EXECUTIVE SUMMARY
In Fiscal Year 2016, the second full year of Lone Star Stroke operations, the Lone Star Stroke Research Consortium has made tremendous progress and showed extraordinary collaboration between institutions in this first of its kind statewide effort for prevention and treatment of stroke, the leading cause of long term disability in adults and the fourth leading cause of death in Texas. Lone Star Stroke has achieved the goals and milestones set out for the first half of this biennium – beginning the expanded geographical reach of the network throughout the state, initiating additional studies, improving the access to expert stroke prevention and treatment to the active participants in our projects, and creating new knowledge that will benefit at risk populations and future stroke victims.

Expansion of the Lone Star Stroke Network study sites
The long term vision of Lone Star Stroke is to reach into all regions of the state, giving smaller and rural hospitals that do not have on-site stroke specialists access to advanced stroke research and new treatment protocols. In FY16, the number of research study sites associated with the five Hub centers have increased, and by end of FY2016 the number of LSS affiliated research sites across the state reached 52 (see page 3).

Research Project Progress
Ongoing projects in the Lone Star Stroke Consortium address important unmet needs in stroke prevention and the delivery of acute stroke care for the best outcomes and the best value. Projects continuing from the previous fiscal year have made substantial progress in FY16. Six new projects were approved by the Lone Star Stroke External Advisory Committee. Progress reports for individual projects are described on the Hub progress reports that following pages. Highlights from FY16 include:

Research Disparities Project to identify needs, gaps and opportunities for stroke research centers in Texas (completed): Texas Stroke Center Mapping Project (UTHealth) and Stroke Readiness Survey (UTSW)

Telemedicine studies to improve access and quality of stroke care and to understand practice patterns of acute stroke management via telemedicine in Texas
- The Lone Star Stroke Consortium TeleStroke Registry (LESTER) - Ongoing with over 3800 patients registered.
- Feasibility of Video Teleconference Self-management TO Prevent Stroke (V-STOP II) for Rural Texas Residents. *Phase 1 completed, Phase 2 in progress*
- Video-telemedicine for Self-Management to Prevent Stroke: The V-STOP-III Project: 3 year, 600 patient project to begin in FY2017, based on results of V-STOP II
- Intra-arterial Transfer Time Metric Study (IAT-TiMES). To analyze the transfer times of patients evaluated by telemedicine at a community hospital and then transferred to a Comprehensive Stroke Center for endovascular therapy. *To begin in FY2017.*
- Smartphone Application: A Controlled Trial of Medication Adherence and Unstable High Blood Pressure (Pilot study)
- Telemedicine Education Acceptability Model for Fall and Secondary Stroke Prevention (TEAM-FS) (Pilot study). To show the benefit of home telehealth visits by helping patients take their medications correctly, helping them with appointments to see a physician, and reducing the chances of falling in their homes.
- Feasibility of Wearable Technology (Google Glass) in the Remote Evaluation and Treatment of Acute (Pilot study)

**Women’s Health**
- The Women’s Imaging of Stroke Hemodynamics Study (WISHeS) is a multi-year study of brain arteries and brain blood flow in women using non-invasive brain scans to understand why women are at greater risk from stroke. By the end of FY16, *162 of projected 1000 stroke patients are enrolled.*

**Improving stroke prevention by optimal use of blood thinners**
- MRI guided stroke prevention therapy. The first of a series of three studies to use MRI to identify patients that may benefit from stronger anticoagulants than aspirin for stroke prevention. *625 of projected 1000 stroke patients are enrolled.*
- Optimizing benefit vs risk of new oral anticoagulants in stroke prevention (START clinical trial): a four-year clinical trial to determine the best time to begin treatment with newer oral anticoagulants to prevent a second stroke caused by atrial fibrillation. *To begin in FY17*

**Brain Hemorrhage**
- Efficient Resource Utilization for Patients with Intracerebral Hemorrhage (EnRICH). Study to determine outcomes of patients with spontaneous intracerebral hemorrhage at Comprehensive vs Primary Stroke Centers. In progress. *10 of projected 1400 patients are enrolled.*

The mission of the Lone Star Stroke Research Consortium is to improve the health and lives of Texans by discovering, testing and disseminating better therapies to prevent and treat stroke. In the upcoming fiscal year and beyond we will complete the new and on-going projects, disseminate the findings that change medical practice, and continue to join with more facilities through the state, particularly in West Texas and in the Rio Grande Valley, bringing our protocols to where they will be of the greatest benefit.

