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.


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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Additional References


