



Meeting Minutes*



Meeting Title	STEMI & Stroke Advisory Committee Meeting	
Meeting Location	North Mississippi Medical Center – Tupelo	
Meeting Date	September 11, 2025	
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. Barry Bertolet (Co-Chair)** <input type="checkbox"/> Dr. Jason Waller** <input type="checkbox"/> Dr. John Wofford** <input type="checkbox"/> Dr. Brett Kathmann** <input type="checkbox"/> Mr. Derrick Bush, RN** <input type="checkbox"/> Mr. Kelly Cumbest, RN** <input type="checkbox"/> Ms. Heather Reid, MSN** <input checked="" type="checkbox"/> Ms. Wendy Barrilleaux, PT, DPT** <input type="checkbox"/> Ms. Sonya Barber, BSN, MHA** <input type="checkbox"/> Dr. Arie Szatkowski** <input type="checkbox"/> Dr. Chris Waterer** <input type="checkbox"/> Ms. Finley Boyd, RN** <input checked="" type="checkbox"/> Ms. Melissa Stampley, RN** <input checked="" type="checkbox"/> Ms. Ginny Hudson, RN** <input type="checkbox"/> Ms. Lara Haynes** <input type="checkbox"/> Mr. Robert Ware, DNP** <input type="checkbox"/> Ms. Kim Cleveland** <input type="checkbox"/> Ms. Jada Coker, NRP** <input type="checkbox"/> Mr. Kevin Smith, NRP** <input type="checkbox"/> Ms. Joanna Herring ** <input checked="" type="checkbox"/> Ms. Bridget Watkins, RN** <input type="checkbox"/> Mr. Chuck Carter, RN, NRP** <input checked="" type="checkbox"/> Dr. Paul Levy**	<input checked="" type="checkbox"/> Dr. Ruth Fredericks (Chair)* <input type="checkbox"/> Dr. Paul Bradley* <input checked="" type="checkbox"/> Dr. Sean Dukes* <input type="checkbox"/> Dr. William Evans* <input type="checkbox"/> Dr. David Hooker, MD* <input type="checkbox"/> Dr. James Kolb* <input type="checkbox"/> Ms. Laura Nikki Kelleway* <input checked="" type="checkbox"/> Ms. Amber Roberts, RN* <input type="checkbox"/> Ms. Alicia Grant, RN* <input checked="" type="checkbox"/> Ms. Wendy Barrilleaux, PT, DPT* <input type="checkbox"/> Ms. Sonya Barber, BSN, MHA* <input checked="" type="checkbox"/> Ms. Belinda Sanderson, RN* <input type="checkbox"/> Ms. Monica Rowell, RN* <input type="checkbox"/> Ms. Sonya Collums, RN* <input type="checkbox"/> Ms. Paula Metzger* <input type="checkbox"/> Ms. Vickie Buchanon* <input type="checkbox"/> Mr. Sam Marshall* <input type="checkbox"/> Mr. Mickee Ramsey, NRP* <input type="checkbox"/> Mr. Evan McGlothlin* <input type="checkbox"/> Mr. David Grayson* <input type="checkbox"/> Ms. Kolandra Rucker, NRP* <input checked="" type="checkbox"/> Mr. Scott Stinson, NRP* <input checked="" type="checkbox"/> Ms. Lee Waldrop, BSN* <input type="checkbox"/> Mr. Neal Kiihhl, BSN* <input type="checkbox"/> Ms. Heather Sudduth, OTR/L* <input type="checkbox"/> Dr. Kunal Bhatia*



