



Door-In-Door-Out In Alberta: Current State

Alberta Acute Stroke Day

June 12, 2018

Edmonton, AB

Disclosures

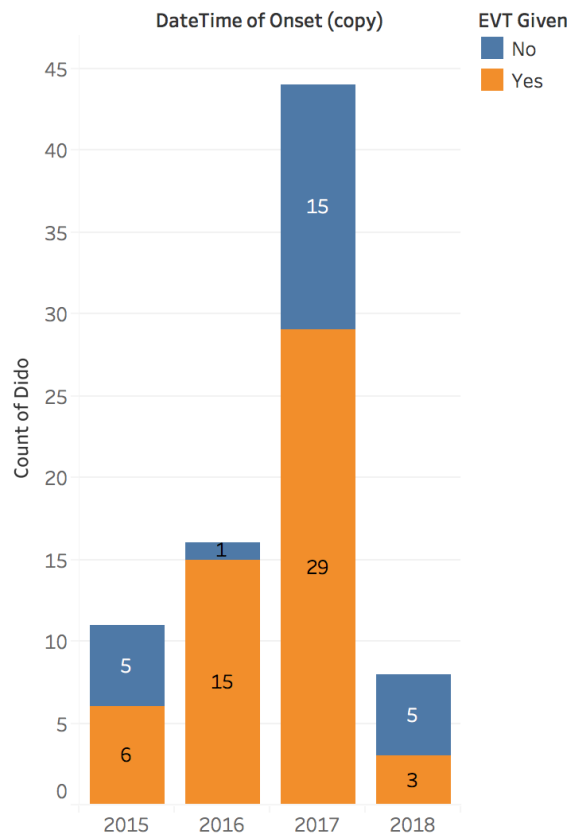
- None

Why Fast DIDO (Door-In-Door-Out)?

- Moving patients from PSC to CSC for EVT
- Ensure that a patient is transferred as efficiently as possible
- Time is brain... still...
- Target is a median of 45 min

