Door In Door Out (DiDo)

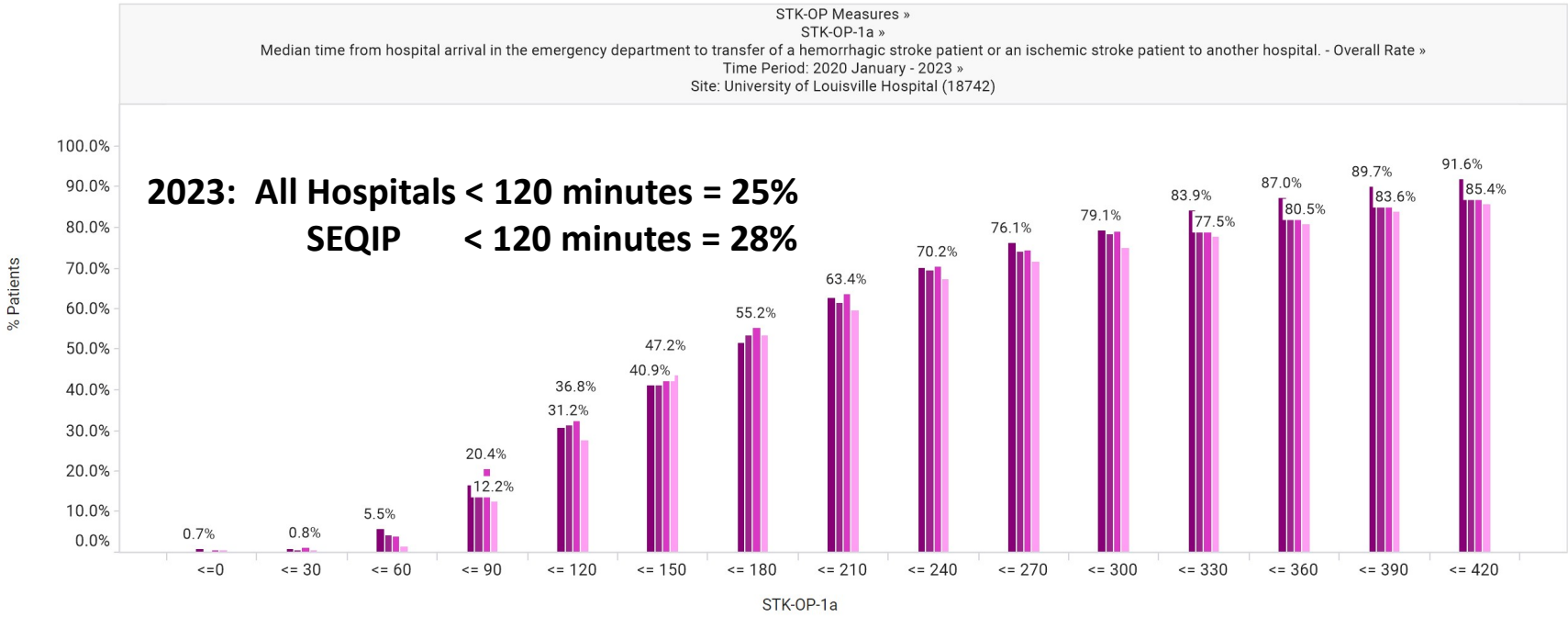
Proposed Quality Improvement Initiative
10.18.2023

