

Quick Reference Guide:

# **STROKE SOCIETY OF THE PHILIPPINES ACUTE STROKE READY HOSPITAL CERTIFICATION PROGRAM**



by the Stroke Society of the Philippines  
Committee on Certifications and Committee on Education



Stroke Society of the Philippines  
**Bringing Evidence-Based  
Stroke Treatment**  
To Philippine Hospitals



## QUICK REFERENCE GUIDE TO THE SSP-ASRH CERTIFICATION PROGRAM

For assistance in your application for SSP-ASRH Certification, please contact:  
Committee on Certifications, Stroke Society of the Philippines, [certifications.ssp@gmail.com](mailto:certifications.ssp@gmail.com)

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## **Welcome!**

We are very pleased that your hospital has decided to apply for the initial certification or re-certification as an Acute Stroke Ready Hospital (ASRH) certified by the Stroke Society of the Philippines. This quick reference packet will serve as your guide in preparing your hospital in the application process. The application for certification is divided into two (2) parts: the electronic submission of all the required documents for each key element (where applicable) and a one-day site visit to your hospital which will be attended by our representatives from the Stroke Society of the Philippines, if deemed necessary.

This quick reference guide contains information about the key elements, requirements, details about what documents need to be submitted, expectations during a site visit, and checklist of application requirements for your reference. The process flow is discussed in the succeeding sections.

If you have questions or clarifications, regarding the information in this quick reference guide and the supplemental documentation that you will be asked to submit as part of your SSP-ASRH certification application, you may contact us at [certifications.ssp@gmail.com](mailto:certifications.ssp@gmail.com).



## Table of Contents

Welcome Message

Acute Stroke Ready Hospitals

    Roles of an Acute Stroke Ready Hospital

    Benefits of Being an SSP Certified Acute Stroke Ready Hospital

    Responsibilities of an SSP Certified Acute Stroke Ready Hospital

Application for ASRH Certification

    Getting Started

    Process Flow for Application for Certification

    SSP-ASRH Certification Categories

Key Elements for ASRH Certification and Requirements

    Key Element 1: Acute Stroke Team

    Key Element 2: Brain Imaging and Laboratory Testing Capability

    Key Element 3: Capacity to Perform Thrombolysis

    Key Element 4: Written Stroke Protocols

    Key Element 5: Stroke Education

    Key Element 6: Acute Stroke Team Log

    Key Element 7: Hospital Stroke Database

ASRH Certification Checklist

Appendices

    Summary of Process Flow for ASRH Certification

    Sample Stroke Education Plan

    Suggested Acute Stroke Process Goals/Intervals

    Sample Acute Stroke Team Log

    Sample Performance Improvement Process

    Sample Performance Improvement Plan Form

    Regions and Members of the Certification Committee

Major Document Revision History



## **Acute Stroke Ready Hospitals**

### *Definitions*

Acute Stroke Ready Hospitals (ASRH) is defined as, “hospitals which can provide timely, evidence-based care to most patients with an acute stroke”. The vision and intent of the ASRH is to provide initial diagnostic services, stabilization, emergent care, and therapies to patients with acute stroke who are seen at the Emergency Room. If there is no acute stroke units in the hospital, they would then arrange for appropriate patients to be transferred to another hospital that would provide ongoing, definitive care.

### *Now Moving Forward*

The Stroke Society of the Philippines with its Committee on Certifications and Committee on Education aims to elevate the quality of stroke care and management by Philippine Hospitals, yours included. Aside from making your hospital acute stroke ready, we also aim to heighten your knowledge and skills in managing your patients across all stroke types and stroke continuum of care. We will coordinate with your stroke coordinator to plan and implement trainings and workshops (on-site or online) mainly focused in providing you with Level I (for new applicants) and Level II and III Stroke education (for certified hospitals) within the validity of your certification until re-certification.

### **Roles of Acute Stroke Ready Hospitals**

An ASRH will provide immediate and time-critical care to the stroke patient which includes initial emergency evaluation and screening, stroke scale assessment, and thrombolysis, if warranted. In order to administer optimum level of care to acute stroke patients, an ASRH utilizes standardized and evidence-based protocols, and has 24-hour access to neurological/stroke expertise, either internally or through telemedicine for consultation. Having an ASRH will reduce the time of treatment of patients with acute ischemic strokes who may benefit from intravenous thrombolysis using recombinant Tissue Plasminogen Activator (rTPA) through early identification, communication, and delivery of the stroke patient to other hospitals, if warranted. This will also reduce delays and improve the care of other stroke patients who may not qualify for thrombolysis such as those with hemorrhagic strokes, or patients with acute ischemic stroke beyond the time window for thrombolysis or those who had completely resolved symptoms suggestive of transient cerebral ischemic attacks.

