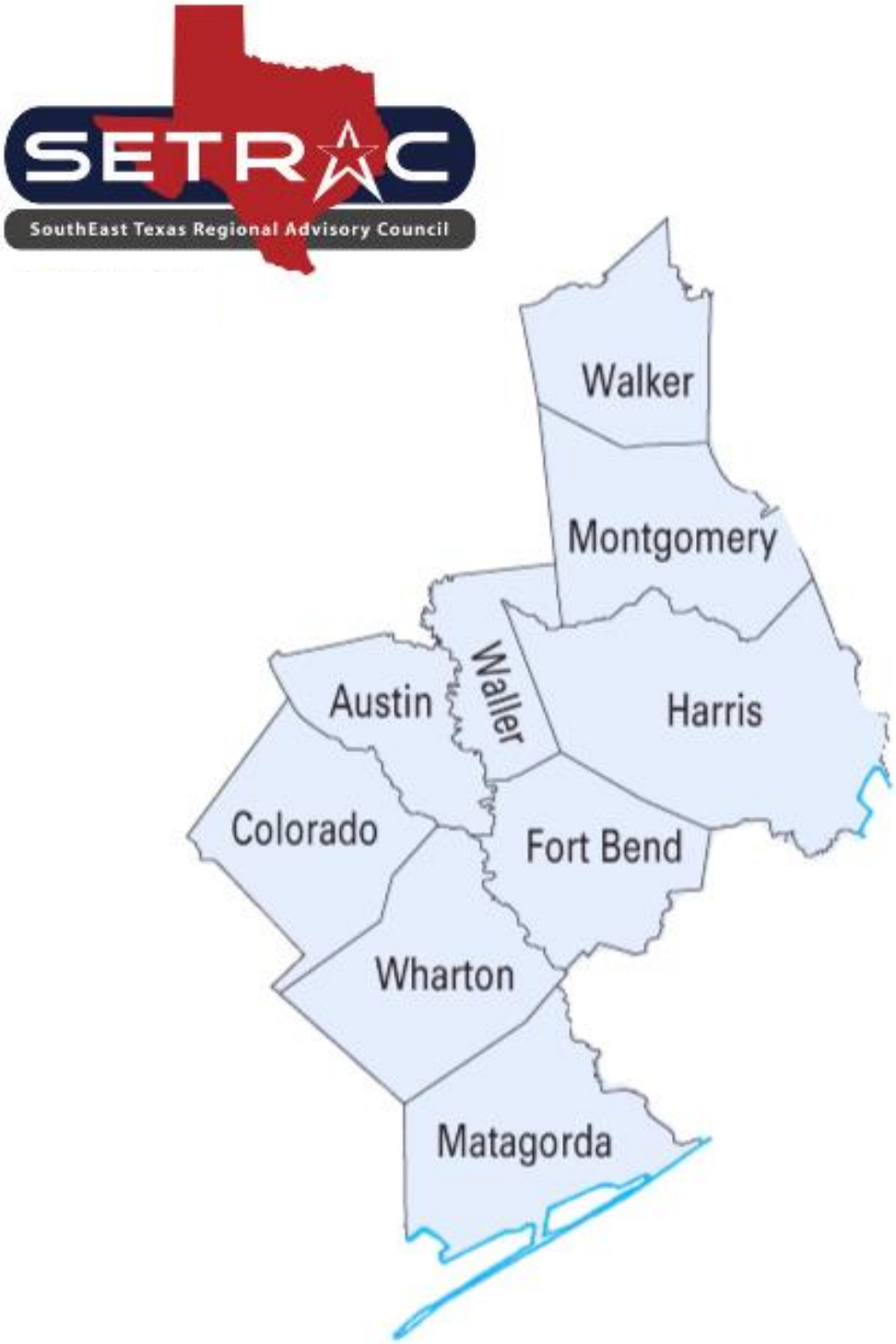
REVIEW/AUDIT: The Stroke Committee will review the SETRAC stroke system plan annually in the fourth quarter and submit recommendations to the SETRAC Board of Directors in the first quarter of the following year. SETRAC will also perform quarterly audits to ensure that Comprehensive and Advanced stroke centers are providing rapid treatment with thrombectomy according to performance metrics defined by the Stroke Committee.