Baseline Data

DiDo < 120 Minutes

DiDo – All patients

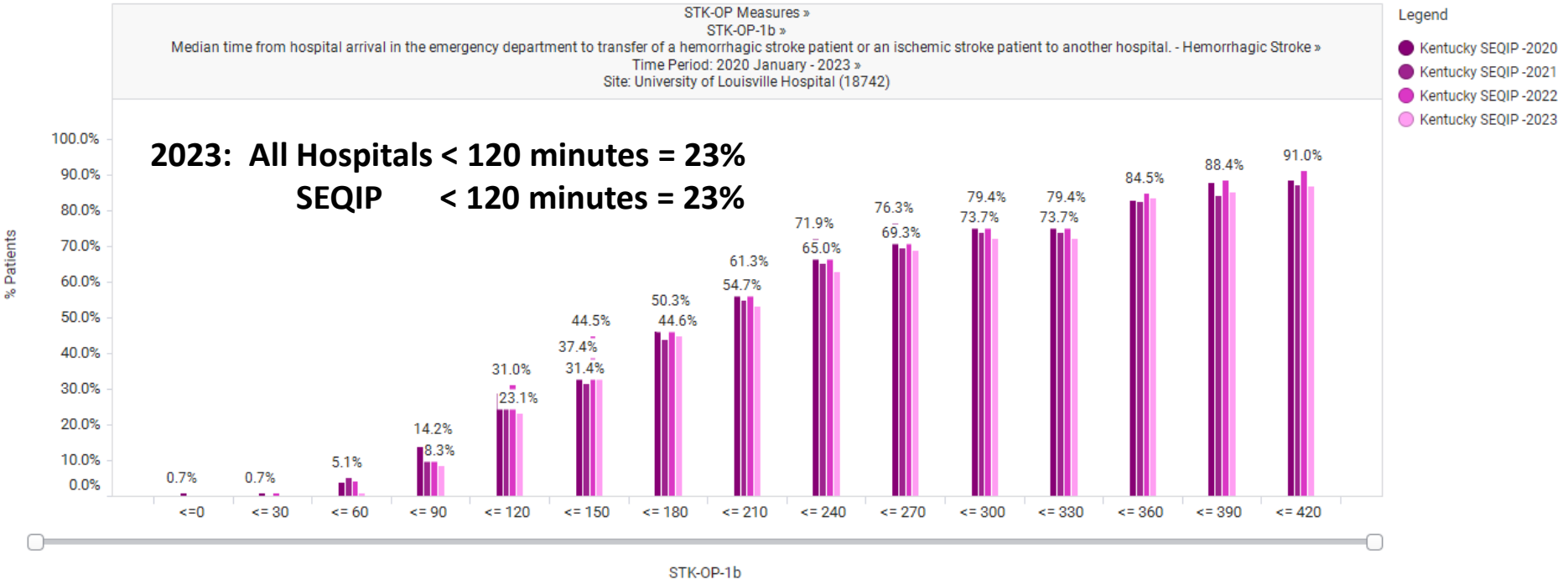
Measure Summary



Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	585	732.61	176.00
	2021	564	1663.40	174.00
	2022	500	224.49	161.00
	2023	426	4134.57	165.50