*The vision that motivates Lone Star Stroke is the conviction that all Texans should have access to the highest level of stroke expertise and the most effective, most advanced treatments no matter where they live or what hospital or clinic they use.*
Lone Star Stroke Affiliated Research Sites

Seton Healthcare/Dell Medical School– Austin (13)

1. Dell Children’s Medical Center – Austin, TX
2. Providence Health Center – Waco, TX
3. Seton Edgar B Davis Hospital – Luling, TX
4. Seton Harker Heights – Harker Heights, TX
5. Seton Highland Lakes Hospital – Burnet, TX
6. Seton Medical Center – Austin, TX
7. Seton Medical Center Hays – Kyle, TX
8. Seton Medical Center Williamson – Round Rock, TX
9. Seton Northwest Hospital – Austin, TX
10. Seton Smithville Regional Hospital – Smithville, TX
11. Seton Southwest Hospital – Austin, TX
12. St. Joseph Regional Health Center – Bryan, TX
13. University Medical Center Brackenridge – Austin, TX

Baylor College of Medicine – Houston (7)

1. CHI St. Luke’s Health - Baylor St. Luke’s Medical Center – Houston, TX
   a. Has Tele-Study Sites throughout the South East and Southern Gulf Coast
2. CHRISTUS Hospital - St. Elizabeth – Beaumont, TX
3. Harris County Health Clinic – Houston, TX
4. Prairie View School of Nursing – Houston, TX
6. Texas Women’s University – Houston, TX
7. Valley Baptist Medical Center – Harlingen, TX

The University of Texas Health Science Center: UTHealth – Houston (17)

1. Baptist Beaumont Hospital – Beaumont, TX
2. Baptist Orange Hospital – Orange, TX
3. Brazosport Regional Health System– Lake Jackson, TX
4. Citizens Medical Center – Victoria, TX
5. DeTar Healthcare System – Victoria, TX
6. Huntsville Memorial Hospital – Huntsville, TX
7. Matagorda Regional Medical Center – Bay City, TX
8. Memorial Hermann-Greater Heights Hospital – Houston, TX
9. Memorial Hermann-Katy Hospital – Katy TX
10. Memorial Hermann-Pearland Hospital – Pearland TX
11. Memorial Hermann Southwest – Houston, TX
12. Memorial Hermann Texas Medical Center - Houston, TX
13. Memorial Hermann-The Woodlands Hospital – The Woodlands, TX
14. The Medical Center of Southeast Texas – Port Arthur, TX
15. St. Joseph Medical Center – Houston, TX
16. Tomball Regional Medical Center – Tomball, TX
17. UT Health Northeast – Tyler, TX

The University of Texas Southwestern Medical Center – Dallas (9)

1. Baylor Research Institute – Dallas, TX
   a. This partnership gives access to any hospital in the Baylor Scott & White network (nearly 50 hospitals in 193 counties)
2. CHRISTUS St. Michael Hospital – Atlanta, TX
3. Good Shepard Medical Center – Marshall, TX
4. Hendrick Health System – Abilene, TX
5. Methodist Dallas Medical Center – Dallas, TX
6. Pampa Regional Medical Center – Pampa, TX
7. Parkland Hospital – Dallas, TX
8. Texas Health Resources – Irving, TX
   a. This partnership gives us access to any hospital in Texas Health Resources’ Network (24 hospitals in 16 North Texas counties)
9. UT Southwestern Medical Center – Dallas, TX

The University of Texas Health Science Center – San Antonio, TX (6)

1. Baptist Medical Center – San Antonio, TX
2. Mission Trail Baptist Hospital – San Antonio, TX
3. North Central Baptist Hospital – San Antonio, TX
4. Northeast Baptist Hospital – San Antonio, TX
5. St. Luke’s Baptist Hospital – San Antonio, TX
6. Texas Tech Health Science Center/El Paso – El Paso, TX
**1. Women’s Imaging of Stroke Hemodynamics Study (WISHeS)**

   **a. Study Synopsis:**
   This study will address the women’s health issue of cerebrovascular disease through a multi-institutional retrospective study accompanied by a prospective aim.