CONFIDENTIALITY: Information and reports start as blinded to facilities--confidentiality of the data is guided by the direction of the SETRAC Board of Directors. Information and materials provided and/or presented during Quality Management meetings are strictly confidential.

Annex A: Demographics & Organizations

Appendix A-1	Map of Region
Appendix A-2	List of Hospitals
Appendix A-3	List of EMS, Air Medical & FRO Agencies

Appendix A1: Map of the Region



Appendix A-2: List of Stroke Designated Hospitals

Organization	Stroke Designation
CHI Baylor St. Luke's Medical Center	Level 1 Comprehensive
CHI St. Luke's Health - Patients Medical Center	*Non-Designated*
CHI St. Luke's Health - Sugar Land Hospital	*Non-Designated*
CHI St. Luke's Health - The Vintage Hospital	*Non-Designated*
CHI St. Luke's Health - The Woodlands Hospital	Level 1 Comprehensive
Columbus Community Hospital	*Non-Designated*
El Campo Memorial Hospital	*Non-Designated*
Harris Health System- Ben Taub Hospital	Level 1 Comprehensive
Harris Health System- Lyndon B. Johnson Hospital	*Non-Designated*
HCA Houston Healthcare Clear Lake	Level 1 Comprehensive
HCA Houston Healthcare Conroe	Level II Primary (prior to 9/1/22) *actively seeking Level 1 stroke*
HCA Houston Healthcare Kingwood	Level 1 Comprehensive
HCA Houston Healthcare Medical Center	*Non-Designated*
HCA Houston Healthcare North Cypress	Level III Primary
HCA Houston Healthcare Northwest	Level 1 Comprehensive
HCA Houston Healthcare Southeast	Level III Primary
HCA Houston Healthcare Tomball	Level II Primary (prior to 9/1/22)
HCA Houston Healthcare West	Level II Primary (prior to 9/1/22)
HCA Woman's Hospital of Texas	*Non-Designated*
Houston Methodist Baytown Hospital	Level II Primary (prior to 9/1/22)
Houston Methodist Clear Lake Hospital	Level III Primary
Houston Methodist Hospital	Level 1 Comprehensive
Houston Methodist Sugar Land Hospital	Level 1 Comprehensive
Houston Methodist The Woodlands Hospital	Level 1 Comprehensive
Houston Methodist West Hospital	Level III Primary
Houston Methodist Willowbrook Hospital	Level 1 Comprehensive
Huntsville Memorial Hospital	Level III Primary
Matagorda Regional Medical Center	*Non-Designated*
Memorial Hermann - Texas Medical Center	Level 1 Comprehensive
Memorial Hermann Children's - Texas Medical Center	*Non-Designated*
Memorial Hermann Cypress Hospital	Level III Primary
Memorial Hermann Greater Heights Hospital	Level III Primary
Memorial Hermann Katy Hospital	Level II Primary (prior to 9/1/22)
Memorial Hermann Memorial City Medical Center	Level 1 Comprehensive
Memorial Hermann Northeast Hospital	Level III Primary
Memorial Hermann Southeast Hospital	Level III Primary
Memorial Hermann Southwest Hospital	Level 1 Comprehensive
Memorial Hermann Sugar Land Hospital	Level II Primary (prior to 9/1/22)
Memorial Hermann The Woodlands Hospital	Level 1 Comprehensive

Michael E. DeBakey VA Medical Center	**Level II Primary (prior to 9/1/22)**
Midcoast Medical Center -Bellville	***Non-Designated***
OakBend Medical Center	**Level II Primary (prior to 9/1/22)**
OakBend Medical Center - Williams Way	**Level II Primary (prior to 9/1/22)**
Rice Medical Center	***Non-Designated***
St. Joseph Medical Center	**Level III Primary**
Texas Children's Hospital	***Non-Designated***
Texas Children's Hospital - The Woodlands	***Non-Designated***
Texas Children's Hospital - West Campus	***Non-Designated***
United Memorial Medical Center	***Non-Designated***
UTMB Clear Lake Campus	**Level II Primary (prior to 9/1/22)**