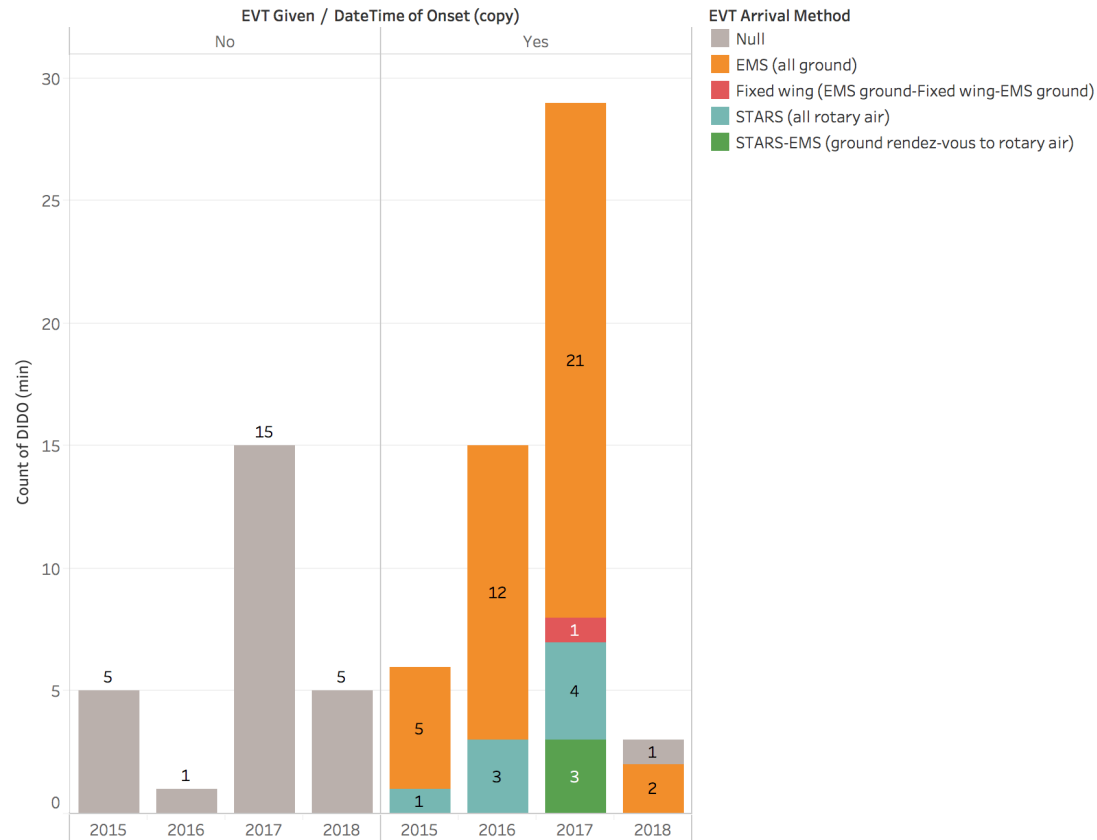
Number of Transfers from PSCs for EVT

DIDO Count



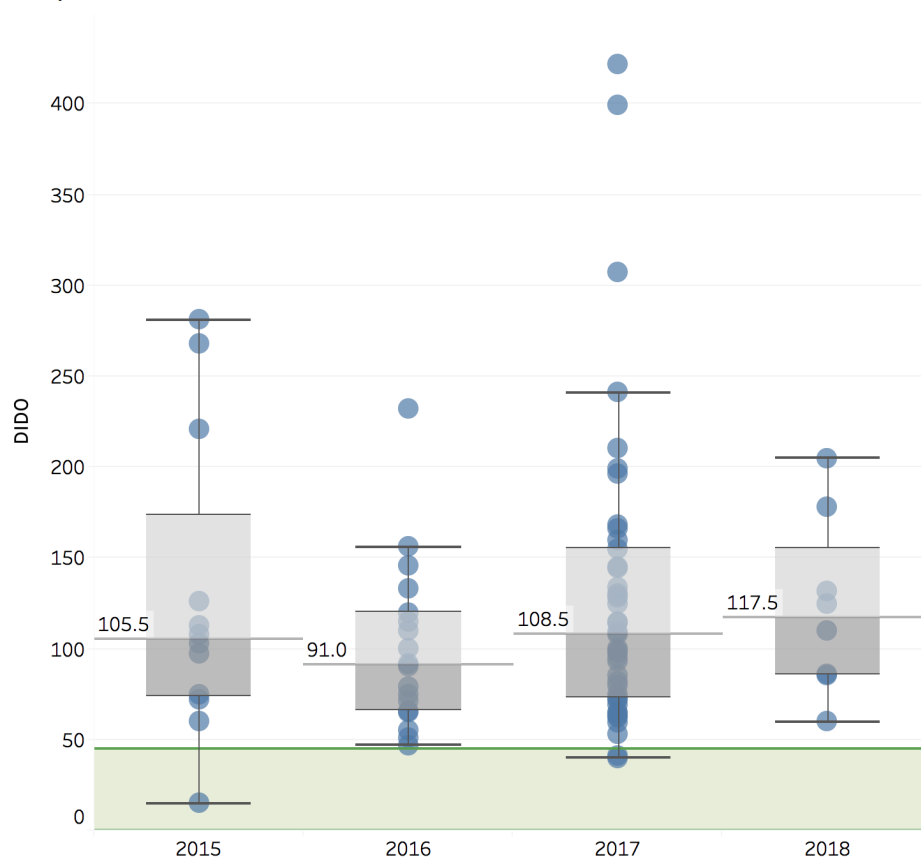
Transport Method

DIDO Count (EMS)