   The number of deaths due to stroke in Texas is higher than the national average and is increasing. Stroke is the third leading cause of death for women (in comparison, stroke is the fifth leading cause of death for men). Each year 55,000 more women have a stroke than men. Because in general women live longer than men, stroke will have a more negative impact on their lives. Due to this, more women will: Live alone when they have a stroke, be more likely to live in a long term health care facility after a stroke, have a worse recovery after stroke.

   Neuroimaging can provide cerebral vascular measures that predict outcome from stroke. The Women’s Imaging of Stroke Hemodynamics Study (WISHeS) project is the first of its kind to determine cerebrovascular and hemodynamic features in women that predict stroke risk, severity and response to treatment. If treatment responses related to these vascular or hemodynamic features are confirmed in the prospective phase of the study, then these results will be the cornerstone to future clinical trials as well as changes in practice for treating stroke in women.

   **b. Status: active and enrolling**
   To date, the multi-institutional retrospective aspect of WISHeS has enrolled 162 patients from the LSSC Hub Coordinating center. Enrollment is planned for at least one other Hub (UT Southwestern Medical Center as well as two Spoke hospitals (Providence Hospital and St. Joseph Regional Health Center, Bryan)).

   **c. Plans for 2017:**
   Enrollment of LSSC Hubs and Spokes will continue for the retrospective review imaging and clinical parameters unique to stroke in women. An image repository will be curated including all imaging data to be used as a basis for hypothesis generation and further development of personalized stroke protocols and prospective testing. Statistical analyses of these established databases will follow in parallel with enrollment in the prospective aim at the coordinating LSSC Hub site. The findings will be used as a basis to apply for external funding in support of this work, bringing research funding into Texas from sources such as the National Institutes of Health and the American Heart Association.
2. Optimal Ischemic Lesion Pattern on Brain MRI to Identify Atrial Fibrillation
   Short Title: MVT-AF (multiple vascular territories- atrial fibrillation)
   a. Study Synopsis:
      This study is the first phase of a three phase study design aimed at assessing the potential of
      MRI to identify patients that may have hidden (occult) atrial fibrillation and require stronger
      anticoagulants than aspirin to prevent stroke. Our hypothesis is that ischemic brain lesions in multiple vascular territories (MVT) are
      significantly associated with cardioembolic stroke, especially atrial fibrillation (AF). To
      strengthen the association of this lesion pattern to a cardioembolic source, we will examine
      relevant clinical data and echocardiographic findings. We will then develop a simple scale to
diagnose occult AF based on the MRI and several clinical features. Subsequent phases of the
project will test the prediction scale to predict previously undetected AF after stroke and to
test the best therapy for stroke prevention.

   b. Status: active and enrolling
      For this study, we identified a consecutive series of hospital discharges of ischemic stroke
      cases from the Seton Family of Hospital’s stroke database over a one year period of October
      1, 2014 to September 30, 2015. A total of 640 cases met study inclusion criteria. Clinical and
demographic data are being extracted according to the study case report form, including
variables such as age, sex, race/ethnicity, NIH Stroke Scale, stroke risk factors, prior transient
ischemic attack and stroke. Data analysis is planned to begin for the Seton LSS study site
November, 2016. Coordination Manuals are being developed to facilitate standard study
operations and training and for use in bringing on additional study sites by November, 2016. Additional study sites include: UT Houston Hub with 1-2 Study Sites and the UT Southwestern
Medical Center Hub.

   c. Plans for 2017-2018:
      Enrollment of LSSC Hubs and Spokes will continue for the retrospective review of MVT-AF
imaging and clinical variables. Data analyses from all sites are planned within the next 6
months. Findings will be submitted for presentation at national conferences during 2017-
2018 and a final manuscript prepared and submitted for publication. The findings will be used
to support development of the next 2 phases of the study and leverage continued funding for
this project.