Appendix A-3: EMS, Air Medical, & FRO

RAC Q EMS, Air Medical, & FRO
A BELIEVERS EMS LLC
ABERDEEN AMBULANCE EMS
ABOVE AVERAGE EMS LLC
ACUTE CARE EMS INC
ADAMS EMS
ADJUVANT AMBULANCE TRANSPORT
ADVANCE EMS AMBULANCE SERVICE LTD
AERO EMS INC
AFFIRMATIVE EMS
AIR AMBULANCE 1
ALDINE FIRE RESCUE
ALERT MEDICAL RESPONSE
AM / PM EMS INC
AMBU-CARE TRANS
AMERICAN ADVANCED CARE
AMERICAN CARE EMS, INC
AMERICAN MEDICAL RESPONSE DBA AMR DBA P&S AMBULANCE
AMGREF EMS INC
APEX AMBULANCE SERVICES
ATASCOCITA FIRE DEPARTMENT
ATLANTIS EMS
ATWELL EMS, INC
AUSTIN COUNTY EMERGENCY MEDICAL SERVICES
AVANTE AMBULANCE INC
BAYOU CITY EMS
BAYTOWN FIRE DEPARTMENT
BEASLEY COMMUNTY VOLUNTEER FIRE DEPT
BEST CARE AIR & GROUND AMBULANCE SERVICE
CARE EMS INC
CAT SPRING VOLUNTEER FIRE DEPARTMENT
CHAMPIONS ESD
CHANNELVIEW FIRE DEPARTMENT
CHILDREN'S AMBULANCE SERVICE
CITY AMBULANCE SERVICE, FIRST MEDICAL RESPONSE, CYPRESS CREEK EMS
CITY OF BELLAIRE FIRE DEPT
CITY OF EL CAMPO
CITY OF LA PORTE EMS
CITY OF LA PORTE FIRE DEPARTMENT
CITY OF NASSAU BAY EMS
CITY OF SEABROOK
CITY OF SOUTH HOUSTON EMS DEPARTMENT
CITY OF WEBSTER FIRE DEPARTMENT
CITY OF WHARTON EMS
CLEVELAND EMS DBA DFWEMS; TEXOMA EMS; ECTOR-MIDLAND COUNTY EMS
COLASSAL EMS LLC
COLORADO COUNTY EMS
COMMUNITY VFD
COMPASSIONATE EMS LLC
CONCORD EMS INC
CONOCOPHILLIPS COMPANY
CORRECTIONAL MANAGED CARE
COUNTY EMS
CRABBS PRAIRIE VOLUNTEER FIRE DEPARTMENT
CY-FAIR FIRE DEPARTMENT
CYPRESS CREEK FIRE DEPARTMENT
D & L EMS
DALIA AMBULANCE SERVICE
DAYSTAR EMS INC
DEER PARK VOLUNTEER FIRE DEPARTMENT
DIGNITY BEST EMS INC
DODGE VOLUNTEER FIRE DEPARTMENT INC
DYNAMO EMS INC
EAST BERNARD EMERGENCY MEDICAL SERVICE INC
EVENT EMS
EXECUTIVE EMERGENCY MEDICAL SERVICES LLC
FAIRCHILD VOLUNTEER FIRE DEPARTMENT INC
FIRST CHOICE AMBULANCE SERVICE INC
FIRST MED CARE EMS
FIRST MEDICAL RESPOND
FIRST MEDICAL RESPONSE, KIDDIEMED EMS
FOREST BEND VFD
FORT BEND COUNTY EMS
FORT BEND COUNTY ESD #8
FULSHEAR SIMONTON FIRE DEPARTMENT
GALENA PARK FIRE DEPARTMENT
GARWOOD VOLUNTEER FIRE DEPT

