



Meeting Minutes*



Meeting Title	STEMI & Stroke Advisory Committee Meeting	
Meeting Location		
Meeting Date	December 4, 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 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 checked="" 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 checked="" type="checkbox"/> Mr. Chuck Carter, RN, NRP** <input 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 type="checkbox"/> Ms. Amber Roberts, RN* <input checked="" type="checkbox"/> Ms. Alicia Grant, RN* <input checked="" type="checkbox"/> Ms. Wendy Barrilleaux, PT, DPT* <input type="checkbox"/> Ms. Sonya Barber, BSN, MHA* <input 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 Buchanan* <input type="checkbox"/> Mr. Sam Marshall* <input type="checkbox"/> Mr. Mickee Ramsey, NRP* <input checked="" 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 type="checkbox"/> Ms. Lee Waldrop, BSN* <input checked="" 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. Teresa Windham, RN	<input type="checkbox"/> Ms. Katianna High <input checked="" type="checkbox"/> Ms. Angie Carter <input checked="" type="checkbox"/> Ms. Christy McGregor <input checked="" type="checkbox"/> Ms. Dee Howard
Others present	<input checked="" type="checkbox"/> Ms. Teresa Ellerbush <input checked="" type="checkbox"/> Ms. Lauren Sybill <input checked="" type="checkbox"/> Ms. Kayla Johnson <input checked="" type="checkbox"/> Ms. Kayna Roberts	<input checked="" type="checkbox"/> Dr. Thad Waites <input checked="" type="checkbox"/> Ms. Mallory Quinn <input checked="" type="checkbox"/> Ms. Stephanie Stevens <input checked="" type="checkbox"/> Mr. Jeffrey Whitfield

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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 Meeting	M: Dr. Bertolet 2 nd : Ms. Ellerbush 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. Windham provided updates:</p> <ul style="list-style-type: none"> The EMS Performance Improvement group has been meeting regularly. Ms. Windham plans to begin inviting Dr. McCarter, the new State EMS Medical Director, to upcoming EMSPI meetings. The EMSPI group is evaluating ways to improve STEMI-related performance metrics. Key documentation that’s needed: <ul style="list-style-type: none"> MD Disposition Time Time EMS is Called for Transfer. Communication Pathway Time of Acceptance Number of Facilities Contacted The EMSPI committee may begin reviewing how sprint trucks are being utilized and evaluate reporting quality and mechanisms related to these units. The department has been working on the OB System of Care. New rules and regulations are now posted on the Secretary of State website. They are currently open for public comment. <p>MHCA Report: Ms. McGregor provided updates:</p> <ul style="list-style-type: none"> Over 13,00 scans using Rapid AI were completed with the licenses available through MHCA. Approximately 17 hospitals are consistently using the system. Choctaw will soon be added as a licensed Rapid AI site, increasing network capacity. The state currently has 20 Rapid AI licenses, with 2 remaining to allocate. Dr. Stone is encouraging Level 2 and Level 3 centers not yet using Rapid AI to join, as the system has shown significant clinical impact. The Symposium will be on February 21, 2026, at the Sheraton in Flowood. For more information, please scan the QR code from the slide. The dates for the coordinator meetings for 2026 are as listed. <ul style="list-style-type: none"> March 26, 2026 June 11, 2026 September 10, 2026 December 10, 2026



