LOUISIANA EMERGENCY RESPONSE NETWORK

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 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 "AC" 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 2020 would be 2-209). 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., 1-20)
April 1 – June 30	July 31	2- YY (e.g., 2-20)
July 1 – September 30	October 31	3- YY (e.g., 3-20)
October 1 – December 31	January 31	4- YY (e.g., 4-20)

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 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 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) **Time of Transfer Request** = Column I.
   Enter the time of transfer request in military time. 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.

10) **Transfer Time =** Column J
    This is the time (military time) when the patient departs the hospital for the receiving facility.

11) **Reason for Transfer Delay =** Column K
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

12) **Optional Field for Details for Reason for Transfer Delays=** Column L

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 Deborah.Spann@La.Gov.

Data is due per the following table:

Date of end of quarter	Date data report is last acceptable
March 31st, 2020	April 30th, 2020
June 30th, 2020	July 30th, 2020
September 30th, 2020	October 31st, 2020
December 31st, 2020	January 31st, 2020

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.