



Meeting Minutes*



Meeting Title	STEMI & Stroke Advisory Committee Meeting	
Meeting Location	St. Dominic Centre, Toulouse Building	
Meeting Date	March 5, 2026	
Called to Order @	6:00 p.m.	
In Attendance “☑” STEMI Members “***” Stroke Members “**”	<input checked="" type="checkbox"/> Dr. Harper Stone (Chair)** <input checked="" type="checkbox"/> Dr. Ruth Fredericks (Chair)* <input checked="" type="checkbox"/> Dr. Barry Bertolet (Co-Chair)** <input type="checkbox"/> Dr. Paul Bradley* <input checked="" type="checkbox"/> Dr. Jason Waller** <input checked="" type="checkbox"/> Dr. Sean Dukes* <input checked="" type="checkbox"/> Dr. John Wofford** <input checked="" type="checkbox"/> Dr. William Evans* <input type="checkbox"/> Dr. Brett Kathmann** <input type="checkbox"/> Dr. David Hooker, MD* <input type="checkbox"/> Mr. Derrick Bush, RN** <input type="checkbox"/> Dr. James Kolb* <input type="checkbox"/> Mr. Kelly Cumbest, RN** <input type="checkbox"/> Ms. Laura Nikki Kelleway* <input checked="" type="checkbox"/> Ms. Heather Reid, MSN** <input type="checkbox"/> Ms. Amber Roberts, RN* <input checked="" type="checkbox"/> Ms. Wendy Barrilleaux, PT, DPT** <input checked="" type="checkbox"/> Ms. Alicia Grant, RN* <input checked="" type="checkbox"/> Dr. Arie Szatkowski** <input checked="" type="checkbox"/> Ms. Wendy Barrilleaux, PT, DPT* <input type="checkbox"/> Dr. Chris Waterer** <input checked="" type="checkbox"/> Ms. Belinda Sanderson, RN* <input checked="" type="checkbox"/> Ms. Finley Boyd, RN** <input type="checkbox"/> Ms. Monica Rowell, RN* <input checked="" type="checkbox"/> Ms. Melissa Stampley, RN** <input type="checkbox"/> Ms. Sonya Collums, RN* <input checked="" type="checkbox"/> Ms. Ginny Hudson, RN** <input type="checkbox"/> Ms. Paula Metzger* <input checked="" type="checkbox"/> Mr. Robert Ware, DNP** <input type="checkbox"/> Ms. Vickie Buchanon* <input type="checkbox"/> Ms. Kim Cleveland** <input type="checkbox"/> Mr. Sam Marshall* <input checked="" type="checkbox"/> Ms. Jada Coker, NRP** <input type="checkbox"/> Mr. Mickee Ramsey, NRP* <input type="checkbox"/> Mr. Kevin Smith, NRP** <input type="checkbox"/> Mr. Evan McGlothlin* <input type="checkbox"/> Ms. Joanna Herring ** <input type="checkbox"/> Mr. David Grayson* <input checked="" type="checkbox"/> Ms. Bridget Watkins, RN** <input type="checkbox"/> Ms. Kolandra Rucker, NRP* <input type="checkbox"/> Mr. Chuck Carter, RN, NRP** <input checked="" type="checkbox"/> Mr. Scott Stinson, NRP* <input type="checkbox"/> Dr. Paul Levy** <input checked="" type="checkbox"/> Ms. Lee Waldrop, BSN* <input type="checkbox"/> <input checked="" type="checkbox"/> Mr. Neal Kiihhl, BSN* <input type="checkbox"/> <input checked="" type="checkbox"/> Ms. Heather Sudduth, OTR/L* <input type="checkbox"/> <input type="checkbox"/> Dr. Kunal Bhatia*	