Overview of DIDO Data

Boxplot DIDO PSC

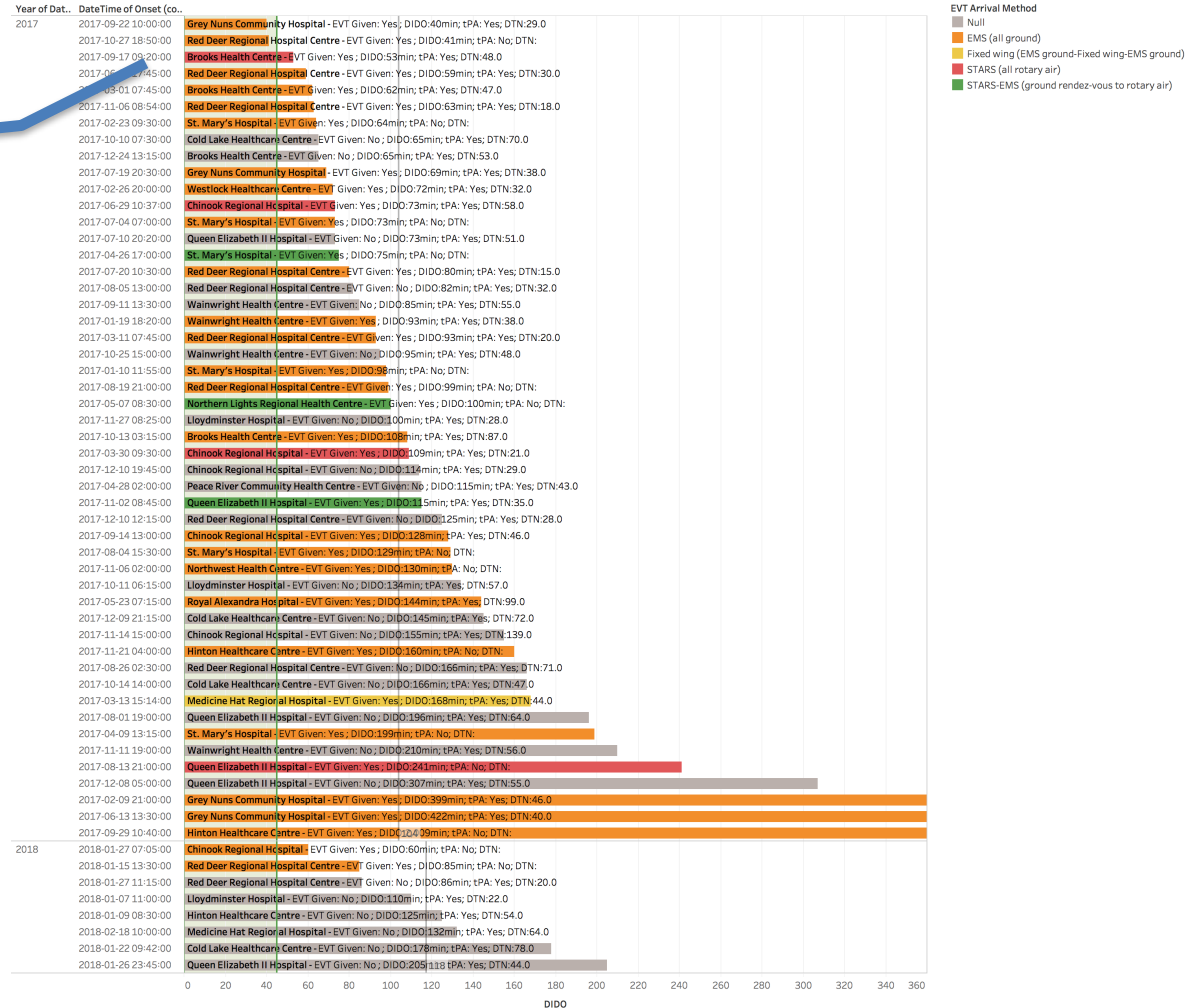


Visualize on a Map

DIDO PSC map

Detailed Data: 2017-2018