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Ex Officio Members Present	<input checked="" type="checkbox"/> Mr. Jon Wright <input checked="" type="checkbox"/> Ms. Elizabeth Day, RN <input checked="" type="checkbox"/> Ms. Christy Berry, RN	<input checked="" type="checkbox"/> Ms. Katianna McMillen <input checked="" type="checkbox"/> Ms. Angie Carter <input checked="" type="checkbox"/> Ms. Christy McGregor
Others present	<input checked="" type="checkbox"/> Ms. Teresa Ellerbush <input checked="" type="checkbox"/> Ms. Samantha Seevers <input checked="" type="checkbox"/> Ms. Melody Poole <input checked="" type="checkbox"/> Mr. Patrick Graham <input checked="" type="checkbox"/> Ms. Danica Kirkpatrick <input checked="" type="checkbox"/> Mr. Chris Harville <input checked="" type="checkbox"/> Ms. Kristen Isom <input checked="" type="checkbox"/> Mr. Robert Weathersby <input checked="" type="checkbox"/> Ms. Ashlee Smith <input checked="" type="checkbox"/> Ms. Sarah Stfilka <input checked="" type="checkbox"/> Mr. Hunter Williamson <input checked="" type="checkbox"/> Ms. Lauren Sybill <input checked="" type="checkbox"/> Mr. Trey Wofford	<input checked="" type="checkbox"/> Dr. Jason Stacey <input checked="" type="checkbox"/> Dr. Thad Waites <input checked="" type="checkbox"/> Ms. Mallory Quinn <input checked="" type="checkbox"/> Ms. Alison Sanlin <input checked="" type="checkbox"/> Ms. Jennifer Brewer <input checked="" type="checkbox"/> Ms. Hope Bridges <input checked="" type="checkbox"/> Ms. Erin Tedder <input checked="" type="checkbox"/> Ms. Kendra Swann <input checked="" type="checkbox"/> Ms. Ashley Duke <input checked="" type="checkbox"/> Dr. Boursa Uilan <input checked="" type="checkbox"/> Mr. Ryan Holland <input checked="" type="checkbox"/> Ms. Karyn Dean <input checked="" type="checkbox"/> Mr. Ryan Chapman <input checked="" type="checkbox"/> Ms. Stephanie Stevens

APPROVED



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	AGENDA TOPIC	NOTE
I	Call to Order	Dr. Stone called the meeting to order.
II	Roll Call	Ms. Day roll call with a quorum present
III	Review of Minutes a. MHCA Quarterly Mee	M – Dr. Fredericks 2 nd Dr. Bertolet Approved – none opposed.
IV	Reports a. Office of EMS & ACS b. Mississippi Healthcare Alliance i. MHCA Financial Update	<p>Office of EMS & Acute Care Systems: Ms. Day provided updates:</p> <ul style="list-style-type: none"> The team is currently working with senior stroke centers that are verified through a national accrediting body, as well as several additional facilities that are reporting stroke data but are not yet designated. There are 41 facilities reporting stroke data, but only 16 are formally designated either by an outside accrediting organization or by the state. Efforts are underway to bring additional reporting facilities into state-level designation, so they receive appropriate recognition for the work they are already doing. Baptist Memorial Hospital–Union County—received its designation last week and has now joined the system of care. The Department of Health is also rolling out new STEMI and Stroke Support email addresses for facilities to submit questions, which will be routed to the appropriate personnel for response. The list of designated stroke centers and upcoming meetings was reviewed, followed by an update on STEMI centers. All STEMI centers that report data will be designated as STEMI Receiving Centers. Merit Health River Region is designated through ACC, but state designation processing is still being finalized. Rush will also be redesigned soon. <p>MHCA Report: Ms. McGregor provided updates:</p> <ul style="list-style-type: none"> The final coordinators meeting for this year will be November 13, 2025. The Aug 1st meeting covered data visualization, including a demonstration on how to use AI tools for creating effective visuals. Ongoing education sessions on Prehospital EKGs. A new Cardiogenic Shock resource will be released soon. Discussion on Intracranial Hemorrhage (Code ICH) is upcoming. <p>MHCA Financial Update: Ms. Carter provided updates:</p>