### **Benefits of Being an SSP Certified Acute Stroke Ready Hospital**

Aside from being recognized as an institution which can provide immediate and time-critical care to stroke patients, as an ASRH certified by the SSP, you will be given priority in the excellent, updated, and evidence-based trainings and workshops which will be provided the Education Committee. You will also receive guidance from the Certifications Committee in monitoring your progress as an ASRH, identify issues, and offer solutions, when necessary, with the end-point of working towards wholistic management across the stroke continuum of care. Once certified, your institution will be included in the list of ASRH in the SSP website and within the Stroke App which will provide end-users with a locator map and directions to the nearest ASRH.

### **Responsibilities of an SSP Certified Acute Stroke Ready Hospital**

As an SSP Certified Acute Stroke Ready Hospital, you are expected to perform the following responsibilities:

1. Commit yourself to learning and honing the knowledge and skills of your staff in providing immediate and time-critical care to the stroke patient which includes, but not limited to, initial emergency evaluation and screening, stroke scale assessment, and thrombolysis, if warranted;
2. Actively participate in the interim trainings and workshops which will be provided by the SSP-Education Committee;
3. Attend in the yearly annual SSP Annual Convention;
4. Prepare your institution and staff for SSP ASRH re-certification; and
5. Update your status in the ASRH Stroke App and SSP website every fourth week of the month to maintain your hospital in the locator map provided in the SSP mobile application and website. You may update your status through the link provided in the SSP website.



## Application for ASRH Certification

Please make sure that you read this quick reference guide thoroughly to ensure that the documentation details required per key element are complete. This will greatly benefit both you and the evaluators by making the application process more thorough and efficient. There are no specific dates as to the deadline of submission of the required documents but make sure that you submit your documents as soon as feasible.

## Getting Started

- Please use the checklist at the end of this guide when organizing your documents for submission: [Acute Stroke Ready Hospital Certification Checklist](#).
- Prepare your documents. All attachments must be in portable document format (PDF). For documents with data of patients and other sensitive information, submitting the actual document digitally will not be required. A description of the document(s), process of collecting data, and template of the data repository will suffice. The actual document will be checked during on-site visits.
- Name the files with short titles pertinent to the document you are submitting.
- Always make sure that the documents are clear, readable, up-to-date, and signed accordingly.
- If you need assistance in the application process, you may contact us at [certifications.ssp@gmail.com](mailto:certifications.ssp@gmail.com).

## Process Flow for ASRH Certification

A summary of the process flow for ASRH certification in one page format is available in [Appendix A](#).

1. The Committee on Certifications will identify hospitals which potentially may be certified as an SSP-ASRH using the ASRH Certification Checklist provided [here](#) (or downloaded using this [link](#)). For hospitals located in the provinces, the Regional Representatives will recommend these hospitals to the National Committee for consideration. You may refer to this checklist as your reference for the required [Key Elements](#).
2. The Committee will write to the recommended hospitals to inform them about the SSP ASRH Certification Program and to invite them if they are interested to be certified.
3. Hospitals may also apply directly to the Certifications Committee by sending to us your letter of intent as detailed below.
4. If interested, the Chief Executive Officer (CEO) of your hospital may send a letter of intent for ASRH certification and an Attestation Letter declaring that the documentation provided is a true representation of the hospital's processes, protocols, and capabilities. The letter shall be addressed to **Dr. Maria Socorro F. Sarfati**, President of the Stroke Society of the Philippines, thru **Dr. Jose C. Navarro**, Chair of the Committee on Certifications, Stroke Society of the Philippines. Both letter of intent and attestation letter must use the hospital letterhead, signed by the CEO, supporting the accuracy of the application and fulfillment of requirements.
5. Initial training/workshop (Level I Stroke Education) provided by the SSP Education Committee is a pre-requisite before evaluation of your application. If you have not undergone this step/level, please communicate with **Dr. Geraldine Sienna L. Mariano**, Head of SSP Education Committee, for scheduling. If you fulfill the required Key Elements but have not yet undergone the Level 1 workshop, you may still be considered for certification provided that you complete this requirement within 6 months from the time of being certified.