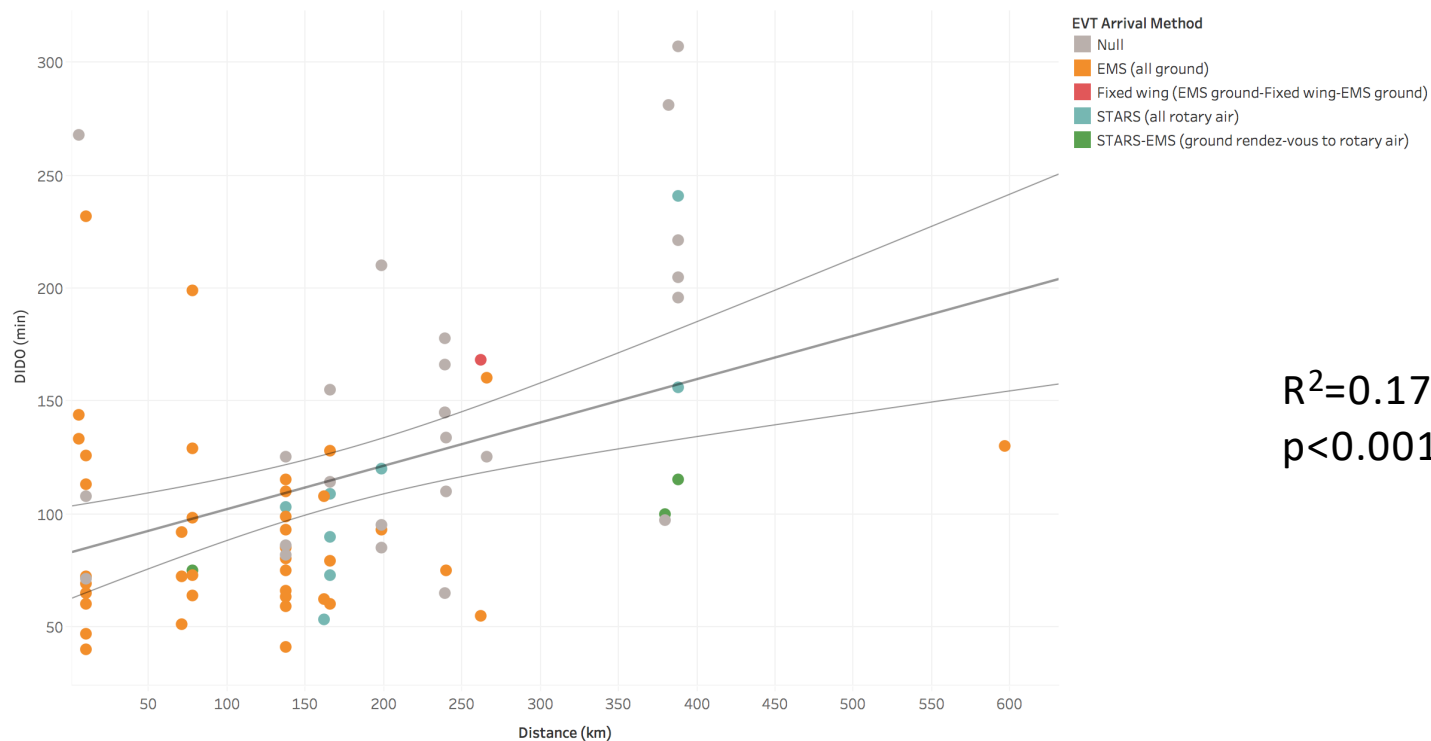
DIDO PSC



Fastest times:
GN @ 40min
Red Deer @ 41 min
Brooks @ 53 min

Does Distance to CSC Matter? (Yes)