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Ex Officio Members Present	<input checked="" type="checkbox"/> Ms. Tammy Wells	<input checked="" type="checkbox"/> Ms. Elizabeth Day, RN
	<input checked="" type="checkbox"/> Ms. Kayla Johnson	<input checked="" type="checkbox"/> Ms. Angie Carter
	<input checked="" type="checkbox"/> Ms. Patricia Freeman	
Others present	<input checked="" type="checkbox"/> Ms. Teresa Ellerbush	<input checked="" type="checkbox"/> Ms. Mallory Quinn
	<input checked="" type="checkbox"/> Ms. Allison Sandlin	<input checked="" type="checkbox"/> Dr. John McCarter
	<input checked="" type="checkbox"/> Ms. Angela Piasecki	<input checked="" type="checkbox"/> Ms. Ashlie Dickinson
	<input checked="" type="checkbox"/> Ms. Alex Lennep	<input checked="" type="checkbox"/> Mr. Brad Harris
	<input checked="" type="checkbox"/> Ms. Candace Middlesdorf	<input checked="" type="checkbox"/> Mr. Clyde Deschamp
	<input checked="" type="checkbox"/> Ms. Mara Hare	<input checked="" type="checkbox"/> Ms. Karen Dean
	<input checked="" type="checkbox"/> Mr. Robert Weathersby	<input checked="" type="checkbox"/> Ms. Samantha SeEVERS
	<input checked="" type="checkbox"/> Ms. Vicky Moody	<input checked="" type="checkbox"/> Mr. Jeromie King
	<input checked="" type="checkbox"/> Ms. Brandy Bear	<input checked="" type="checkbox"/> Ms. Amy Thorn

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	AGENDA TOPIC	NOTE
I	Call to Order	Dr. Stone called the meeting to order.
II	Roll Call	Ms. Day called the roll; a quorum was present.
III	Review of Minutes	M: Dr. Fredericks Second: Ms. Reid Approved – none opposed.
IV	Reports <ul style="list-style-type: none"> a. Office of EMS & ACS b. Mississippi Healthcare Alliance <ul style="list-style-type: none"> i. MHCA Financial Update 	<p>Office of EMS & Acute Care Systems: Ms. Day provided updates:</p> <ul style="list-style-type: none"> • Facilities currently submitting stroke data to the state but not yet designated are encouraged to begin the designation process. • Support is available for hospitals interested in becoming state-designated stroke centers. • We have 47 hospitals submitting stroke data, and 18 hospitals are officially state-designated stroke centers. • Mrs. Ashley Johnson has joined the team as a Data Abstractor. <p>MHCA Report: Ms. Freeman provided updates:</p> <ul style="list-style-type: none"> • Ms. Freeman is the new executive director for the Healthcare Alliance. • The symposium was held on February 21st • Ms. Freeman thanked Dr. <p>MHCA Financial Update: Ms. Carter provided updates:</p> <ul style="list-style-type: none"> • Income <ul style="list-style-type: none"> ○ 4100 MSDH Grants \$244,139.75 ○ 41500 Other Income \$6,400.00 ○ Total for Income \$260,539.75 • Expenses – detail list shared with committee <p>Mission: Lifeline EMS Stroke Recognition: Ms. Isom provided updates:</p> <ul style="list-style-type: none"> • EMS data deadline is May 31st. The hospital deadline is March 31st • EMS Recognition Program: This is not a hospital-style data entry process; it is an application where agencies submit data they have already collected. If you are interested in EMS recognition, please reach out to Ms. Isom. • March 31st is the deadline for all Get With The Guidelines data to be entered and analyzed. Ms. Isom has sent emails to those who are not on target for recognition. • The new AIS guidelines were released in January 2026.
V	Stroke Advisory Report: Aggregate Data	<p>Aggregate Data: Dr. Fredericks provided updates for 3Q 2025:</p> <ul style="list-style-type: none"> • Metric: Pre-Notification by EMS AHASTR39 <ul style="list-style-type: none"> ○ MS Performance for 3Q2025 R4Q 60.9% showing improvement from 2Q2025 (R4Q) at 59.7%. ○ Pre-Notification by region: North 80.4%, Central 34% & South 76.2%. • Metric: Door to CT interpretation within 45 Min. AHASTR272