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		<p>MHCA Financial Update: Ms. Carter provided updates:</p> <ul style="list-style-type: none"> • The current balance as of December 2, 2025 is \$152,250.81. • Income for the Q1 FY26 – July 1 to September 30 was from The MS State Dep of Health. • Expenses. <ul style="list-style-type: none"> ○ Account 60000 – Public Advertising \$34,757.66 ○ Account 60200 – Automobile \$694.75. ○ Account 61000 - Business License - \$153.50. ○ Account 61700 – Computer and Internet \$563.85 ○ Account 62500 – Monthly storage unit, QuickBooks, Rapid AI, and NCDR Chest Pain Management \$107,984.00 ○ Account 63550 – Grants (Pulsera) \$118,750.00. ○ Account 64300 – Meals \$191.54. ○ Account 64900 – Office Supplies \$68.51. ○ Account 65000 – Meeting Expense \$179.91 ○ Account 66000 – Payroll: Taxes \$2,412.93 Wages \$31,541.52. The total is \$33,954.45. ○ Account 66700 – Professional Fees \$12,545. ○ Account 66900 – Postage \$3.84 ○ Account 68100 – Cell phone \$738.00 ○ Account 68400 – Travel \$1,873.28 <p>Total expenses: \$312,458.29. Net operating Income is \$-68,318.54. Net Income \$-68,318.54.</p>
V	STEMI Advisory Report: Aggregate Data	<p>Aggregate Data: Dr. Stone provided updates:</p> <p>Pre-Hospital Metrics 269 STEMI Patients. Symptom onset to arrival for POV patients in median minutes: Metric 11020:</p> <ul style="list-style-type: none"> • MS Performance: 2024Q3 – 100 min. 2024Q4 110 min. 2025Q1 126 min and 2025Q2 119 min. • National Comparison: 2024Q3 – 117 min. 2024Q4 118 min 2025Q1 118 min and 2025Q2 119 min. <p>Pre-Hospital ECG Percentage: Metric 11012:</p> <ul style="list-style-type: none"> • MS Performance: 2024Q3 81.8% - 2024Q4 86.9% - 2025Q1 58.9% and 2025Q2 86.4% • National Comparison: 2024Q3 83.2% - 2024Q4 86.1% 2025Q1 85.9% and 2025Q2 83.3%. • Region Performance: North region 91% - Central region 80% - South region 88% <p>First medical contact ≤90 min by percentage: Metric 7652:</p> <ul style="list-style-type: none"> • MS Performance: 2024Q3 80.5% - 2024Q4 78.8% - 2025Q1 77.9% - 2025Q2 79.1%



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		<ul style="list-style-type: none"> US Comparison: 2024Q3 86.2% - 2024Q4 86.1% - 2025Q1 86% - 2025Q2 86.1% North region 82.6% - Central region 74.3% - South region 78.7%. <p>First medical contact in median minutes. The goal is ≤ 90 min: Metric 11013:</p> <ul style="list-style-type: none"> MS Performance: 2024Q3 93min – 2024Q4 95min – 2025Q1 92min – 2025Q2 88min. National Comparison: 2024Q3 84min – 2024Q4 83min – 2025Q1 84min – 2025Q2 83min. 1Q2025 FMC by region in median minutes: North 90min - Central - 89min - South 87min <p>Transfer STEMI patients within 120 minutes by percentage: Metric 8940:</p> <ul style="list-style-type: none"> MS performance: 2024Q3 72.1% - 2024Q4 69.7% - 2025Q1 70.7% - 2025q2 71.6%. National Comparison: 2024Q3 77.5% - 2024Q4 77.1% - 2025Q1 77.3% - 2025Q2 77.7%. <p>Transfer STEMI patients Door to Door to Device in median minutes: Metrics 1006 & 1007:</p> <ul style="list-style-type: none"> 2Q205 67min – 1Q2025 71min – 4Q2024 81min – 3Q2024 66min <p>Hospital metrics:</p> <ul style="list-style-type: none"> Door to ECG within 10 minutes in percentage: Metric 9009: <ul style="list-style-type: none"> MS Performance: 2024Q3 64% - 2024Q4 64% - 2025Q1 69% - 2025Q2 73% National Comparison: 2024Q3 68% - 2024Q4 68% - 2025Q1 69% - 2025Q2 69%. Door to Device in median minutes: Metric 11019: <ul style="list-style-type: none"> MS Performance: 2024Q3 62min – 2024Q4 62min – 2025Q1 59min – 2025Q2 60min National Comparison: 2024Q3 56min – 2024Q4 56min – 2025Q1 56min 2025Q2 56min. <p>In hospital risk standardization mortality: All AMI patients in percentage: Metric 8461:</p> <ul style="list-style-type: none"> MS Performance 2024Q3 5.33% - 2024Q4 5.13% - 2025Q1 5.2% - 2025Q2 5.43%. National Comparison: 2024Q3 5.42% - 2024Q4 5.32% - 2025Q1 5.28% - 2025Q2 5.37%.
VI	STEMI Performance Improvement Committee	<p>Performance Improvement Committee Report: Dr. Bertolet pervaded updates:</p> <ul style="list-style-type: none"> A significant improvement was seen quarter-to-quarter, including a 4-minute decrease in median FMC-to-balloon time. Some improvements may be attributed to better documentation practices rather than operational changes.