Distance DIDO



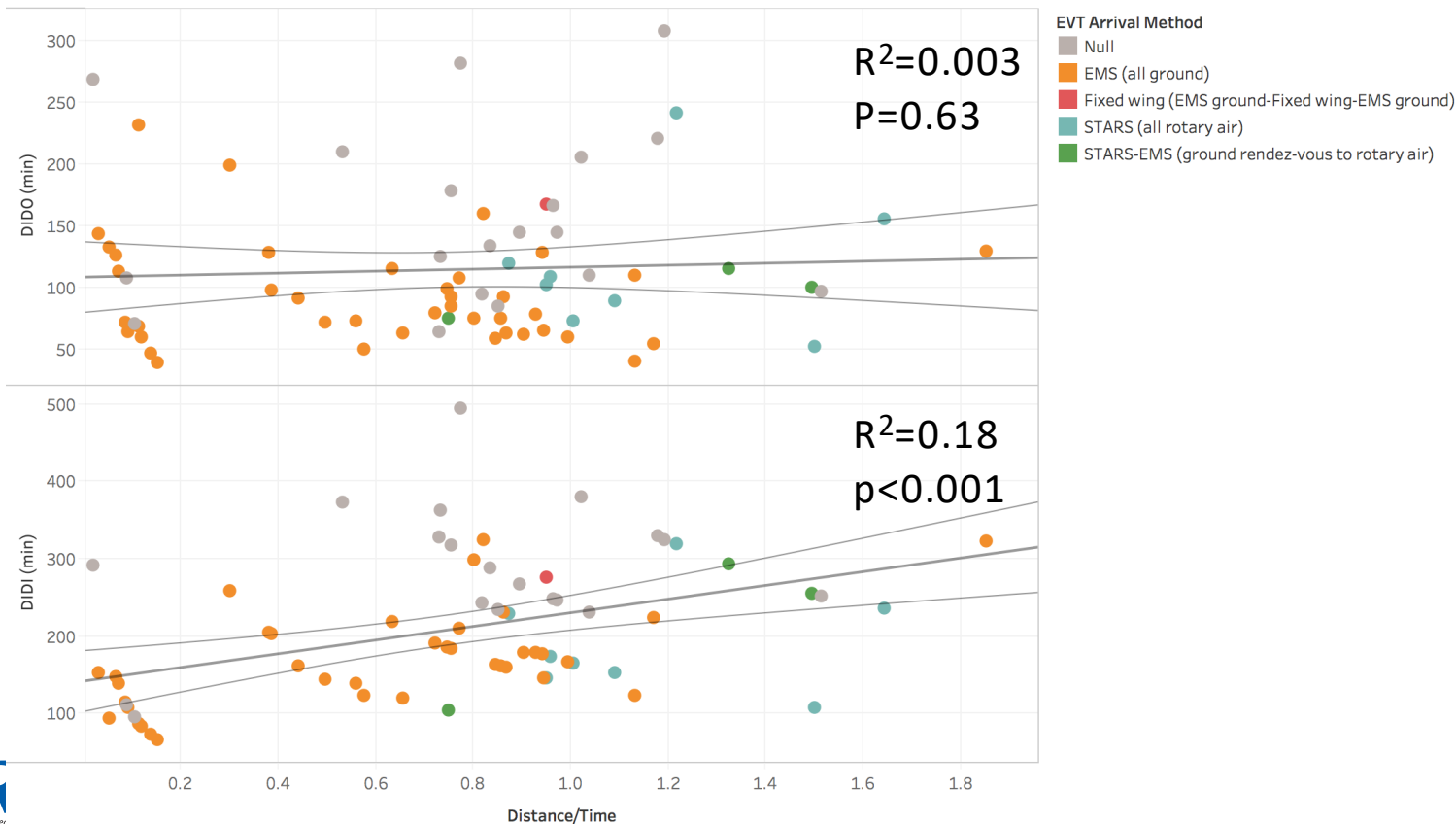
$R^2=0.17$
 $p<0.001$

We can also look at speed of transfer

- DIDI (Door-In-Door-In): time from arrival at PSC to arrival at CSC
- Distance between PSC and CSC
- $\text{Velocity} = \text{Distance} / \text{DIDI}$
- Faster is better