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		<ul style="list-style-type: none"> ○ MS Performance for 3Q2025 R4Q 76.6%, which is a slight decrease from 2Q2025 (R4Q) at 76.8%. ● Metric: Door to IV Lytics within 60 Min AHASTR13 <ul style="list-style-type: none"> ○ MS Performance for 3Q2025 R4Q 81.9%, showing a slight increase from 2Q2025 (R4Q) at 81.5% ○ 3Q 2025 (R4Q) Lytic performance by region: North 82.9% - Central 76.4% & South 86.6% ● Metric: Number of interventions <ul style="list-style-type: none"> ○ MS Performance for 3Q2025 R4Q 103, which decreased from 2Q2025 (R4Q) to 119. ● Metric: Door to Device within Target AHASTR115 <ul style="list-style-type: none"> ○ MS Performance 3Q2025 R4Q 26.2%, which slightly improved from 2Q2025 (R4Q) at 23.8% ○ MS 28.2% & US 54.6% ● Metric: Risk-Adjusted Mortality (Percentage) AHASTR60 <ul style="list-style-type: none"> ○ MS Performance 3Q2025 R4Q 2.11, compared to 2Q2025 (R4Q) at 2.23 ○ Ischemic stroke & hemorrhagic stroke: MS 1.35% & US 1.91% ● Arrival Mode by percentage 3Q2025 (R4Q) 3Q MS patients 2113. <ul style="list-style-type: none"> ○ EMS: US 45.1% - MS 39.1% - MS North 42.6% - MS Central 33.7% & MS South 45.1% ○ Private Transport: US 35.7% - MS 40.8% - MS North 55.3% MS Central 28.1% & MS South 48.3% ○ Transfer from hospital: US 18.1% - MS 19.7% - MS North 3.9% MS Central 37.6% & MS South 6.6% ● Non-Contrast brain or MRI interpreted within 45 min of presentation AHASTR272 <ul style="list-style-type: none"> ○ MS 80.3% - US 74.8% ○ Performance by region: North 75.5% - Central 76.1% & South 79.4% ● Top reasons for delay in MS IV lytics beyond 60 min by percentage AHASTR40 <ul style="list-style-type: none"> ○ Refusal 19.3% - Hypertension 14.0% - Care-team eligibility 29.8% - Need for additional imaging 5.3% - Delay in stroke diagnosis 1.8% ● MS top 5 discharge dispositions for stroke patients 10/01/2024 – 09/30/2025 <ul style="list-style-type: none"> ○ Home 48.9% - Acute care facility 16.9% - Inpatient rehabilitation facility (IRF) 12.3% - Skilled nursing facility (SNF) 9.1% - Expired 5.1%