GREATER CARE EMS LLC	LIFESTAR EMS
HARRIS COUNTY EMERGENCY CORPS	LITTLE YORK VOLUNTEER FIRE DEPARTMENT
HARRIS COUNTY EMERGENCY SERVICE DISTRICT #17	LONE STAR EMS INC
HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 5	LONGHORN AMBULANCE SERVICES
HARRIS COUNTY ESD 10 DBA	LYNBROOK EMS
HARRIS COUNTY ESD 11 MOBILE HEALTHCARE	MAGNOLIA EMS
HARRIS COUNTY ESD 12 FIRE DEPARTMENT	MEDIC TRANSIT EMS INC
HARRIS HEALTH SYSTEM EMS	MEDIX EMS
HATZALAH OF HOUSTON	MEDXPRESS EMS
HCESD 48 FIRE DEPARTMENT	MEGA CARE EMS
HCESD5	MEMORIAL HERMANN HOSP LIFE FLIGHT, MEMORIAL HERMANN LIFE FLIGHT
HEALTH QUEST EMS LLC	METRO EMS
HEALTHSOURCE MEDICAL RESPONSE LLC	MISSOURI CITY FIRE & RESCUE SERVICES
HEALTHSTAR EMS	MISSOURI HEALTH SERVICES INC
HHT GROUP INC DBA	MOBILE EMS PLLC
HIDALGO COUNTY EMS/SOUTH TEXAS AIRMED/CAMERON COUNTY EMS	MONTGOMERY COUNTY FIRST RESPONSE
HIGHLANDS VOLUNTEER FIRE DEPARTMENT	MONTGOMERY COUNTY HOSPITAL DISTRICT EMS
HOLINESS & BROTHERS EMS	NASSAU BAY VOLUNTEER FIRE DEPARTMENT
HOLISTIC CARE EMS LLC	NATIONAL CARE EMS
HOUSTON FIRE DEPARTMENT	NEEDVILLE FIRE DEPARTMENT
HOUSTON LIVESTOCK SHOW & RODEO SAFETY COMMITTEE	NEW QUEST EMS INC
HOUSTON MEDICAL RESPONSE	NEW STAR EMS
HOUSTON METHODIST HOSPITAL	NEW WAVERLY VFD
HUFFMAN VOLUNTEER FIRE DEPARTMENT INC	NOA EMEGENCY MEDICAL SERVICE
HUMBLE FD EMS	NORTH CHANNEL EMERGENCY MEDICAL SERVICES
HUNTSVILLE FIRE DEPARTMENT	NORTH CHANNEL EMS
I D F EMS INC	NORTH CYPRESS EMS
INSTACARE EMS	NORTHEAST FORT BEND COUNTY VOLUNTEER FIRE DEPT
INSTAMED EMS	NORTHWEST COMMUNITY HEALTH
INTEGRITY ALLIANCE PARTNERS LLC	NORTHWEST VOLUNTEER FIRE DEPARTMENT
JACINTO CITY FIRE DEPARTMENT	NURSE MANAGEMENT EMS
JERSEY VILLAGE FIRE DEPARTMENT	ORION EMS LLC
JEWEL AMBULANCE SERVICE INC	PATRIOT EMS
KANGAROO CREW	PEDIATRIC TRANSPORT EMS LLC
KATY FIRE DEPARTMENT	PHI AIR MEDICAL
KLEIN VFD	PLATINUM STAR EMS LLC
LIFE LINE EMS LLC	PLEAK FD
LIFE MED CARE INC	PONDEROSA VOLUNTEER FIRE DEPARTMENT INC
LIFECARE EMS	PORT OF HOUSTON FIRE DEPARTMENT
LIFERITE EMS	PRECISE CARE EMS