6. Submit all the required documents to our e-mail at [certifications.ssp@gmail.com](mailto:certifications.ssp@gmail.com) with courtesy copy to [ssp\\_secretariat@yahoo.com](mailto:ssp_secretariat@yahoo.com). Please make sure that all files have short pertinent titles and are sent using just one message so that your application documents will be more organized. You may refer to the Acute Stroke Ready Hospital Certification Checklist for your reference.
7. You will receive an e-mail from us that your ASRH certification application was received and that the Committee on Certifications will be reviewing your application. Settle the certification fee (instructions will be provided in the e-mail). Once reviewed, an on-site visit will be scheduled, if deemed necessary.
8. An ASRH Certification Report will be formulated from both the document review and the on-site visit (if done) and will include identified areas of feedback and opportunities for improvement.
9. Once approved, the applying hospital will receive an e-mail from the Committee of the notification of certification status and a digital copy of the ASRH Certificate. The courier charge will be shouldered by the applicant hospital. If the application is not approved, you will be given at least one (1) year to satisfy the criteria through the guidance of the Committee.

Periodic monitoring shall be done by the members of the Committee on Certifications. This process is to evaluate the progress of your hospital in providing thrombolytic therapy and to maintain your registry, identify any problem areas, and offer solutions, when necessary. The Committee (both Certifications and Education) will likewise keep in touch with your stroke coordinator to plan and implement trainings and workshops (on-site or online) mainly focused in providing you with Level II and Level III Stroke education within the validity of your certification until re-certification to help your hospital further improve stroke management and care across all stroke types and across the stroke continuum of care.

### **SSP-ASRH Certification Categories**

TIER 1: These are hospitals in which the stroke services are still starting or those with deficiencies in the submitted required documents. Complied with Key Elements 1 to 3 but not fully Key Elements 4 to 7. Certified for one (1) year.

TIER 2: These are hospitals with established stroke services and have submitted the complete requirements. Complied with Key Elements 1 to 7. Certified for three (3) years.

TIER 3: These are hospitals with established stroke services and have submitted the complete requirements. Complied with Key Elements 1 to 7. This is granted to institutions with accredited Fellowship Training in Stroke and Vascular Neurology. Stroke-related research output is mandatory. Certified for 5 years.

### **Roles of SSP Chapter Representatives of the Committee**

The Stroke Society of the Philippines designated representatives of the various SSP Chapters to serve as members of the Committee on Certifications (see [Appendix B](#)). These are people with great interest in stroke and are considered as stroke leaders in their region. They are tasked with the following:

1. Primarily review the eligibility of the hospitals in their area which are applying for ASRH certification and recommend to the National Committee;
2. Evaluate the documents submitted during the application process and formulate the recommendations;
3. Coordinate with the Committee in progress monitoring of hospitals applying for, or hospitals which were certified, or hospitals which are due for re-certification;
4. Educate by being part of the core faculty of training and workshops which will be done in your areas;

## QUICK REFERENCE GUIDE TO THE SSP-ASRH CERTIFICATION PROGRAM

5. Disseminate information about the ASRH Certification Program; and
6. Perform other functions within the scope of the Certifications which are deemed necessary by the Committee.

If your hospital is located outside of Manila, we will send your application to our regional representatives. Their inputs will be taken into account for the final decision regarding your application.

## Key Elements for ASRH Certification and Requirements

### Key Element 1: Acute Stroke Team

This is the primary element of any ASRH and is needed to provide organized care in a safe and efficient manner. The presence of a trained Acute Stroke Team (AST) is considered an independent predictor of the ability to administer intravenous tissue Plasminogen Activator (tPA) and leads to improved outcomes of patients with stroke at a stroke center.

#### *Requirements*

- The staffing should include at a minimum, a nurse and a physician.
- Ideally, the AST must be headed by a neurologist or stroke specialist. If no neurologist is available at the center, the facility should have a provision for telemedicine access to the specialist.
- Each member of the AST must have at least a basic training for acute stroke care. Attendance to the lectures/workshops provided by SSP is a must.
- Members of the team should be available on call 24 hours a day, 7 days a week, with a response time of within 15 minutes from call.

#### *On-site Visit Activities*

- The Site Review Team (SRT) will ask for the portfolio of the AST members and discuss with you the roles and responsibilities of each member. Credentials shall be checked including certifications and attendance to the SSP and other Stroke Organization activities.

### Key Element 2: Brain Imaging and Laboratory Testing Capability

Brain imaging, in particular, computed tomography scan (CT-Scan), is important in supporting the diagnosis of stroke, to determine the type of stroke, and to exclude other diseases that may present with stroke-like signs and symptoms. Early imaging evaluation is essential in determining eligibility of an acute ischemic stroke patient to thrombolysis. Basic laboratory tests such as complete blood count, chemistries, coagulation studies, and cardiac markers, as well as ECG and chest radiograph (when necessary) are essential in diagnosing metabolic and infectious disorders that can masquerade a stroke syndrome, in determining other causes of stroke, and in deciding on proper acute medications.