Dido - Hemorrhagic Stroke

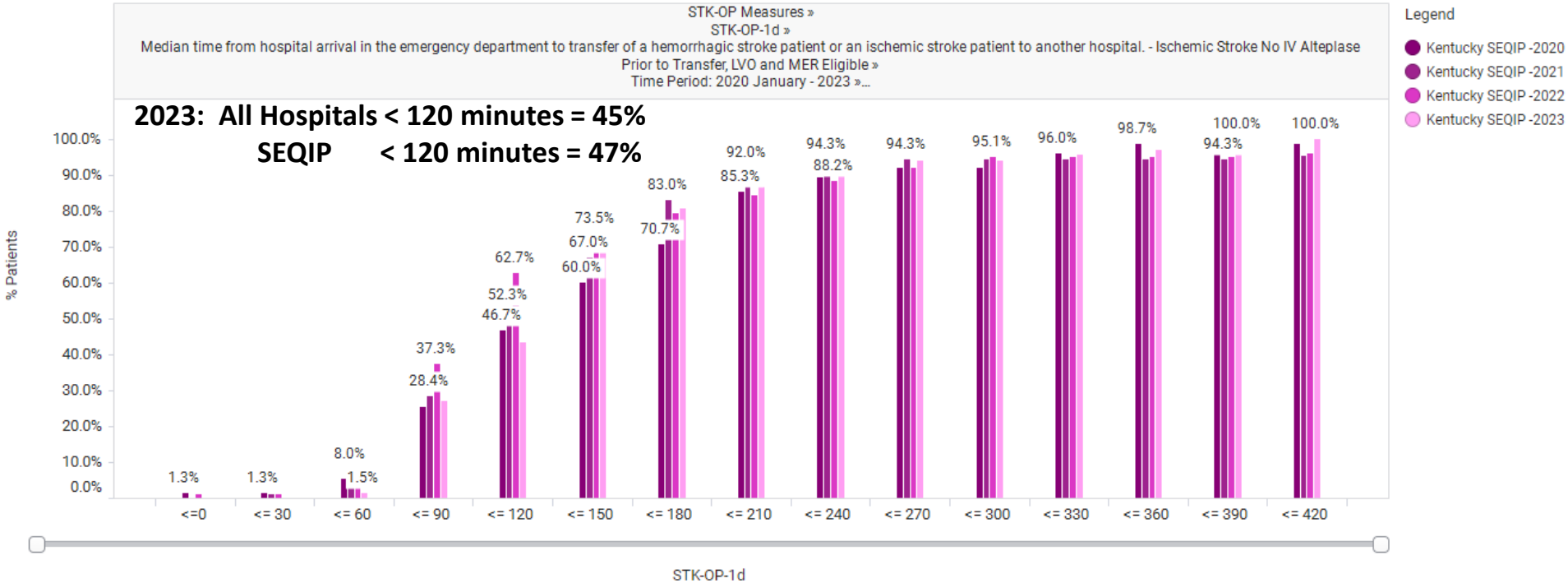
Measure Summary



Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	139	211.49	184.50
	2021	137	238.99	193.00
	2022	155	216.11	177.50
	2023	121	250.05	200.00

DiDo – No thrombolytic; MER Eligible

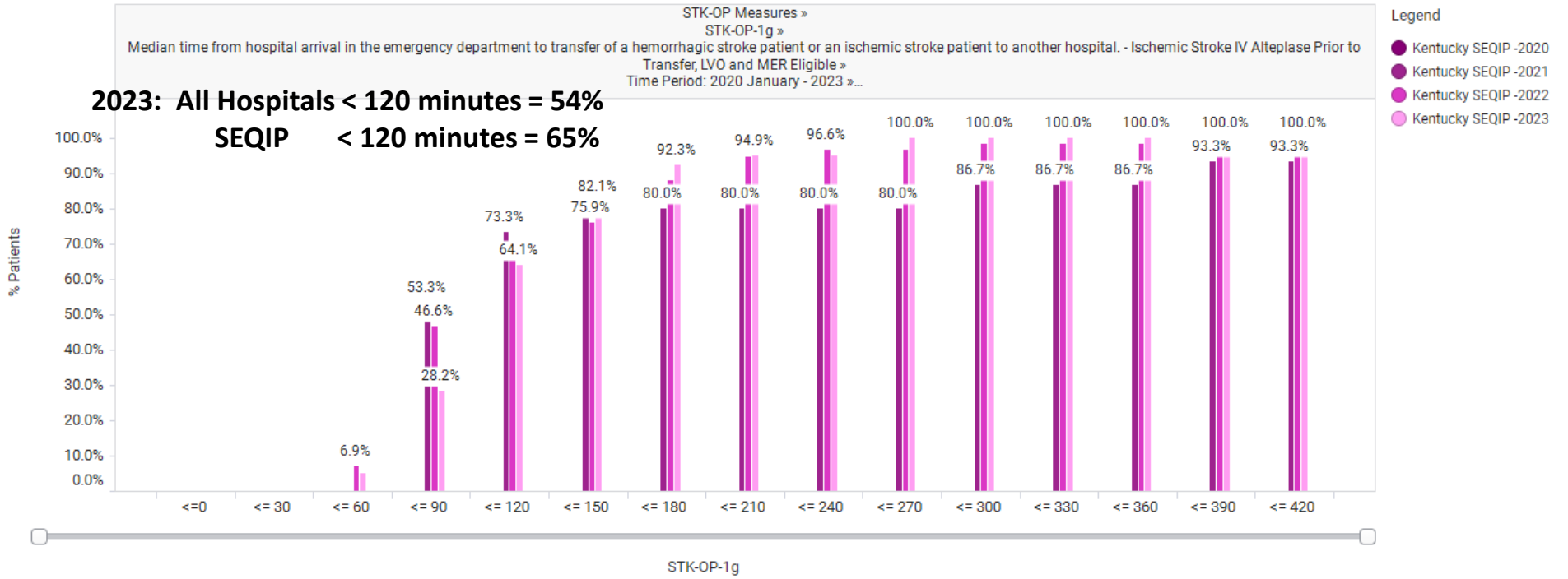
Measure Summary



Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	75	148.96	140.00
	2021	88	144.41	118.00
	2022	102	136.89	103.50
	2023	67	142.12	126.00