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VI	Stroke Performance Improvement Committee	<p>Performance Improvement Committee Report: Dr. Evans provided updates:</p> <ul style="list-style-type: none"> • The team discussed efforts to encourage hospitals to meet the 90-minute timeline for intervention by utilizing data extraction and reporting. • Plan to hold regional meetings with several of the larger facilities to discuss performance and improvement strategies. • There are 18 designated stroke facilities in the region. PI data shows that performance for the 60-minute treatment timeline is better than the national benchmark. However, the region is still below the target for the 45-minute treatment timeline, and improvement efforts will continue in this area. • Scorecards continue to be sent to facilities, and overall feedback has been positive.
VII	Stroke New Business	No new business
VIII	STEMI Advisory Report: Aggregate Data	<p>Aggregate Data: Dr. Stone provided updates:</p> <ul style="list-style-type: none"> • Metric: STEMI patients with Pre-hospital ECG in percentage. <ul style="list-style-type: none"> ○ MS performance for 3Q2025 (R4Q): 89.37%, showing improvement from 2Q2025 at 86.58% ○ National performance for 3Q2025 (R4Q): 83.8% ○ North 92.79% - Central 82.2% & South 91.41% • Metric: FMC to device in median minutes. <ul style="list-style-type: none"> ○ MS performance for 3Q 2025 (R4Q): 91.5 min, below 2Q2025 87.8 min ○ National performance for 3Q 2025 (R4Q) 83 min ○ Central 93min – North 89min and South 87min • Metric: STEMI transfers: DIDO in median minutes. <ul style="list-style-type: none"> ○ MS performance for 3Q 2025 (R4Q): 64, no change from 3Q2025 at 64. ○ National performance for 3Q 2025 (R4Q) 56 ○ Northern 67min – Central 89min & Southern 47min • Metric: First ED arrival to PCI median Min. 11006. <ul style="list-style-type: none"> ○ MS performance for 3Q 2025 (R4Q):, improved by (123) for 2Q2025. ○ National performance 3Q 2025 (R4Q): 111 ○ Northern 124min - Central 163min and Southern 116min • Metric: Door to ECG within 10 minutes <ul style="list-style-type: none"> ○ MS performance for 3Q 2025 (R4Q): 75.51%, improved from 73.44% ○ National performance 3Q 2025 (R4Q) 69.1% ○ North 79.52% - Central 67.89% & Southern 73.23% • Metric: Door to Device in median minutes



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		<ul style="list-style-type: none"> ○ MS performance 3Q2025 (R4Q) 59 min, this improved from 60 min 2Q2025 ○ National performance 3Q 2025 (R4Q) 56 min ○ Northern 56min – Central 68min & southern 61min ● In-Hospital risk standardization mortality ALL AMI patients in percentage. <ul style="list-style-type: none"> ○ MS performance 3Q 2025 (R4Q) 5.24%, this improved 5.47% ○ National performance 3Q 2025 (R4Q) 5.26% ● Pre-hospital metrics: 2024 Q4 -2025 Q3 (R4Q) <ul style="list-style-type: none"> ○ Symptoms onset to arrival for POV patients in median min metric 11020: MS is at 59 min, the nation is at 120 min ○ Symptom onset to arrival for EMS patients in median min metric 11022: MS 62min, and the nation is at 58min ● First medical contact ≤90 Min by percentage 2024 Q4 – 2025 Q3 (R4Q) Metric 7652 <ul style="list-style-type: none"> ○ MS 86.22%, the nation is at 79.69% ○ North 84.21% , Central 77.89%, and South 74.28% ● Transfer STEMI patients within 120 min by percentage 2024 Q4 – 2025 Q3 (R4Q) metric 8940 <ul style="list-style-type: none"> ○ MS 77.58% and the nation is 72.13% ○ Northern 76.06% - Central 37.5% and Southern 83.10%
IX	Stroke Performance Improvement Committee	<p>Performance Improvement Committee Report: Dr. Bertolet provided updates.</p> <ul style="list-style-type: none"> ● Some hospitals lack thrombolytic therapy; at least three have been identified ● In one case, therapy was available but not administered due to provider discomfort ● Department of Health to conduct a statewide survey on availability ● Central region EMS performs fewer prehospital EKGs, 10% lower ● Receiving hospitals in the central region have delays in EKGs for walk-in patients <p>Dr. McCarter stated that an ongoing effort is being made to develop standardized statewide EMS protocols, starting with OB care, then expanding.</p>
X	Stroke New Business	No new business.
	Upcoming Meeting	May 28, 2026 August 20, 2026 November 19, 2026



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ACTION ITEMS

#	Step	Person (s) Responsible	Due Date
1.	Pre-Notification by EMS by percentage (Central Region). Talk with EMS to see the number of hospitals with Pulsara	Committee	ongoing
2.	Care-team Eligibility AHASTR40. How many had Lytics	OEMSAC	Next Meeting
3.	OEMSAC to set up a meeting with Stroke interventionalist throughout the state.	OEMSAC	Next Meeting
4.	AHASTR 115-Break out metric by day of week and time of day.	OEMSAC	Next Meeting

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