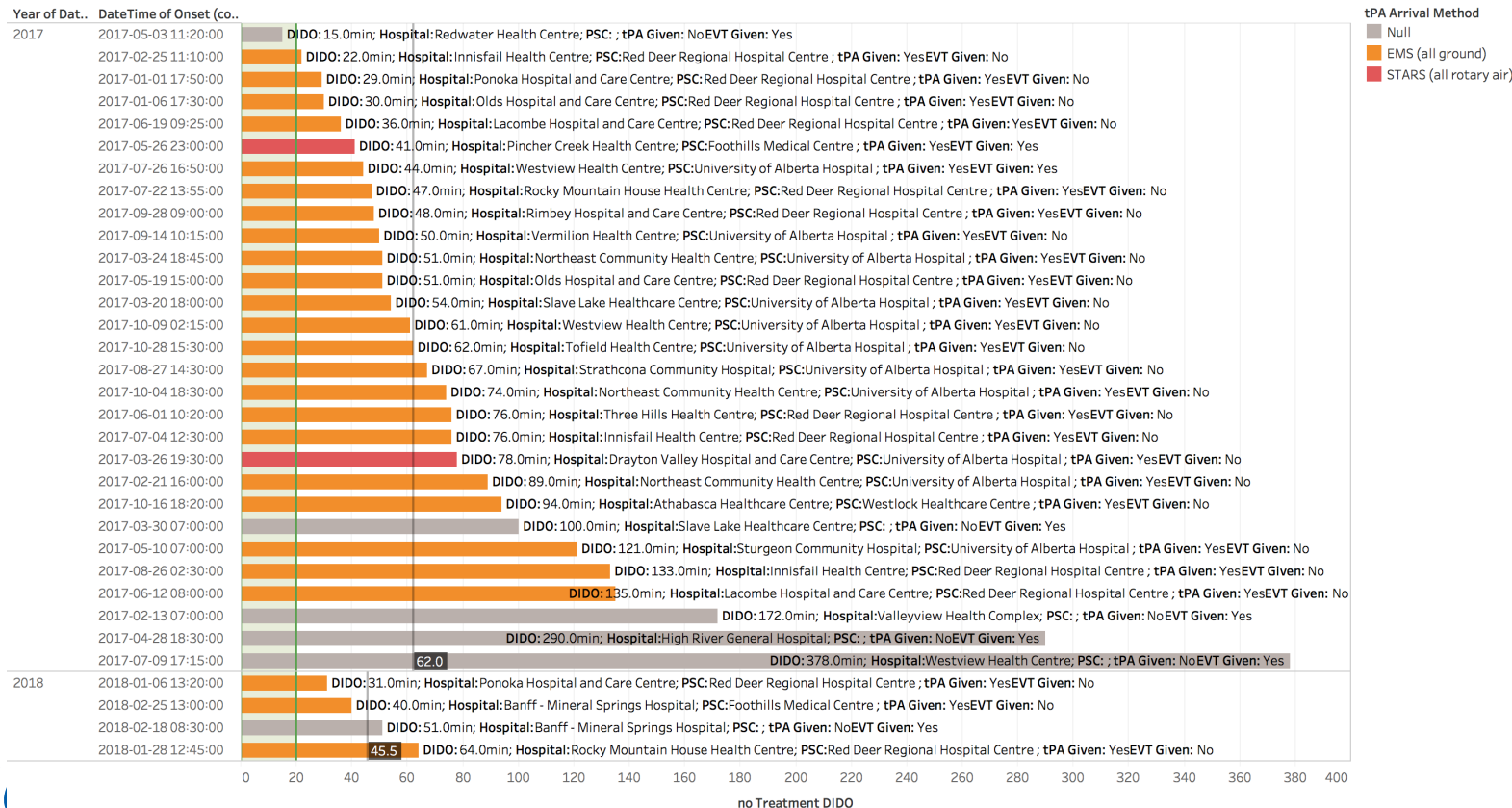
Speed is related to DIDI, not DIDO

DIDO Velocity



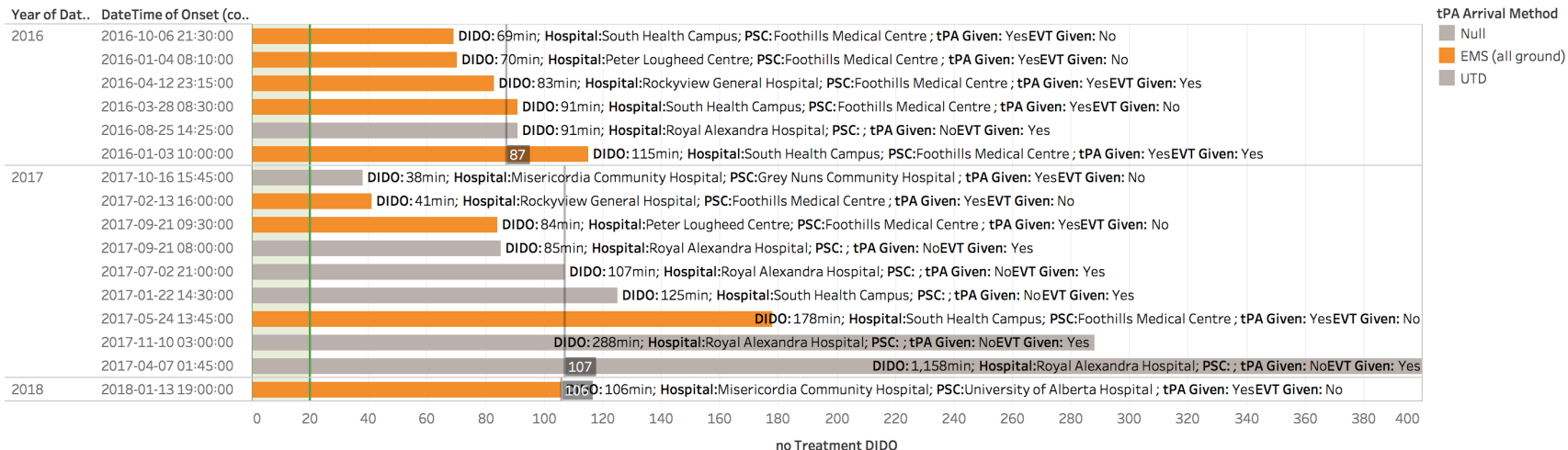
Transfer from Non-Stroke Centre to PSC

DIDO Non PSC (rural)

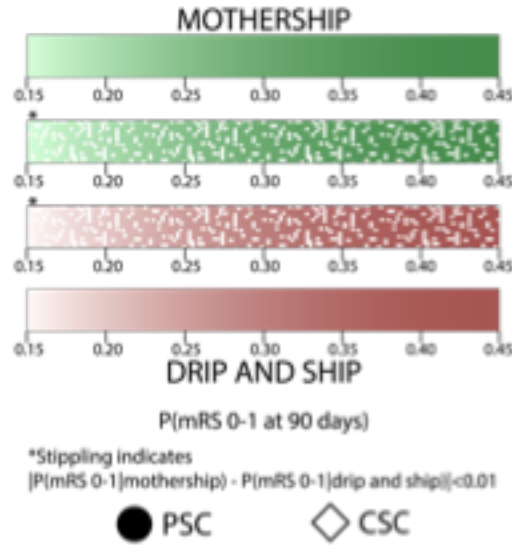


Transfer from a non Stroke Centre (urban)