DiDo - + Thrombolytic; + LVO, MER Eligible

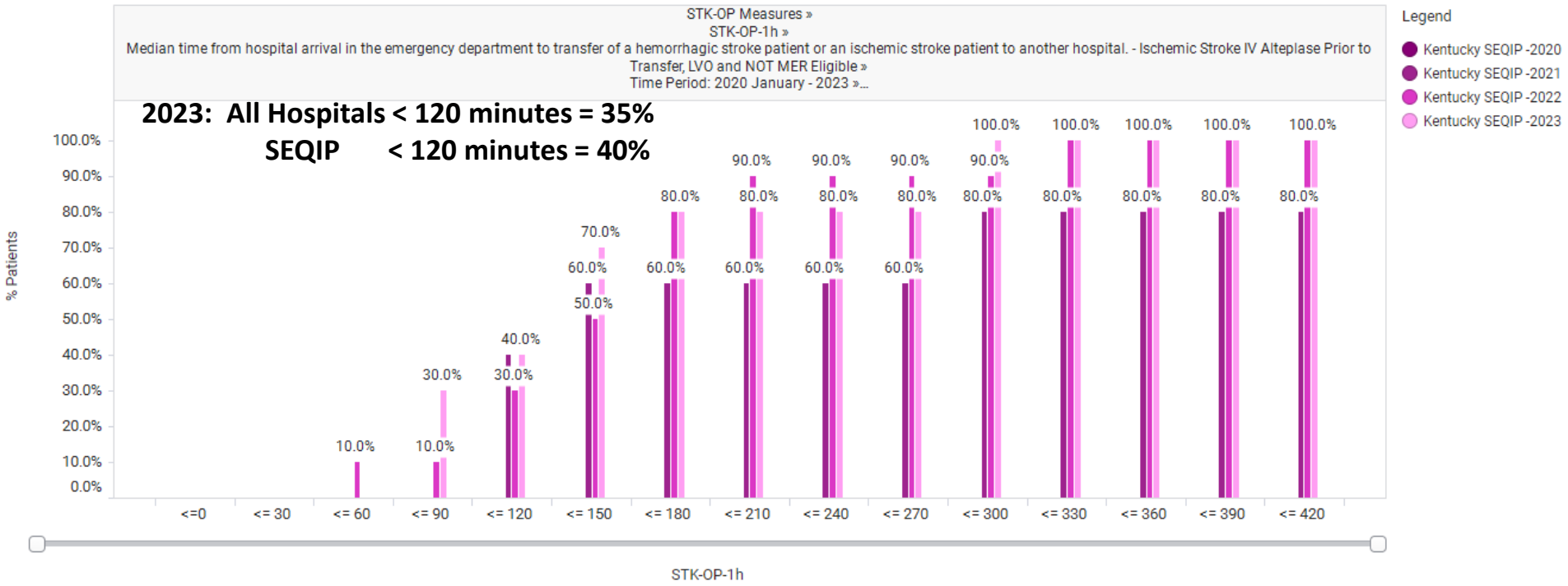
Measure Summary



Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	0	0.00	(Empty)
	2021	15	141.67	90.00
	2022	58	114.07	95.00
	2023	39	118.10	108.00