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		<ul style="list-style-type: none"> • As of Sep 9, 2025, the current balance is \$132,098.01. This profit and loss are for April 1st – June 30th. • Income account 41000 Grants. <ul style="list-style-type: none"> ○ Total income is \$244,139.75 • Expenses. <ul style="list-style-type: none"> ○ Account 60000 – Advertising Expenses related to advertising \$35,860.55. ○ Account 60200 – Mileage and mileage reimbursement for Christie and Heather (Heather Seddeth) \$1,303.99. ○ Account 61700 – Website expenses, virtual meeting costs, and computer-related expenses \$1,795.58. ○ Account 62500 – Monthly storage unit, QuickBooks, Rapid AI, and Cares \$74,673.43. ○ Account 63300 – Annual insurance premium \$1,343.63 ○ Account 63550 – Pulsera and Get With The Guidelines costs for Magnolia Regional \$124,453.00. ○ Account 64300 – Meals for Christie, regional coordinators, and meetings Christie participates in \$1,398.74. ○ Account 64900 – Office Supplies \$283.04 ○ Account 65000 – Email & Vendor Fees \$1,421.79 Christie’s email service and vendor fees for the MEMS conference. ○ Account 66000 – Payroll and payroll taxes for Christie McGregor and Angie Carter. Taxes \$2,828.98 – Wages \$36,798.44 Total \$39,627.42 ○ Account 66700 – Professional Services CPA, lobbyist, and HR department costs \$7,228.00 ○ Account 66900 – Postage expenses \$6.90 ○ Account 68100 – Cell phone reimbursements for Christie and Angie \$600.00 ○ Account 68400 – Hotel, airfare, and miscellaneous travel expenses for Christie and any regional coordinators \$7,665.27 <p>Total Net operating Income is \$-53,522.59.</p>
V	Storke Advisory Report: Aggregate Data Performance Improvement	<p>Aggregate Data: Dr. Fredricks provided updates:</p> <ul style="list-style-type: none"> • Arrival Mode by percentage: 1Q2025 (R4Q) 1Q MS Patients 2048 <ul style="list-style-type: none"> ○ EMS – US 47.3% MS 41.2%



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	Committee Report	<ul style="list-style-type: none"> ○ Private Transport – US 33.7% MS 40.6% ○ Transfer from other hospital – US 17.8% MS 18.0% ● Pre-Notification by EMS by percentage 2024Q2-2025Q1. 1Q MS Patients: 846 AHASTR 39 <ul style="list-style-type: none"> ○ 2024Q2 MS 62.7% - US 59.8% ○ 2025 Q1 MS 58.7% - Q1 US 58.2% ○ First Quarter (R4Q) Pre-Notification by region: North Region 78.3% - Central Region: 36.1% - South Region: 74.9% ● Non-Contrast Brain CT or MRI Interpreted Within 45 Min from Presentation: By Percentage 2024Q2-2025Q1 1Q MS Patients: 295 AHASTR 272 2024Q2 – 2025Q1 <ul style="list-style-type: none"> ○ 2024Q2 MS 79.8% - US 75.7% ○ 2025Q1 MS 76.6% - US 74.4% ○ First Quarter (R4Q) Performance by Region ○ North Region: 79.3% - Central Region: 76.7% - South Region: 78.6% ● Door to IV LYTIC <60 Min. Quarterly Performance by Percentage. 2024Q2-2025Q1. 1Q MS Patients: 127 AHASTR 13 2024Q2 – 2025Q1 <ul style="list-style-type: none"> ○ 2024Q2 MS 73.2% - US 89.3% ○ 2025Q1 MS 78.2% - US 89.5% ○ First Quarter 2025 (R4Q) Lytic Performance by Region: North Region: 78.8% - Central Region: 74.3% - South Region: 86.5% ● Top Reasons for Delay In MS; IV LYTICS Beyond 60 Min by Percentage 1Q2025 AHASTR 40 <ul style="list-style-type: none"> ○ Refusal 4% - Care-team Eligibility 14% - Hypertension 16% - Need for Additional Imaging 8% - Delay in Stroke diagnosis 4%. ● AHASTR 115 Door to Device Within 60 Min for Transferred PTS or 90 Mins for PTS Presenting Directly. Quarterly Data 2024Q2-2025Q1 <ul style="list-style-type: none"> ○ Quarterly Performance by Percentage: MS 2024Q2 25.5% - US 51.7% Q1: 26.7% ○ Number of MS Intervention Patients: 2024Q2 70 min – 2025Q1 88 min ● Risk-Adjusted Mortality Ischemic Stroke and Hemorrhagic Stroke by Percentage. Global Stroke Model 2024Q2-2025Q1 AHASTR 60 MS R4Q: 2.18 <ul style="list-style-type: none"> ○ 2024Q2 MS 1.6% - US 1.37% ○ 2025Q1 MS 2.34% - US 1.45% ● Discharge Destination by Percentage 1Q 2025 (R4Q) AHASTR 23



