

Door-in-Door Out Best Practice Strategies

The Western States Task Force advocates these 9 key best practice strategies for improving door-in-door-out times for acute ischemic stroke patients requiring transfer for a higher level of care. *These strategies were developed with a focus on mechanical endovascular reperfusion (MER) eligible cases, but could also be applied to other stroke transfers.*

- 1. Target Door-in-Door-out Times:** Establish a policy that specifies the expected door-in-door-out times—ideally a goal of ≤ 90 minutes in 50 percent or more of acute ischemic stroke patients transferred.
- 2. Rapid Administration of IV Thrombolysis:** Follow Target: Stroke Phase I, II, and III Key Best Practice Strategies. *Target: Stroke Key Best Practice Strategies available at: <https://www.heart.org/en/professional/quality-improvement/target-stroke/clinical-tools-and-resources>*
- 3. Rapid Initiation of Transfer Process:**
 - Consider developing pre-existing transfer agreements with automatic acceptance.
 - Formalize agreements with transporting EMS agencies; include their capabilities and expected response times.
 - Implement parallel workflows for the assessment and transfer process.
 - Initiate the transfer process early when appropriate based on exam; may not need to wait for large vessel occlusion (LVO) confirmation.
- 4. Participate in a Regional System of Care:**
 - Complete prehospital screening, use an LVO scale, and ensure prenotification by EMS.
 - Where EMS is both the 911 and transfer provider, consider having EMS stand-by for suspected LVO patients for immediate transfer once imaging is performed.
- 5. Use of Telemedicine:**
 - Integrate telemedicine into the transfer process, where utilized.
 - Initiate contact with the telemedicine provider early so they are involved in initial patient evaluation.
 - Ensure imaging is available to the telemedicine provider to help inform decision making.
- 6. Rapid Acquisition, Interpretation, and Transmission of Neuro Imaging:**
 - Perform CT/MR Angiography concurrently with non-contrast CT (NCCT).
 - Send NCCT and CT/MR Angiography for imaging interpretation immediately.
 - Do not delay IV thrombolysis for any advanced imaging beyond NCCT (or MR).
- 7. Expedited Transport Handoff:**
 - Create standardized templates for the handoff process.
 - When possible, complete EMS handoff while the transporting provider is en route to the transferring facility.
 - Expedite direct handoff from transferring facility (Spoke) to receiving facility (Hub) without delaying patient's departure.
- 8. Mock Code Strokes:** Encourage routine mock codes that include transfer scenarios; include external staff who are involved in the transfer process (e.g., EMS, receiving facility).
- 9. Prompt Data Collection, Feedback and Quality Improvement:** Measure and track performance at the hospital and system of care levels, and promptly provide feedback.

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