DiDo- + Thrombolytic; + LVO, not MER Eligible

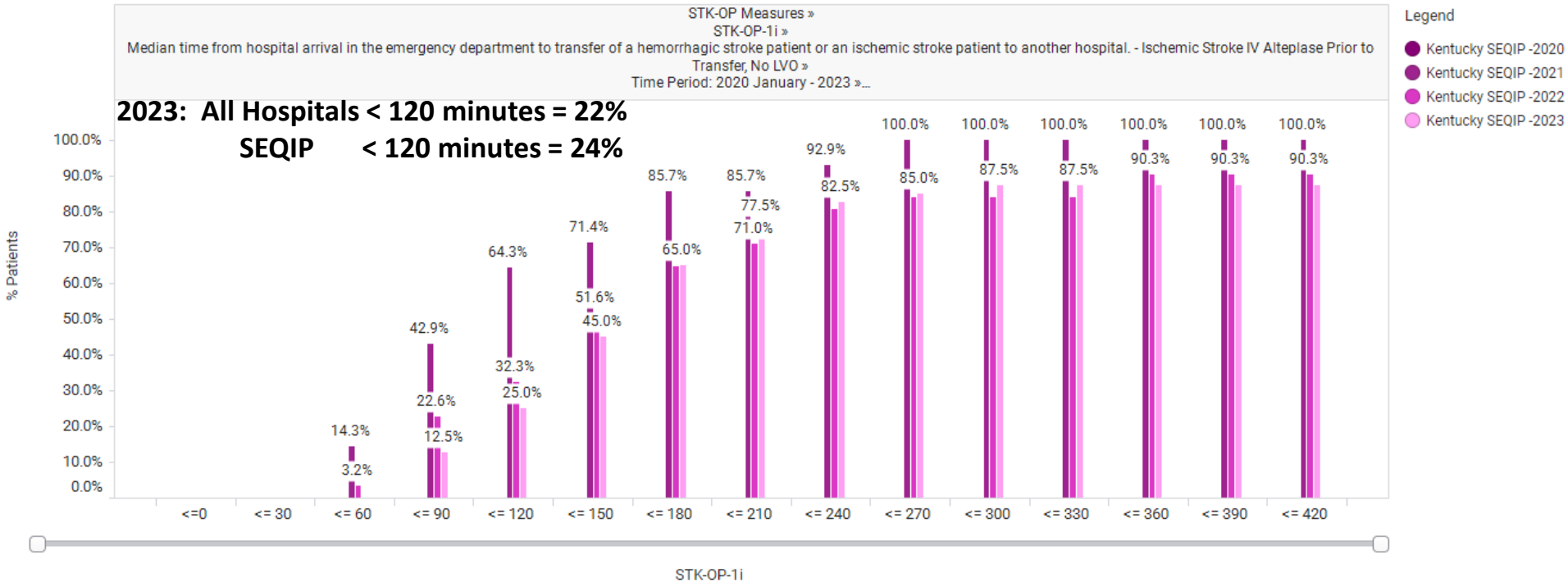
Measure Summary



Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	0	0.00	(Empty)
	2021	5	265.40	124.00
	2022	10	154.20	144.50
	2023	10	144.70	130.00