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		<ul style="list-style-type: none"> ○ Home: MS 48.2% - US 50.9%. Acute Care: MS 17.0% - US 9.1%. IP Rehab: MS 12.6% - US 15.9%. SNF: MS 9.5% - US 11.4%. Hospice: MS 3.3% - US 4.3%.
VI	Award Recognition-AHA GWTG	Ms. Isom presented the awards for the American Heart Association: Get with The Guidelines program awards. Congratulations to all the hospitals and winners. Thank you for all you do.
VII	Stroke New Business/Open Discussion	No new business
VIII	STEMI Advisory Report: Aggregate Date	<p>Aggregate Data: Dr. Stone provided updates:</p> <ul style="list-style-type: none"> • Pre Hospital Metrics. 2024 Q2 – 2025Q1 (R4Q) 251 STEMI Patients <ul style="list-style-type: none"> ○ Metric 11020: 2025Q1 MS 126 min the Nation 118 min. ○ Metric 11022: 2025Q1 MS 56 min the Nation 57 min • Pre-Hospital ECG Percentage. Metric 11012 <ul style="list-style-type: none"> ○ 2025Q1 MS 85.9% the Nation 83.3% ○ STEMI Patients 2024 Q2-2025 Q1 (R4Q) North MS at 93%, Central MS 77% and South MS at 87%. • First Medical Contact ≤90 Min by Percentage 2025 Q2-2025 Q1 (R4Q) <ul style="list-style-type: none"> ○ Metric 7652. MS 78% and the Nation 86% ○ North MS 80.6%, Central MS 74.3% and South MS 78.7% • First Medical Contact in Median Min 2024 Q2-2025 Q1 (R4Q). The Goal is ≤90 Min. Metric 11013 <ul style="list-style-type: none"> ○ MS 2024 Q2 93.5 min – 2025 Q1 92 min ○ Nation 2024 Q2 83 min – 2025 Q1 84 min ○ North MS 94 min, Central MS 92 min and South MS 85min. • Transfer STEMI Patients Within 120 Min by Percentage. 2024 Q2- 2025 Q1 (R4Q). The Goal is ≤120 Min. Metric 8940 <ul style="list-style-type: none"> ○ MS 2024 Q2 69.5% - 2025 Q1 70.7% ○ Nation 2024 Q2 77.1% - 2025 Q1 77.3% • Transfer STEMI Patients Door to Door to Device in Median Min. 2024 Q2-2025 Q1(R4Q). The Goal is ≤120 min 101 STEMI Transfers. Metrics 11006 & 11007 <ul style="list-style-type: none"> ○ 2024 Q2 127 min and 2025 Q1 130 min. • Hospital Metrics 2024 Q2-2025 Q1 (R4Q) <ul style="list-style-type: none"> ○ Door to ECG Within 10 Min in Percentage Metric 9009. MS 2024 Q2 67 min. 2025 Q2 67. 2025 Q1 69 min. The Nation 2024 Q2 68 min 2025 Q1 69 min. ○ Door to Device in Median Min Metric 11019. MS 2024 Q2 61 min. 2025 Q1 59 min. The Nation 2024 Q2 58 min 2025 Q1 56 min.



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		<ul style="list-style-type: none"> In-Hospital Risk Standardization Mortality: All AMI Patients in Percentage. Rolling 4Q 2024 Q2-2025 Q1 Metric 8461 <ul style="list-style-type: none"> MS 2024 Q2 51.1 % 2025 Q1 5.2%. The Nation 2024 Q2 5.3% 2025 Q1 5.28%.
IX	STEMI Performance Improvement Committee	<p>Dr. Bertolet provided updates.</p> <ul style="list-style-type: none"> The data shows higher in-hospital mortality with non-STEMI versus STEMI. This is opposite of what literature supports. Early on, there were more STEMI deaths than non-STEMI deaths. We should have 75% early STEMI death with about 25% non-STEMI death.
X	Award Recognition-NCDR	Ms. McGregor presented the 2025 Chest Pain – MI Registry Performance Achievement Awards. Congratulations to all the winners. Thank you for all you do.
XI	STEMI New Business	We are moving forward with the Maternal Fetal Systems of Care. This has been declared a State of Emergency by Dr. Edney. Dr. Rachel Morris will head up the OB side and Dr. Randy Hendeson will be heading up the Neonatology side.
	Upcoming Meeting	December 4, 2025

ACTION ITEMS

#	Step	Person (s) Responsible	Due Date
1.	Hospitals should review MI mortality cases carefully to ensure classification accuracy.	Hospital	Next meeting
2.			