3. Optimal Delay Time to Initiate Anticoagulation after Ischemic Stroke in Atrial Fibrillation (START): a pragmatic, adaptive randomized clinical trial
   a. Study Synopsis:
      When strokes occur caused by clots from cardiac sources such as heart arrhythmias, the optimal
strategy to prevent additional strokes is to provide a blood thinner (aka an oral anticoagulant). The transition onto a blood thinner after a clot is a difficult one with little available evidence
regarding the timing to start treatment. Beginning immediately after a first stroke, the risk of
repeat stroke events increases dramatically and prevention needs to be started as soon as it is
safe to do so, but there is a concern that starting too soon after the stroke may be too risky for
causing bleeding into the brain. To complicate things further, new classes of blood thinners
(e.g. Pradaxa, Eliquis, Xarelto) have recently arrived on the market which poses new questions
about how best to start these treatments. The primary purpose of this study is to answer the
question of the safest time to start these new classes of blood thinners after a stroke.
START is a clinical trial for patients who have had a stroke caused by atrial fibrillation and whose physician has decided to prescribe one of the new class of blood thinners to prevent a new stroke. The study will randomize 1000 patients to different times at which their blood thinner will be started: the number of days to wait after the stroke before beginning the treatment. The study will then determine the ideal time to start the medicine to balance stroke prevention vs risk of side effects.

b. Status: planning and protocol development

c. Plans
While the START trial has not yet launched it is in the final stages of development. The projected timeline for this project is:

- January 2016: Pilot enrollment across central Texas sites
- April 2016: Roll out trial to all participating LSSC sites
- April 2016 – December 2020: Enrollment across LSSC and proposed expansion to national stroke networks

Participant in other LSS Research Projects

- Nursing-driven Acute Care (NAS-Care)
- Lone Star Stroke Consortium Telesstroke Registry (LeSTER)
- Efficient Resource Utilization for Patients with Intracerebral Hemorrhage (EnRICH)
- V-STOP I, II, III (Video Teleconferencing for Self-Management to Prevent Strokes)
- Intra-arterial Transfer Time Metric Study (IAT-TiMES)

Baylor College of Medicine – Houston, TX

The Baylor College of Medicine Lone Star Stroke administrative hub has 5 research sites. The main clinical research site is Baylor St. Lukes CHI hospital in the Texas Medical Center. BSLCHI has tele-Study Sites throughout the south east and southern Gulf Coast and treats over 1,000 stroke patients. Over 15% of patients are treated with intravenous rt-PA and/or intra-arterial therapy through their Comprehensive Stroke Center and referral network. Our research spokes include Valley Baptist hospital in Harlingen, where patients throughout the Valley are treated directly or by referral. Over 500 stroke patients receive their care in this system annually, including availability of both intravenous and intra-arterial therapy for this primarily Hispanic-American population. The Ben Taub Harris County health system serves urban minority and underserved African American and Hispanic American populations throughout Harris County. Over 500 stroke patients annually are seen or referred here and all types of stroke therapy are available. BCM LSS works with Harris health to develop research protocols to address stroke prevention in this high risk population. SLE CHI in the Woodlands is participating in LSS and is a comprehensive stroke treatment and referral site for both urban and rural patients north of Houston. We have an established research relationship with Texas Women’s University and Prairie View School of
Nursing who are studying stroke prevention through innovative home tele-stroke management of hypertension. This site serves the primarily African American populations west of Houston in the Hempstead/Prairie View areas. Throughout the BCM LSS hub, over 2,000 stroke patients are seen for their acute and/or follow up care. LSS provides the ability to follow patients through support of spoke nurse coordinators leveraged by local hospital support for this important and potentially lifesaving effort.