DiDo - + Thrombolytic; No LVO

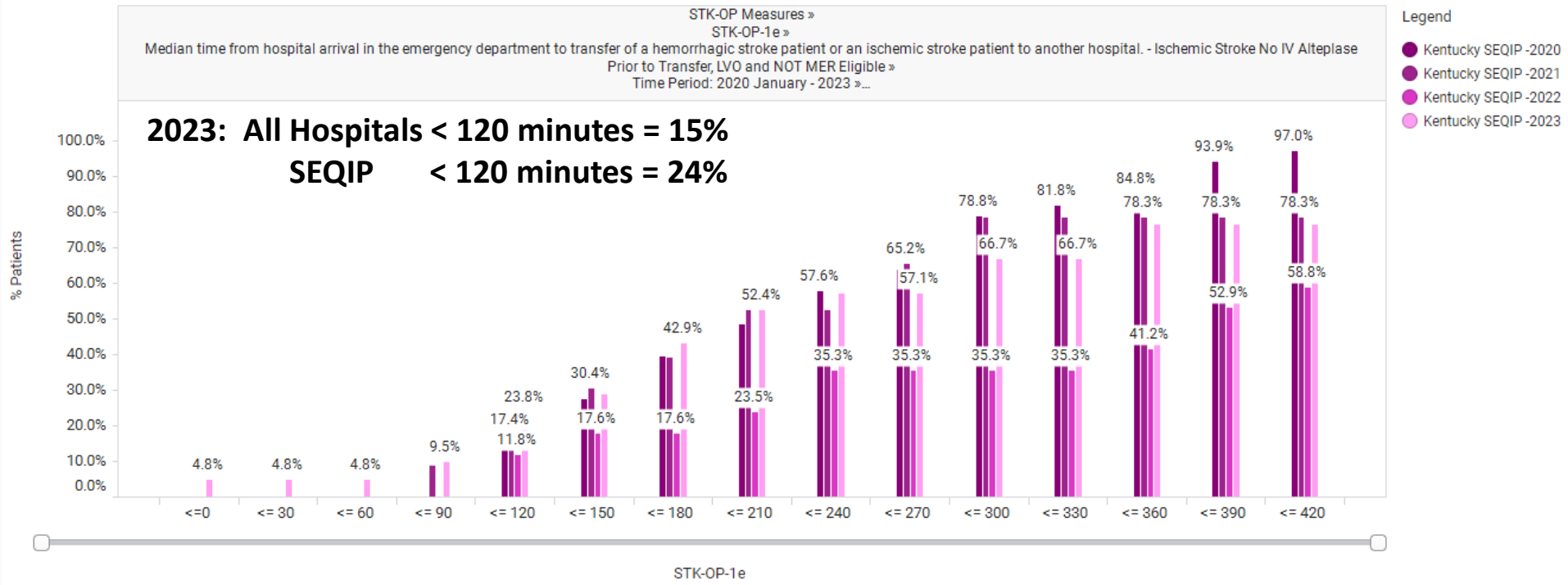
Measure Summary



Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	0	0.00	(Empty)
	2021	14	119.43	107.50
	2022	31	206.06	150.00
	2023	40	41674.45	156.50

Dido- No Thrombolytic; + LVO, not MER Eligible

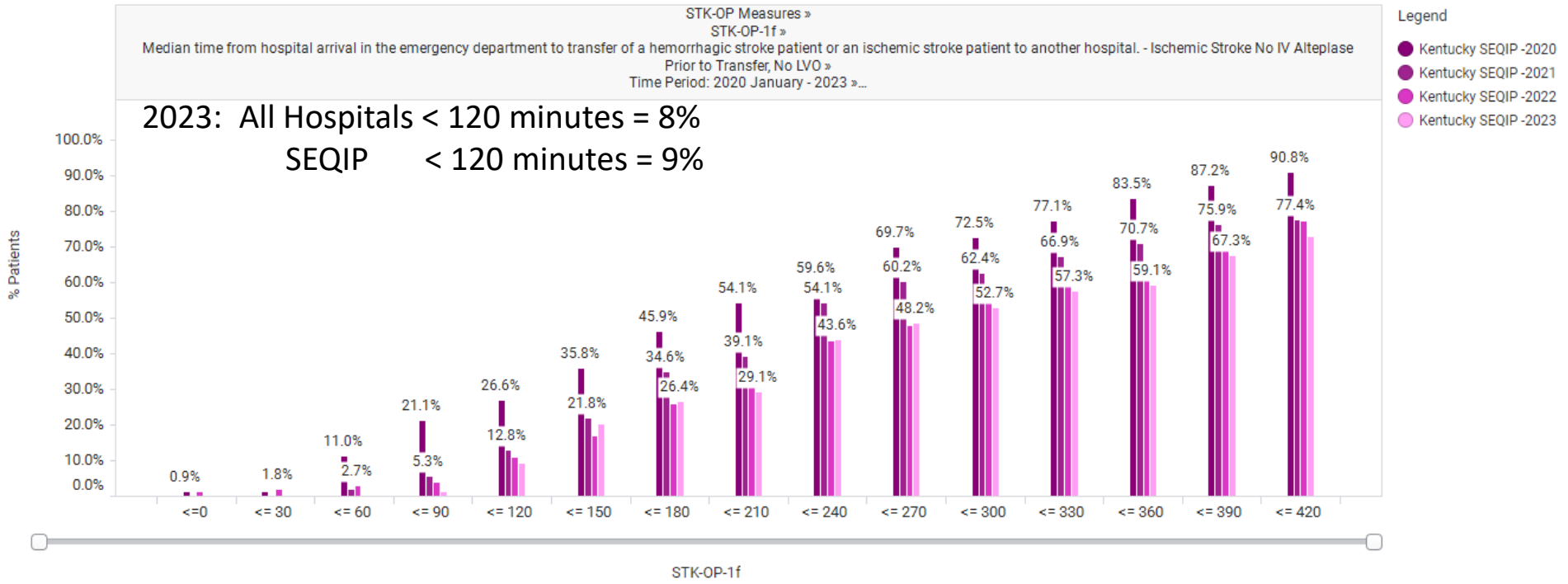
Measure Summary



Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	33	227.12	217.00
	2021	23	261.30	198.00
	2022	17	556.76	383.00
	2023	21	356.10	210.00

