

Door in Door Out Data (DIDO) Collection Requirements

Hospitals Required to Submit DIDO to LERN

The Acute Stroke Ready hospitals are already required to collect this data for quality improvement. On February 20, 2020, the LERN Board voted to require Primary Stroke Centers who transfer patients out for mechanical thrombectomy (MT) services, to collect this data.

Why?

The primary aim of LERN is to develop a comprehensive stroke system of care in Louisiana that provides timely access to proven treatments necessary for reduction of death and dependency. Time is brain. The (DIDO) time is an important metric for primary stroke centers (PSC) with no on-site mechanical thrombectomy service. Transfer of Large Vessel Occlusion (LVO) positive patients should occur as early as possible in order to increase the likelihood of recovery after thrombectomy.

Goal:

DIDO of 90 minutes

Inclusion Criteria:

- LVO screened positive patients who presented within 24 hours of LSN.
- Transfer request time (Column I) and transfer time (Column J) is only relevant for LVO patients transferred.
- For LVO patients not transferred, include the reason why not in Column L – “Details”.

Data Definitions:

1) **Hospital Identifier** = Column A

A unique 3-letter code given to each hospital to anonymously distinguish one hospital’s data from another’s. For example, Baton Rouge General Medical Center’s identifier may be “AAC” while Our Lady of the Lake Regional Medical Center’s identifier may be “ABD”. LERN assigns this identifier.

2) **Quarter** = Column B

The quarter of the calendar year in which the data is being reported in the format of Q-YY (e.g., quarter 2 of 2022 would be 2-22). Data submission is once per quarter.

For patient info:	Submit no later than:	Quarter reported
January 1 – March 31	April 30	1-YY (e.g., 1-22)
April 1 – June 30	July 31	2- YY (e.g., 2-22)
July 1 – September 30	October 31	3- YY (e.g., 3-22)
October 1 – December 31	January 31	4- YY (e.g., 4-22)

- 3) **Date** = Column C
The date the patient arrived at the hospital. This should be in the format of Month/Date/year (e.g., June 10, 2020 would be 06/10/20).
- 4) **Patient ID #** = Column D
This shall be a facility-dependent “Dummy ID” so that identifiers can be eliminated from the transferred dataset to LERN. Please use the Hospital Identifier, followed by the quarter, followed by 001. For example, if your hospital identifier is CCC, and it is 2nd quarter of 2020, your first patient’s Dummy ID should be: CCC-2-20-001. The next patient would be: CCC-2-20-002, and so on. If you click and hold the left mouse button on the bottom right corner of the cell containing CCC-2-20-001 and drag it down, the patient ID #s will automatically populate.
- 5) **Time Last Seen Normal (LSN)** = Column E
This is the date and time (military time) that the patient was last known to be at his or her normal neurological condition. This time = the time of onset for:
 - i. a person who was awake at onset and can provide his or her own history and
 - ii. a person with witnessed onset.
- 6) **Time of Arrival to the Emergency Department Door** = Column F
This is the date and time (military time) that the patient was first acknowledged as being present at the facility. If the patient arrives by ambulance, this is the time the ambulance arrives at the Hospital. If the patient arrives by private vehicle or as a walk-in, this is the time stamp on the ED triage form.
- 7) **Mode of Arrival** = Column G
A drop-down menu allows for selection of private vehicle, ambulance, air ambulance, and unknown.
- 8) **NIHSS Total Score** = Column H
The NIHSS exam should be performed by certified examiners on all patients with suspected stroke based on 2018 AHA Guidelines for the Emergency Management of Patients with Acute Ischemic Stroke. The total score, performed prior to thrombolytic, if given, should be recorded.
- 9) **Decision Time** = Column I
This is the date and time (military time) that the decision to transfer the patient was made for or against emergent transfer for possible thrombectomy for a patient who screen positive for LVO. ***We want to know how long it took for your site to decide that the patient needed to be transferred. Ideally, this is within minutes of arrival.***

If the patient screened negative for LVO, leave blank (ASRH), even if the patient was transferred for higher level of care.

If the decision was made against transfer for possible thrombectomy, do not include the time of acceptance or time of transfer/departure/door out, even if transferred, and include the reason the patient was determined to not be a candidate for thrombectomy in the Details Column.
- 10) **Transfer Request Time** = Column J.
Enter the date and time of transfer request in military time or n/a if the patient was not transferred. Leave the field blank if the time cannot be determined. If your site does not have a consistent method for source documentation of the time of transfer request, then this is a target for process improvement.

Ideally, the transfer request will be within minutes of the decision time, for patients who screened positive for LVO and were presumed to be candidates for thrombectomy. ***We want to know how long***

it took from the time you decided the patient needed to be transferred until the time you initiated that process

11) **Acceptance Time** = Column K

Enter the date and time (military time) that the receiving hospital agreed to take the transfer.

If the LERN Communication Center was used to facilitate acceptance, please indicate this in the Details Column.

If it took so long to get accepted, that the patient was no longer transferred with the intent of offering thrombectomy, leave this blank and indicate the patient could not be transferred in time for thrombectomy in the Details Column.

12) **EMS on Scene Time** = Column L

Enter the date and time (military time) that EMS arrived to transfer the patient. **This variable is required only for sites who are active in the remediation process for DIDO.**

This is the time that the secondary transfer EMS ground or air ambulance arrived to transfer the patient for thrombectomy to a thrombectomy center

13) **Transfer Time** = Column M

Enter the date and time (military time) when the patient departs the hospital for the receiving facility.

14) **Reason for Transfer Delay** = Column N

This will facilitate tracking any reasons that cause delay in transfer. The following pick list has been added:

- Delay in request Patient factor
- Delay in request Facility factor
- Delay in recognition of LVO
- Delay in finding accepting facility
- Delay in Arrival of Inter-Hospital Ambulance
- Other

15) **Optional Field for Details for Reason for Transfer Delays**= Column O

If additional details are thought to be necessary or add value to understanding your barrier/s to efficient door in-to-door out, this field allows for a free-text description. If your patient was LVO positive and was not transferred, please explain why here.

Data Submission to LERN

Email the completed data form quarterly to Deborah Spann at Justin.Schleis3@La.Gov.

Data is due per the following table:

Date of end of quarter	Date data report is last acceptable
March 31 st , 2022	April 30 th , 2022

June 30 th , 2022	July 31 st , 2022
September 30 th , 2022	October 31 st , 2022
December 31 st , 2022	January 31 st , 2023

******LERN Stroke Data will be accumulated and organized in summary form. LERN will not release any identified data related to a participating hospital. If disseminated, LERN data will be in aggregate form.******