PRECISE EMS; TEXAS MEDICAL RESPONSE	ST STEPHEN EMS
PREFERRED MEDICAL TRANSPORT	STAFFORD FIRE DEPARTMENT
PREMIER CARE EMS LLC	STANDARD EMS INC
PREMIUM CARE EMS LLC	SUGAR LAND EMS
PRIME AMBULANCE SERVICE INC	SUGAR LAND FIRE-EMS, SUGAR LAND FIRE DEPARTMENT
PRIORITY AMBULANCE TRANSFER LLC	SUPPORT SYSTEMS EMS INC
PROCARE EMS LLC	SWEENY COMMUNITY HOSPITAL
PROGRESSIVE AMBULANCE SERVICE LLC	SYNERGY AMBULANCE SERVICE
PULSE EMS	TENDER CARE AMBULANCE
QUICK RESPONSE EMS	TEXANS AMBULANCE
RAPID MEDICAL TRANSPORTATION CORPORATION	TEXAS CRITICAL CARE
RELIEF AMBULANCE SERVICES	THOMAS LAKE ROAD VFD INC
REPUBLIC EMS LTD	THREE STAR EMS INC
RESCUE EMS	TOMBALL FIRE DEPARTMENT
RICE UNIVERSITY EMS	TRANSPARENT CARE EMS LLC
RICHMOND FIRE DEPARTMENT	TRANS-STAR MEDICAL TRANSPORT INC
RIGHT CHOICE EMS	TRULIFE AMBULANCE TRANSFER INC
RIVERSIDE VOLUNTEER FIRE DEPT	UAC EMS
ROBINHOOD EMS INC	UNICARE EMS LLC
ROSEHILL FIRE DEPARTMENT	UNIFIRST EMS INC
ROSENBERG FIRE DEPARTMENT	UNITED AMBULANCE
SEABROOK VOLUNTEER FIRE DEPARTMENT	VELOCITY HEALTHCARE SERVICES LLC
SEALY FIRE DEPARTMENT	VENTURA EMS
SHELDON COMMUNITY VOLUNTEER FIRE & RESCUE INC	VILLAGE FIRE DEPARTMENT
SIGNA EMS INC	WALKER COUNTY EMS
SKYLINE EMS	WALLER COUNTY EMS
SOCIETY TEAM EMS	WALLER-HARRIS COUNTY EMERGENCY SERVICES DISTRICT 200
SOLID ROCK EMS	WEST UNIVERSITY PLACE FD
SOUTH LAKE HOUSTON EMS	WESTLAKE VOLUNTEER FIRE DEPARTMENT INC
SOUTHEAST VOLUNTEER FIRE DEPARTMENT	WILLOWBROOK EMS
SPARTANS EMS LLC	WILLOWFORK FIRE DEPT
SPECIALTY MEDICAL TRANSPORT INC.	WINDSOR EMS INC
SPRING FIRE DEPARTMENT	WOODLANDS FIRE DEPARTMENT
ST ANDREW'S EMS	ZAP EMERGENCY MEDICAL SERVICES
ST CHRISTINAS EMS	
ST JOSEPHS AMBULANCE SERVICE INC	

Annex B Governance

Appendix B-1 Stroke Committee Charter
Appendix B-2 Stroke Committee Structure

Appendix B-1: Stroke Committee Charter

The Southeast Texas Regional Advisory Council's (SETRAC) Board of Directors recognizes the Stroke Committee for the geographic area encompassing TSA-Q and as a Standing Committee to the SETRAC Board, with the authority, responsibilities and specific duties as described in this Charter.

DEFINITION

For the purposes of this instrument, *Charter* shall be defined as: "A written instrument given as evidence of agreement."

COMPOSITION

The Stroke Committee is open to all healthcare, emergency medical services providers, public health professionals, jurisdictional entities, business, and volunteer organizations within the pre-designated region. The Stroke Committee will establish a leadership structure which shall consist of select members of the stroke region to include:

STROKE COMMITTEE

- 2 Healthcare Representatives from each stroke designated hospital in the SETRAC region (1 Physician, 1 Nurse) appointed by the CEO or CNO of the facility.
- 2 EMS representatives from each county.
- 1 Chair (Must be from the Committee membership)
- 1 Medical Director
- 2 Vice Chairs (Must be from the Committee membership)

Voting: All appointed representatives by entity CEO/ CNO
Non-Voting: Invited guests

PURPOSE AND SCOPE

The purpose and scope of the Stroke Committee is to facilitate the coordination of stroke providers to ensure the most efficient, consistent, and expeditious care of each individual who experiences an acute stroke, by developing and maintaining integrated quality processes in patient care and education.