DiDo – No thrombolytic; No LVO

Measure Summary



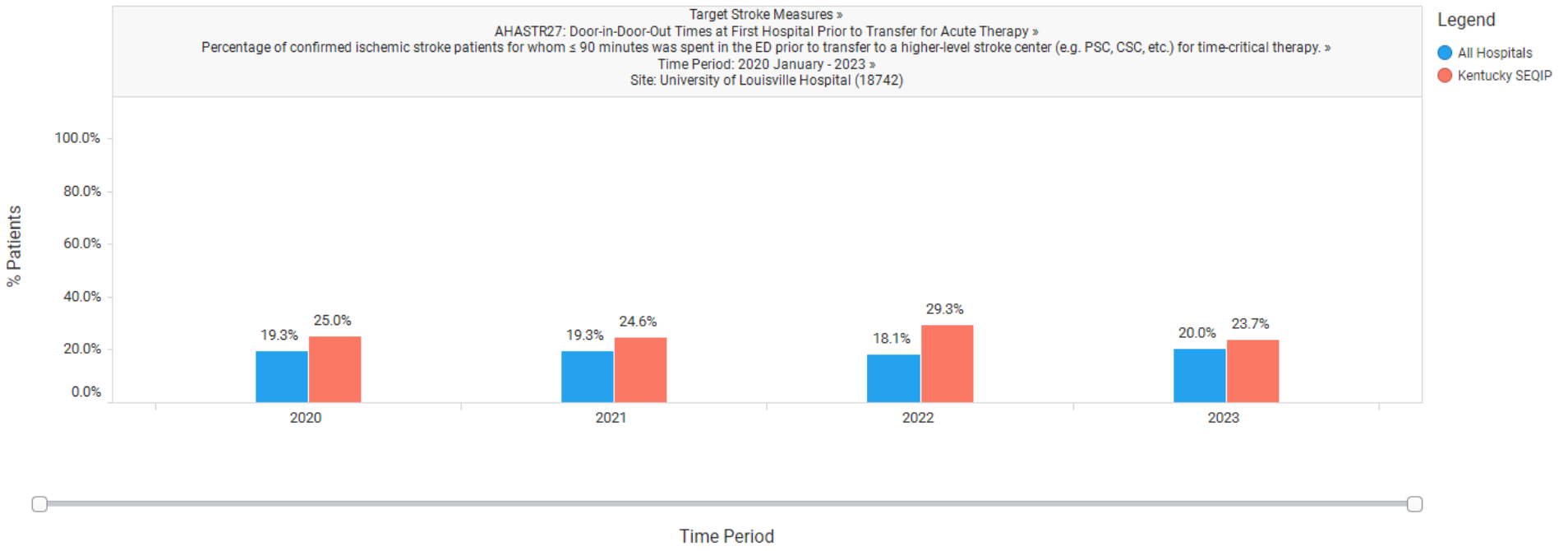
Benchmark Group	Time Period	Total Records	Mean	Median
Kentucky SEQIP	2020	109	221.37	196.50
	2021	133	1471.23	230.00
	2022	113	331.67	278.00
	2023	110	330.44	281.50

DiDo Baseline Data

Target Stroke < 90 Minutes

DiDo < 90 Minutes

Measure Summary



Benchmark Group	Measure Group	Measure	Time Period	Total Patients	Numerator	Denominator	Exception	% Patients
All Hospitals	Target Stroke Measures	AHASTR27: Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy	2020	472315	1943	10073	1057	19.3%
			2021	504624	2014	10435	1105	19.3%
			2022	521973	1951	10784	1063	18.1%
			2023	363623	1480	7390	815	20.0%
Kentucky SEQIP	Target Stroke Measures	AHASTR27: Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy	2020	8413	48	192	14	25.0%
			2021	8732	60	244	22	24.6%
			2022	8622	73	249	14	29.3%
			2023	5983	47	198	14	23.7%