**Hub Led Research Projects**

Recent research indicates that the majority of strokes could have been prevented. Studies have shown that many Texans, particularly minority and older persons, are not getting the stroke prevention that they need. In order to address this important gap in care, we have developed a formal program to address vascular risk factors using the approach of self-management, which involves the patient in identifying treatment goals and barriers. This approach has been a high priority of the “Texas Plan” to reduce stroke and heart disease, and we provide a potential method to extend into areas that do not have the high level expertise available in our major academic centers. The innovation that LSS has facilitated is to employ tele-conferencing to administer this prevention program in a group setting in local clinics, reaching many more patients than if it was administered only at the academic hub through individual patient visits. This approach also permits training local caregivers in this program, so that many more patients outside of LSS can be reached in the future.

The primary research study at the BCM LSS hub is V-STOP II (Video Teleconferencing for Self-Management to Prevent Stroke), is a pilot study to determine if it is feasible to use video-teleconference (VT) technology to deliver patient self-management education and stroke risk factor management to stroke patients who also have uncontrolled stroke risk factors, like high blood pressure or diabetes. Patients who have had a stroke and have uncontrolled risk factors are at much higher risk for a second stroke and also for a heart attack. Self-management education helps patients take control of their chronic health conditions more effectively. The use of VT technology will allow patients who live far away from a main hospital the opportunity to receive self-management support for their stroke risk factors at sites closer to where they live.

The V-STOP II study is being completed within the Lone Star Stroke (LSS) VT network in 2 phases. A pilot phase has been completed that assessed the feasibility and barriers to implementation. A Hub/Spoke system of delivery is being used where a larger Hub sites uses VT to deliver the program to a smaller rural or suburban healthcare facility. Phase I of the project was just completed and 2 LSS Hub sites used VT to deliver V-STOP in 2 smaller Study Sites. Phase II of the study is just beginning and more Study Sites are being added. A total of 50 patients will be enrolled. V-STOP III is the final project and is a randomized controlled trial that will enroll 600 patients over 3 years. This study will be the basis of a larger national grant application to the National Institute of Health and Nursing Research to investigate the benefit for long term reduction of stroke and heart attacks in patients outside of major academic centers. Over 600 patients and caregivers throughout Texas will have been trained in self-management that can be then applied to other patients and diseases after completion of this project.

The second project supported by BCM LSS is a blood pressure management project in conjunction with TWU and Prairie View School of Nursing to study whether having patients follow their blood pressure through a smart-phone application is better than clinic visits. This study will address an
urgent need in African American women as their risk of stroke is higher than comparable populations, with hypertension as the most important preventable condition. Fifty patients will be studied in this pilot project supported by BCM LSS pilot grant program. It will be conducted in the primarily underserved African American communities west of Houston and has the cooperation of the primary care health systems in that region. This project will be completed in 2 years.

V-STOP II Pilot phase has been completed and 35 patients and caregivers have participated, providing important information to refine the next phase. V-STOP II will enroll 50 patients and will be completed by winter 2016. V-STOP III, a randomized study will enroll 600 patients over the next 2 years and follow for another 1 year to determine the effect of this program to reduce the incidence of heart disease and stroke. Because self-management of vascular risk factors has overlap with other conditions such as diabetes and smoking, it is possible that benefits of the LSS project will extend beyond stroke to the other most important causes of death and disability in rural and underserved Texans.

Publications and presentations related to stroke prevention from the BCM LSS hub:


Invited Presentation


The University of Texas Health Science Center of Houston – Houston, TX
Data Coordinating Center (DCC) as a Network Core Function

The DCC this year continued to provide data support to the on-going LESTER telemedicine registry and the newly initiated EnRICH study. Services include database support and implementing processes to review and monitor data quality. The DCC will provide data support for other studies in the upcoming year that will be implemented in the network. Support for clinical trial design was also provided by the DCC to 3 new clinical studies proposed to the LSS network.