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		<ul style="list-style-type: none"> • Emphasis placed on hospitals ensuring accurate, reliable data entry. • Several factors contribute to delayed EKG acquisition and transmission: <ul style="list-style-type: none"> ○ EKG not performed by EMS. ○ Receiving hospitals cannot receive prehospital EKGs. ○ Sprinter trucks sometimes perform EKGs, but the EKG does not reliably travel to the receiving center. • There is opportunity for system-wide improvement in prehospital EKG consistency and transmission workflows. • The state has gone from a national leader to almost the worst in mortality. A major issue is we are putting non-type 1 non-STEMIs into this population. There should be 2 non-STEMIs for every STEM you get. Many hospitals that exceed this ratio suggest miscoding. Facilities with inflated non-STEMI ratios also show higher mortality. • Ongoing issues noted with the transfer STEMI patients, with performance possibly worse than previous years. Centers performing well: <ul style="list-style-type: none"> ○ Forest General ○ Magnolia ○ DeSoto • Current data: centers treat patients within the required time only 70% of the time. 30% of STEMI patients experience 2 hours of untreated heart attacks.
VII	STEMI New Business	No new business
VIII	Stroke Advisory Report: Aggregate Date	<p>Aggregate Data: Dr. Evans provided updates:</p> <p>Arrival Mode by percentage. 2Q MS patients 2083: AHASTR19</p> <ul style="list-style-type: none"> • EMS: US 45.8% - MS 37.1% MS North 42.4% - MS Central 31.4% - MS South 43.1%. • Private Transport: US 35.3% - MS 43.3% - MS North 51.1% - MS Central 35.4% - MS South 48.6%. • Transfer from other hospitals: US 17.8% - MS 19.2% - MS North 6.0% - MS Central 33.0% - MS South 8.0% <p>Per notification by EMS by percentage AHASTR39:</p> <ul style="list-style-type: none"> • MS: 2024Q3 59.9% - 2024Q4 59.6% 2025Q1 59.1% 2025Q2 60.4% • US: 2024Q3 59.2% - 2024Q4 59.1% - 2025Q1 58.3% - 2025 Q2 58.3%. • Pre-notification by region: North 78.9% - Central 32.8% - South 76.5%.



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		<p>Non-contrast brain or MRI interpreted within 45 minutes from presentation by percentage AHASTR272:</p> <ul style="list-style-type: none"> • MS: 2024Q3 82.1% - 2024Q4 72.8% - 2025Q1 76.1% - 2025Q2 76.6% • US: 2024Q3 74.5% - 2024Q4 74.6% - 2025Q1 74.3% - 2025Q2 75% • Performance by region: <ul style="list-style-type: none"> ○ North 77.1% ○ Central 74.5% ○ South 80.1% <p>Door to IV LYTIC <60 minutes quarterly performance by percentage AHASTR13:</p> <ul style="list-style-type: none"> • MS: 2025 Q2 81.3% • US: 2025 Q2 89.8% • Q2 2025 Lytic performance by region: <ul style="list-style-type: none"> ○ North 80.1% ○ Central 77.6% ○ South 86.8% <p>Top reasons for delay in MS: IV LYTICS beyond 60 minutes by percentage 2Q 2025 AHASTR40:</p> <ul style="list-style-type: none"> • Refusal 7.3% • Hypertension 18.2% • Care-team Eligibility 21.8% • Need for additional imaging 3.6% • Delay in stroke diagnosis 0% <p>Door to device within 60 min for transferred PTS or 90 mins for PTS presenting directly AHASTR115:</p> <ul style="list-style-type: none"> • Quarterly performance by percentage: MS R4Q 23.8% - US R4Q 52%. • Number of MS intervention patients: 2024Q3 119 – 2024Q4 86 – 2025Q1 88 – 2025Q2 93. <p>Risk-Adjusted mortality. ISCHMIC stroke and hemorrhagic stroke by percentage.</p> <ul style="list-style-type: none"> • MS: 2024Q3 2.36% - 2024Q4 2.57% - 2025Q1 2.34% – 2025Q2 1.73%. • US: 2024Q3 1.41% - 2024Q4 1.44% - 2025Q1 2.34% - 2025Q2 1.35% <p>Discharge Destination by percentage AHASTR23:</p> <ul style="list-style-type: none"> • Home: MS 49.7% - US 51.7% • Acute Care: MS 16.8% - US 8.9% • IP Rehab: MS 12.7% - US 15.9% • SNF: MS 8.7% - US 11.2% • Hospice: MS 2.7% - US 4.3%



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	AGENDA TOPIC	NOTE
		Ms. Windham reminded the group of the STEMI AC meeting on Dec 11 th at 4:30 pm.
IX	Stroke Performance Improvement Committee	Performance Improvement Committee Report: No update.
X	Stroke New Business	No new business.
	Upcoming Meeting	March 5, 2026

ACTION ITEMS

#	Step	Person (s) Responsible	Due Date
1.			
2.			

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