RESPONSIBILITIES

1. Coordinate with local, regional, and state officials/jurisdictions in stroke program development and education efforts for the healthcare community.
2. Identify and determine gaps in clinical outcomes, resources, education, or training and develop actionable plans to support educational and process refinement.
3. Facilitate integration with local, regional, and state stroke partners.
4. Assist in development and execution of education based on identified needs/issues, formulate corrective action plans, and perform follow-up measures to ensure best practices have been instituted.
5. Disseminate education and stroke initiatives.
6. Provide guidance and recommendations to the Board on planning initiatives, program development and grant expenditures.
7. Develop data-driven regional initiatives to improve patient outcomes.

SUBCOMMITTEES/WORKGROUPS
The stroke committee may establish subcommittees and workgroups as part of the committee structure designated to accomplish these responsibilities.

Standing stroke subcommittees include:

a) Stroke Data Subcommittee – this committee is comprised of SETRAC clinical and data staff and subject matter experts in stroke care to analyze stroke data across the region and address initiatives based on data findings.
b) Stroke Coordinators Subcommittee – this committee is comprised of designated stroke coordinators across the region and SETRAC clinical staff. The purpose is to identify training gaps and develop and offer educational opportunities to enhance stroke program development at member institutions.

REPORTING STRUCTURE
The stroke committee leaders will report to the stroke Chair, who in turn reports to the SETRAC Board of Director. Reports are provided periodically, but on at least an annual basis.

CHAIR
The Chair and Co-Chairs will be elected by and from the perinatal committee. The Chair must be affiliated with a designated healthcare organization. The Co-Chair will assume the position of Chair in the absence of the Chair.

TERM
Terms of chairs, co-chairs, and Medical Directors are designated through SETRAC bylaws.

ROLE OF STROKE COMMITTEE CHAIR
The Chair of the stroke committee is responsible for the following:

- Working with the Clinical Leadership on setting the agenda and ensuring that agenda items are addressed.
- Facilitating achievement of committee priorities.
- Communicating the activities of the stroke committee to the SETRAC Board of Directors via the SETRAC Clinical Leadership and following up on issues identified.
- Identifying planning gaps within the purview of the stroke committee and addressing those issues in an appropriate manner.
- Referring planning gaps or concerns outside the purview of the stroke committee to the appropriate committees/departments
- Facilitating data-driven regional initiatives to improve patient outcomes.

PARTICIPATION REQUIREMENTS
The following are the requirements of participation:

- Membership dues
- Six (6) meeting credits annually with at least three (3) credits earned in stroke committee, subcommittee, and/or workgroup meetings.
- The three (3) other credits can be earned by attending any SETRAC Board meeting, or any other SETRAC standing committee meeting in person or virtually.
- Submit completed and accurate stroke data to SETRAC (last fiscal year + current).

