

Governor's EMS and Trauma Advisory Council (GETAC)
Stroke Committee
Meeting Minutes
November 21, 2015

<u>Attendance</u>	<u>Name</u>
<u>X</u>	<u>Neal Rutledge-Chair</u>
	<u>George Cravens, MD</u>
	<u>Salvador Cruz-Flores, MD</u>
	<u>William David, RN, BSN</u>
<u>X</u>	<u>Homer T. Fillingim, LP, CCEMT-P</u>
<u>X</u>	<u>Lawrence Rascon, EMT-P</u>
<u>X</u>	<u>Lisa Hutchison, RN</u>
	<u>Timothy Smith, RN</u>
<u>X</u>	<u>Deb Motz, RN</u>
	<u>Warren Porter, MS, BA</u>
	<u>Paul Hansen, MD</u>

Item 1: Reading of the Vision and Mission Statement

GETAC Stroke committee Chair Dr. Neal Rutledge read the vision and mission statement. Dr. Rutledge also instructed that each member of the Stroke Committee must participate in workgroups.

Item 2: Governor's EMS and Trauma Advisory Council (GETAC) Stroke Committee

The GETAC Stroke Committee was called to order by Dr. Neal Rutledge at 2:43 pm on Saturday November 21, 2015, at the Kay Bailey Hutchinson Convention Center, Dallas, Texas. A quorum was not present.

Item 3: Chair Report on Texas Council on Cardiovascular Disease and Stroke (TCCVDS)/ Regional Advisory Councils stroke data collection and Stroke/ST Segment Elevation Myocardial Infarction (STEMI).

Dr. Rutledge instructed that since the State of Texas does not presently have a Stroke/Stemi registry the CVD is obtaining data points to form a data base to make recommendations on care

Dr. Rutledge informed committee that RAC contracts have gone out. Also stated that it has been difficult to obtain data points from EMS however NEMPSIS should help to alleviate this issue.

Data points must be vendor neutral and the CVD is looking for the common core standard of care for stroke and stemi patients.

The GETAC Stroke committee will make recommendations to the CVD on data points to collect for stroke/stemi.

Item 4: Report on the Stroke Education Program Workgroup activities

H.T. Fillingim reported that stroke was added to the EMS requirements.

Dr. Rutledge made recommendation the the Stroke Committee create resources that RACs could have to make obtaining requirements easier. Recommendation was for committee to work with RAC Medical Directors.

Item 5: Transport Bypass Workgroup:

Dr Craven was not present at meeting; Dr. Rutledge gave an overview of bypass workgroup results. Discussed a severity scale based alternative to transport; bypass cannot delay care over 15 minutes. Public comments continue to be solicited.

Public comment obtained:

Dr. Mark Alberts recommended the development of EMS triage tools and having “face time” between EMS and neurologist to expedite the appropriate transfer of the stroke/stemi patient to the appropriate facility.

Darrell Pile, Setrac passed out handouts and made comments on Setrac transport protocols.

Ray Fowler, UT Southwest, recommended development of statewide transport protocols.

Item 6: Review and suggestions for Stroke Data Elements for TCCVDS:

Dr. Rutledge solicited recommendations for Data Points on stroke/stemi to present to the TCCVDS. The following are suggestions for stroke/stemi data points that were given to the committee:

NIH stroke scale on admission; Dr. Mark Alberts made comment that NIH stroke scale could be embedded in the ICD – 10 codes in the future

Insurance coverage

Picture to Puncture time; (Vendor neutrality is a must)

Discharge Status

Geographical locations and mileage for EMS

Mortality

Follow-up for patients between hospitals; Hospital feedback

Complication rates post tPa

One standard of care for the entire state
Number of Ischemic stroke; Ischemic, Tia, SAH, ICH
Mode of arrival
Number of transfers
Number of tPa
Number of endovascular treatments
tPa within 60 minutes percentage
Pre notification of stroke
Number of stroke runs by EMS
Number of EMS activations
Number of pre hospital stroke screenings (scales).

Item 6: Public Comment

No public comment from general assemble

Item 7: Adjournment

No further business noted Dr. Rutledge adjourned meeting.