

December 15th, 2023 Meeting Minutes

Торіс	Discussion		
Call to order	Gene Latorre called the meeting to order at 10:01		
Meeting Minutes Approval	Previous meeting minutes approved		
Chairman Update	Previous meeting minutes approved		

Attendees: H> Sherrill, J. Waufle, L. Gasowski, J. Brenner, M. Jorolemon, M. Vallelunga, G. Latorre, J. Onyan, J. Dlugolecki, J. Zylich, O. Kaskov, K. Black, J. Dennis, P. Veinot, J. Thompson, H. Malek, T. Davoy, K. Loveland, R. Turrin

		Appendix 1 - Mechanical Thrombectomy Clinical Guidelines*	
	Time Profile LKW Less than 6 hours	Inclusion Criteria* 1. NIHSS 6 or higher (lower value may be considered at the discretion of the NIR Attending) 2. ASPECTS 6 or higher (lower value may be considered at the discretion of the NIR Attending) 3. CTA showing large vessel occlusion	
	LKW 6-24hr	 4. IF AVAILABLE: CTP showing SALVAGEABLE TISSUE 1. NIHSS 6 or higher (lower value may be considered at the discretion of the NIR Attending) 2. ASPECTS 6 or higher (lower value may be considered at the discretion of the NIR Attending) 3. CTA showing large vessel occlusion 4. CTP showing CBF <30% volume: < 70cc (larger volume may be considered at the discretion of the NIR Attending) Mismatch volume: >15cc 	
	UNK LKW or Wake-up Strokes	 Mismatch ratio: > 1.8 1. NIHSS 6 or higher 2. NCCT showing no obvious hypodensity (high ASPECTS score) 3. CTA showing large vessel occlusion 4. CTP showing favorable characteristics including but not limited to the following High mismatch ratio (usually >1.8) Small core infarct volume (ideally < 50cc) Large perfusion defect (usually 15cc greater than core) Good collateral (usually Hypoperfusion Index less than 0.4) 	
		ocument serves as a guideline, as an individual patient's risk/benefit profile varies. The final hanical thrombectomy is at the discretion of the Neuro-Interventional Attending	
Old Business	None to discuss		
New Business	Bylaw review and updated: The 2023 RSTAC bylaws were circulated to the group electronically over the summer wi request for edits. The only suggestion was regarding the officer section. It was suggested to add "Thrombectomy Capable Stroke Center (TSC)," as an option. During the meeting, the group agreed that this addition would be appropriate, and a vote was cast to approve the change. No opposition to the suggestion and the 2024 bylaws will include this change. Regional Hospital and EMS initiatives: Josh asked the group about Pulsara integration for EMS notification. Oneida reported that it currently uses Pulsara to receive EMS notifications. Jess T reports that CPH, Massena, and Gouverna will be looking to go-live with using Pulsara mid-January 2024. Lewis County will be using Pulsara by q1 end. Rome Hospital-Jarrod reported that Rome Hospital has applied for their Primary Stroke Center (PSC) Designation w		
		I Zylich reported that Lourdes is up for their recertification as PSC through the Joint	

New York States	Josh reported that the NYS Stroke Advisory group continues to meet quarterly.		
Updates			
Educational	Josh reported that the Upstate RUSH Virtual Conference series will resume January 2024, with monthly (free) hour-lo		
Opportunities	presentations. Each session will carry 1.0 ICNE or CME credits. Registration can be found on the Upstate.edu/stroke website.		
	International Stroke Conference 2024 February 6-9 Phoenix, AZ		
Regional	Nothing additional to report		
Reports/Round			
Table			
Adjournment	Meeting was adjourned at 1038		
Next Meeting:	Friday, March 15 th 2024 via Zoom https://upstate.zoom.us/j/93067046624		