Hub Led Research Projects

1. **Lone Star Stroke TeleStroke Registry (LESTER)**
   a. LESTER is a tele-stroke registry that is the first of its kind to understand how stroke care is delivered and how outcomes are achieved with the use of telemedicine in the state.
   b. A web based registry is implemented at sites where a tele-stroke service is active and primarily involves a stroke coordinator or primary contact who send a short monthly report on discharge information of admitted stroke patients seen over telemedicine.
   c. Participation from 3 Lone Star Stroke hubs (UTHealth Houston, UTHSC San Antonio, Seton Healthcare) and their spokes (25); 3,432 consults in registry from 9/2015-7/2016

2. **Telemedicine Education Acceptability Model for Fall and Secondary Stroke Prevention (TEAM-FS) (pilot)**
   a. Aim is to demonstrate that telerehabilitation home visits with stroke patients after discharge from inpatient rehab is feasible, and will lead to fall and secondary stroke prevention
   b. Study involves providing patients with a tablet which is used to provide weekly multidisciplinary telehealth consultations in various area of stroke care – taking medications, assessing safety and fall risks in the home, swallowing difficulties, physical therapy, etc.
   c. Currently enrolled 17 patients with projected goal to enroll 40 patients

3. **Disparities in Stroke Research in Texas**
   a. Survey of 109 stroke designated facilities using standardized questionnaire to assess access to stroke research among designated stroke facilities in the State of Texas
   b. Initial findings demonstrated over 50% of Texans may lack access to stroke research
   c. Mapping analysis found several additional hospitals with high volume stroke discharges that LSS could approach to increase access to research opportunities in the state
   d. Continuing research is being conducted to show how many Texans are within driving distance to a stroke center and ways to implement stroke research in these centers
   e. Project initial findings were presented at the Texas Council on Cardiovascular Disease and Stroke and at the Governor’s EMS and Trauma Council in Austin, Texas.

4. **Efficient Resource Utilization for Patients with Intracerebral Hemorrhage (EnRICH)**
   a. Prospective study to determine outcomes of patients with spontaneous intracerebral hemorrhage at Comprehensive vs Primary Stroke Centers
b. Study will help guide the development of protocols for optimal management of intracerebral hemorrhage patients at hospitals that provide different levels of care.

c. Study will provide evidence based data on which patients may need higher levels of care and more advanced resources as well as provide the costs associated with the management of patients with brain hemorrhage

d. 10 patients currently enrolled at 1 site (study initiated August 2016)

Future Projects (to be implemented in FY2017)

5. Intra-arterial Transfer Time Metric Study (IAT-TiMES)
   a. Prospective study that aims to analyze the transfer times of patients with acute stroke initially evaluated by telemedicine at a community hospital and then transferred to a Comprehensive Stroke Center (CSC) for endovascular therapy evaluation.
   b. Study will help establish protocols to optimize processes that will accelerate the transfer of these patients in order to receive treatment faster.

Other LSS Projects Conducted at UTHealth Hub

V-STOP II: enrolled patients into phase 1 of the study at a community spoke hospital
Completed enrollment and plan to enroll into phase 2 of the study

University of Texas Southwestern Medical Center – Dallas, TX

The University of Texas Southwestern Medical Center obtained all fiscal year 2016 goals. During FY16, UT Southwestern aimed to increase enrollment in the Nursing-driven Acute Stroke Care (NAS-Care) study. We also aimed to expand enrollment of the NAS-Care study to research sites associated with other Lone Star Stroke Coordinating Centers. We began study enrollment at a UT Health Science Center San Antonio research site (St. Luke’s Baptist Hospital) in June, and a *Seton research site in July.

UT Southwestern also expanded its research sites to include a rural hospital in the Texas Panhandle – Pampa Regional Medical Center, the Baylor Scott and White Healthcare System, the Texas Health Resources Healthcare System, and few hospitals in the Dallas-Fort Worth metroplex.