STROKE ENCOUNTER QUALITY IMPROVEMENT PROJECT
SEQIP

PI Objectives

- Improve DiDo times < 120 minutes for SEQIP hospitals for time sensitive diagnoses
- Improve DiDo < 90 minutes for SEQIP hospitals for time sensitive diagnoses
  - Track Barriers Delaying DiDo goals
    - Transferring Hospital Delay
    - EMS/Transport Delay
    - Receiving Hospital Delay
  - Collaborate with local EMS agencies

PI Goals

1. Improve DiDo time for STK 1b by 6% each year to achieve > 50% of patients meeting DiDo < 120 minutes by 2028 (Baseline 23%)
2. Improve DiDo time for STK 1d by 3% to achieve >50% of patients meeting DiDo < 120 minutes by 2026 (Baseline 47%); Improve DiDo time by 23% to achieve > 50% < 90 minutes by 2028 (Baseline 28%)
3. Improve DiDo time for STK 1g by 5% each year to achieve >50% of patients meeting DiDo < 90 minutes 2028 (Baseline 28%)

DiDo

How Can We Track This?

Transferred Patient - DiDo

Arrival Date/Time: MM/DD/YYYY HH:MM

09 / 22 / 2023 16 : 00
MM DD YYYY HH MM

Was this patient a Stroke alert (Code Stroke) at your facility? ◉ Yes ○ No ○ ND

Location of Stroke alert (Code Stroke)
- ◉ Emergency Department
- ○ EMS
- ○ Inpatient
- ○ MSU
- ○ Outpatient Procedure
- ○ Other

Date/Time Stroke alert (Code Stroke) received: MM/DD/YYYY HH:MM

09 / 22 / 2023 16 : 04
MM DD YYYY HH MM

Not Admitted: ◉ Yes, not admitted ○ No, patient admitted as inpatient

Reason Not Admitted:
- ◉ Transferred from your ED to another acute care hospital
- ○ Discharged directly from ED to home or other location that is not an acute care hospital
- ○ Left from ED AMA

Reason for Transfer

If patient transferred from your ED to another hospital, specify hospital name:

Transfer To Hospital Not On The List ☐

Transfer To Hospital Not Documented ☐

Select reason(s) for why patient transferred:

- ☐ Evaluation for IV Thrombolytics up to 4.5 hours
- ☐ Post Management of IV Thrombolytics (e.g. Drip and Ship)
- ☐ Evaluation for Endovascular thrombectomy
- ☐ Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)
- ☐ Advanced Stroke care (non-time critical therapy)
- ☐ Patient/family request
- ☐ Other advanced care (not stroke related)
- ☐ Administrative (insurance, bed availability)
- ☐ Not documented

Discharge Date/Time

MM/DD/YYYY HH:MM

MM / DD / YYYY HH : MM

What was the patient's discharge disposition on the day of discharge?

4 Acute Care Facility

STROKE ENCOUNTER QUALITY IMPROVEMENT PROJECT SEQIP

Reason for Delay

Documented reason for delay in transfer to referral facility?

- (●) Yes
- ( ) No/ND

Specific reason for delay documented in transfer patient (check all that apply):

- [ ] Social/religious
- [ ] Initial refusal
- [ ] Care team unable to determine eligibility
- [ ] Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- [ ] Investigational or experimental protocol for reperfusion
- [ ] Bed availability at receiving center*
- [ ] Delay in stroke diagnosis *
- [ ] Delay in transport arrival*
- [ ] In-hospital time delay *
- [ ] Equipment-related delay *
- [ ] Need for additional imaging *
- [ ] Catheter lab not available *
- [x] Other *

STROKE ENCOUNTER QUALITY IMPROVEMENT PROJECT
SEQIP

To Do:

- Recruit hospitals monitoring this measure
  - Establish baseline data for your facility
  - Track data quarterly for STK 1b, 1d, and 1g
  - Document and share barriers to achieving DiDo goal times in GWTG – Review barriers using data download
  - Create and share action plans around PI initiatives at your facility
- Develop SEQIP action plan utilizing best practices from participating hospitals