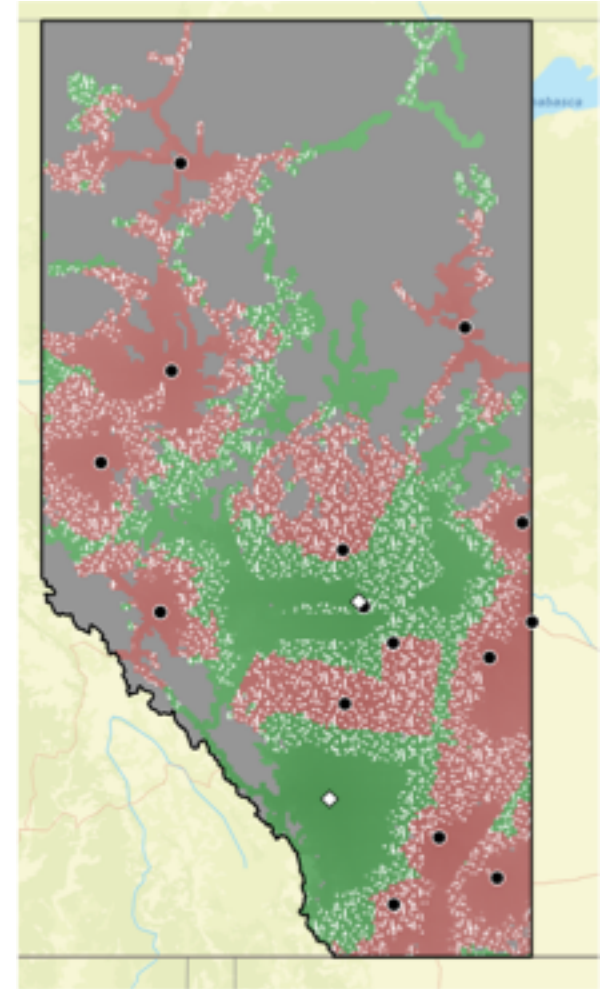
DIDO Urban



Modelling Drip and Ship vs. Mothership

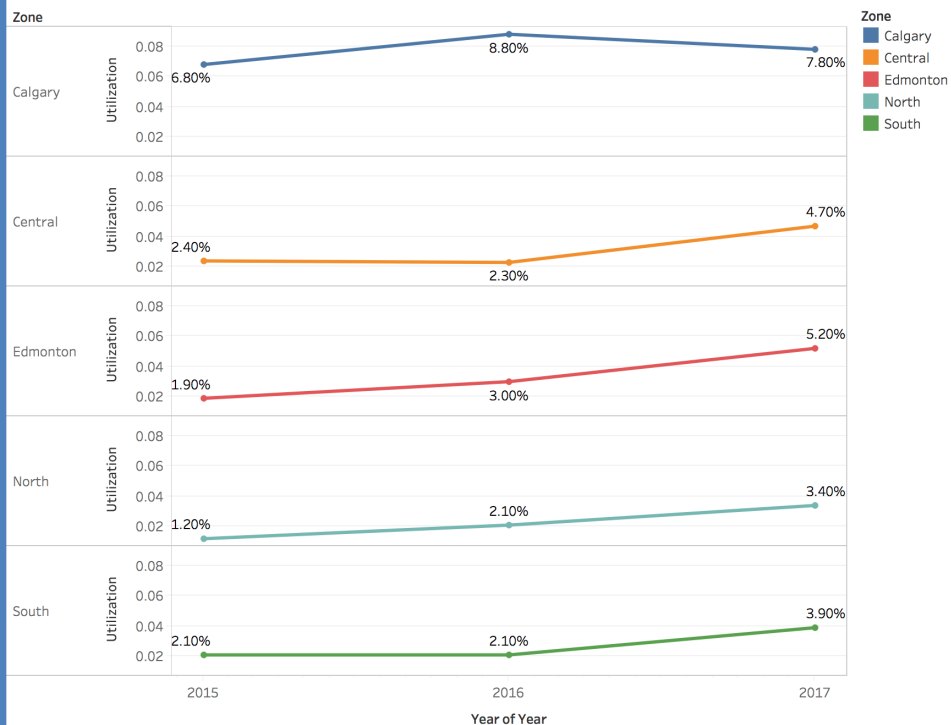


Based on current DTN,
DIDO and Door-to-
puncture times at each
site.

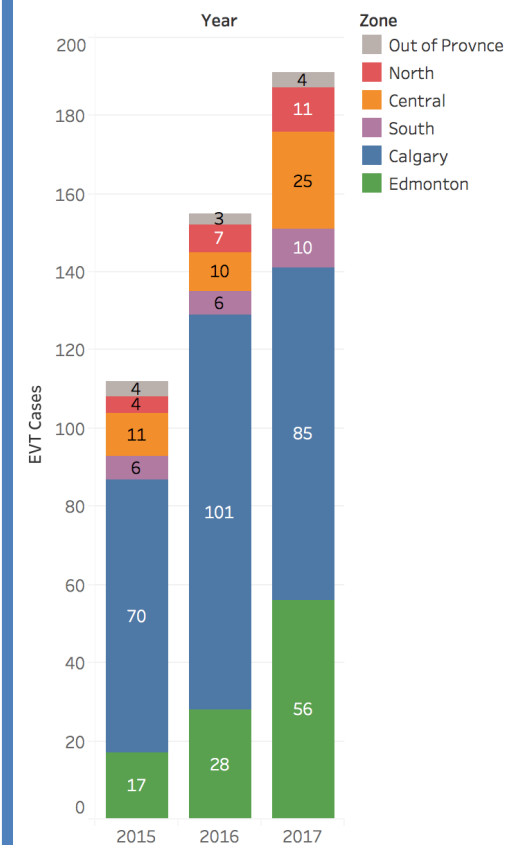


But... EVT Access is Increasing

EVT Utilization



Origin of EVT cases



Discussion

- What are your current challenges with moving patients from a PSC to CSC?
- Can we improve these times?
- Can EMS support us?
- What are your challenges with moving patients from non-PSCs?