LSSC Network Core Functions Led by UT Southwestern Medical Center

- LSSC website and social media outreach
- Monthly Project Managers Meeting
- Aiding in LSSC site recruitment

Hub Led Research Projects

1. Nursing-driven Acute Stroke Care (NAS-Care)
   a. Study Summary:
The Nursing-driven Acute Stroke Care study aims to decrease the time between hospital arrival and the administration of Tissue Plasminogen Activator (tPA), a potentially life-saving medication for patients with a clot in their brain (ischemic stroke), in Emergency Departments that use video conferencing (telemedicine) for stroke care by creating a standardized stroke code process.

b. Fiscal Year 2016 Progress:
   During FY16, one research site completed the NAS-Care study (Good Shepherd Medical Center in Marshall), and four other research sites started the study (CHRISTUS St. Michael Hospital in Atlanta, Pampa Regional Medical Center, St. Luke’s Baptist Hospital in San Antonio, and a *Seton research site). From September 2015 – July 2016, 112 patients were enrolled across the state.

b. Fiscal Year 2016 Progress:
   During FY16, one research site completed the NAS-Care study (Good Shepherd Medical Center in Marshall), and four other research sites started the study (CHRISTUS St. Michael Hospital in Atlanta, Pampa Regional Medical Center, St. Luke’s Baptist Hospital in San Antonio, and a *Seton research site). From September 2015 – July 2016, 112 patients were enrolled across the state.

c. Current Study Status:
   Four hospitals are currently enrolling patients.

d. Fiscal Year 2017 Plans:
   During FY17, two more hospitals will join the NAS-Care study (a *Baylor Scott & White and another *Seton research site). The NAS-Care study will be completed at all sites during FY17. Final study close-out, statistical analyses, manuscript preparation, and publication will occur during FY18.

e. Study Timeline
   Activity #1 - Site Initiation
   • A *Baylor Scott & White research site will begin baseline data collection by November 1, 2016
   • Another *Seton research site will begin baseline data collection by December 1, 2016
   • 100% of study sites initiated by December 1, 2017

   Activity #2 - Site Close-Out
   • CHRISTUS St. Michael Hospital – Atlanta will complete intervention data collection on September 7, 2016.
   • Pampa Regional Medical center will complete intervention data collection on October 4, 2016.
   • St. Luke’s Baptist Hospital will complete intervention data collection on March 31, 2017.
   • A *Seton research site will complete intervention data collection on April 30, 2017.
   • A *Baylor Scott & White research site will complete intervention data collection on July 31, 2017.
   • Another *Seton research site will complete the intervention data collection on August 31, 2017.
   • 100% enrollment (800 patients) by August 31, 2017

   *The name of some research sites may be removed to protect the integrity of the study, as sites are initially blinded to data collection.

2. **Pilot Study - Texas Hospitals: Stroke Readiness Survey**
   a. Study Summary:
      The Texas Hospitals: Stroke Readiness Survey aimed to determine if a hospital’s location (e.g. rural vs. urban) or stroke designation (e.g. no stroke designation, Acute Stroke Ready, Primary Stroke Center, or Comprehensive Stroke Center) correlates with the hospital’s preparedness to care for acute stroke patients.

   b. Fiscal Year 2016 Progress:
During FY16, 20% of acute care hospitals in Texas (67 hospitals) were enrolled in the Texas Hospitals: Stroke Readiness Survey study. Enrollment commenced in January 2016, and concluded in May 2016.

c. Current Study Status:
   After surveying twenty percent of all acute care hospitals in Texas, using the Stroke Rapid Treatment Readiness (SRTR) survey, investigators found that rural hospitals are just as prepared as urban hospitals to care for stroke patients. Investigators also confirmed that a hospital’s stroke designation (e.g. no stroke designation, Acute Stroke Ready, Primary Stroke Center, Comprehensive Stroke Center), or a lack thereof, is a strong predictor of how prepared a hospital is to care for these critical patients.
   We are currently preparing the manuscript for this pilot study.

d. Fiscal Year 2017 Plans:
   We will publish the manuscript during FY17.

The University of Texas Health Science Center of San Antonio – San Antonio, TX

Participating site in LSS Research Projects

1. Lone Star Stroke Consortium Telestroke Registry (LeSTER)-
   118 patients as of August 18, 2016
   Participating spokes: St. Luke’s Baptist
   Northeast Baptist
   Mission Trail Baptist
   North Central Baptist
   Baptist Medical Center

2. Nursing-driven Acute Stroke Care (NAS-Care)
   Currently completing Phase 2- Baseline Data collection
   This phase will end with August and education for Phase 3 will begin.
   Participating spoke: St. Luke’s Baptist)