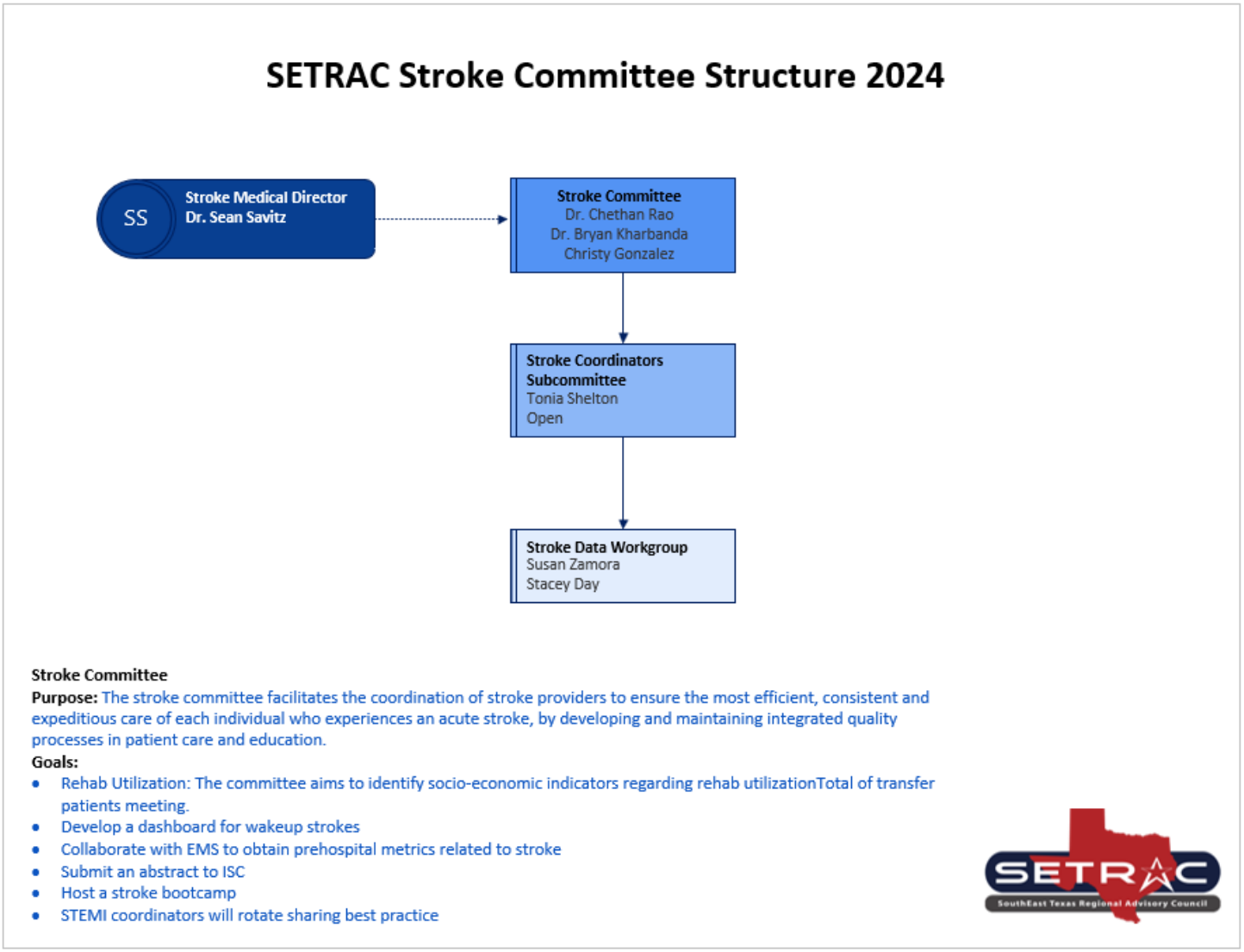
ATTENDANCE
Members of the stroke committee are expected to attend and actively participate in all meetings. If an appointed member is unable to attend and will send an alternate delegate, this should be communicated to the SETRAC clinical leadership in advance.

The Chair and Co-Chair is expected to attend and actively participate in all meetings and must be present (in-person) for 50% of all Stroke Committee meetings. Failure to meet these criteria will result in removal as Chair/Co-Chair and will initiate an election process to replace the vacant position(s). Committee leaders must remain in good standing with attendance and data submission requirements.

COMPLIANCE

- No member or leader of committees, subcommittees or workgroup may speak on behalf of SETRAC, provide interviews, or publish related work within these committees without express permission from SETRAC leadership.
- All data requests require completion of data usage form and should adhere to the usage requirements within.
- Any revision of the SETRAC bylaws that conflict with any item in this charter will supersede as the rules by which the committee is governed.

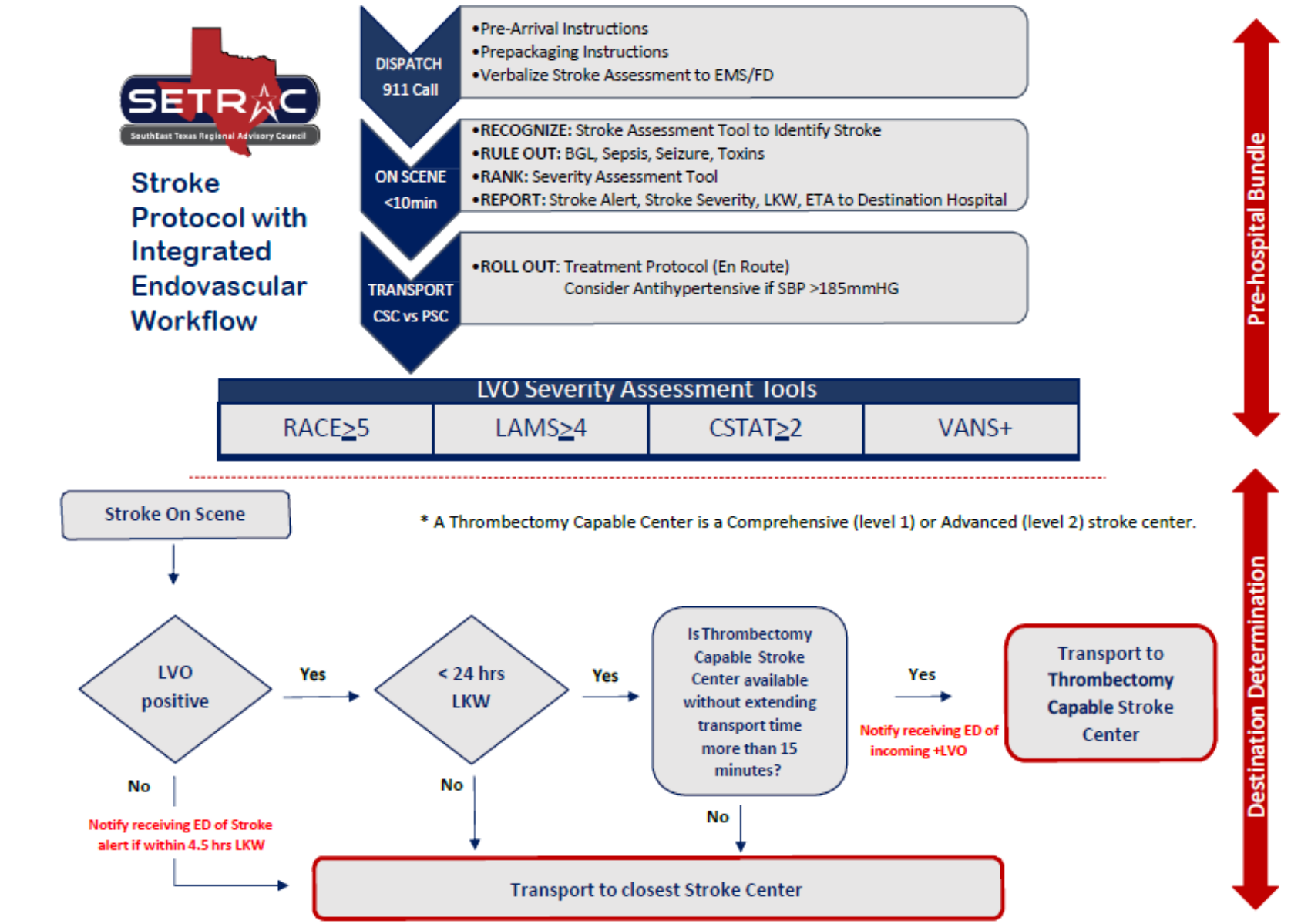
Appendix B-2: Stroke Committee Structure



Annex C: Regional Guidelines

Appendix C1: Prehospital Stroke Guidelines

Appendix C-1: Prehospital Stroke Guidelines



This is a Regional Guideline. Final authority for patient destination is based on individual agency EMS medical direction which should include consideration of hospital capability and quality. Always follow your agency protocol for patient treatment.

Revised 5.2022