#### *Requirements*

- Computed-Tomography Scanner must be available on-site.
- Scope of Service or policy document showing the availability of the radiology and laboratory services 24 hours a day, 7 days a week, on-call response times, and process for STAT labs.
- Ability to perform the cranial CT scan and be read within 25 to 60 minutes, respectively, of being ordered. Ideally, the cranial CT scan images must be read by a radiologist, but for the purpose of thrombolysis, the scan may be initially interpreted by the neurologist or physicians with experience and expertise in reading cranial CTs.
- Complete the basic laboratory tests and ancillaries within 45 minutes of them being ordered.

*On-site Visit Activity*

- The SRT will ask for the policy document and will do an interview with the radiology and laboratory services staff to validate the contents of the submitted documents. Also, SRT will look at the Log of response time from imaging request to initial imaging interpretation by the AST member.

**Key Element 3: Capability to Perform Thrombolysis**

One of the thrusts of having an ASRH is to improve outcomes in acute ischemic stroke patients by doing intravenous thrombolysis to eligible patients. Time windows as suggested by the National Institute of Neurological Disorders and Stroke are followed. See [Appendix C](#).

*Requirements*

- Key elements 1 and 2, as discussed.
- At least 2 vials of alteplase available on-site with an expiration beyond 6 months from the time of certification. A consignment with the distributor is encouraged.
- Training in administration of IV rTPA and post-thrombolysis care and monitoring, given by the SSP Education Committee.

*On-site Visit Activities*

- The SRT will ask for the policy document and check for the certificate of training. They will also visit the pharmacy to see availability of the alteplase.

**Key Element 4: Written Protocols**

The Emergency Department (ED) must have written protocols and algorithms used in care of acute stroke patients. An ASRH must be able to deliver initial treatment to acute stroke patients with the potential of improving outcomes of different stroke types. It should have an organized set of protocols and algorithms to manage various stroke presentation and complications seen in these patients. Written protocols are important to ensure that all acute stroke patients will receive stroke care in a safe and efficient manner. This will also ensure that essential elements of stroke care are not omitted and that unnecessary medications or treatments are not given.

The written protocol should include all care given in the ED for all acute stroke patients. Protocols for in-patient stroke code should also be included. These protocols must be developed by a multidisciplinary team and must be reviewed and revised accordingly depending on the recent changes in standards of care or treatment guidelines. Standard review of policies is between 1 to 3 years or sooner depending on the need. Before submitting your documents, make sure that the protocols were reviewed and revised accordingly.

*Requirements*

- A written stroke protocol for the ED which must include diagnosis and acute treatment of ischemic stroke, transient ischemic attacks, and intracerebral hemorrhage. The protocol must be updated according to the most recent and appropriate guidelines in stroke management and must highlight the process of stroke code activation especially in acute stroke patients who present within the 24 hours of last known well time. This document must include, at a minimum, activation criteria, roles and responsibilities of the AST, time goals, and patient monitoring.

- An algorithm supporting the written protocol and that which serves as a quick reference to care in a stroke code process.
- Order sets supporting the written protocol which include, at a minimum, initial diagnostics, acute treatment post brain imaging, and intravenous thrombolysis inclusion and exclusion criteria, dosing, administration, and monitoring.

#### *On-site Visit Activities*

- The SRT will ask for the protocols, algorithm, and order sets and see where the documents are located for ED staff to have access for reference.
- The SRT will conduct a case tracer activity (a simulation of how the protocols, algorithm, and order sets are used) in the care of acute stroke patients.

### **Key Element 5: Education**

Education of the AST is essential in enhancing their knowledge and skills in the identification and treatment of an acute stroke. All members of the AST are required to receive education in stroke for a total of at least four (4) hours per year. As stated earlier, the AST may include other healthcare professionals such as laboratory and radiology technicians, pharmacist, and other departments may be included in the education plan. Trainings and workshops may be given by in-house specialists or through attending third-party learning activities such as by the SSP or other Stroke Organizations.

An ASRH must be able to deliver initial treatment to acute stroke patients who are seen at the ED. As such, the ED must have protocols for diagnosis, treatment, and monitoring. Staying abreast and up-to-date about the most recent and current guidelines in stroke care is essential in ensuring care for all stroke patients will be given safely and efficiently.

#### *Requirements*

- A detailed table of the stroke education plan for the year and must include, at a minimum, estimated date, targeted staff, educational hours.
- Onboarding stroke education for newly hired healthcare professionals must also be included in the stroke education plan.
- Stroke education plan must include, at a minimum, intravenous thrombolysis administration and monitoring, NIHSS certification, BP management, case reviews, and review of stroke process codes and policies.

#### *On-site Visit Activities*

- The SRT will ask for the stroke education plan and the summary of all activities done for the past twelve (12) months. The documents which may be presented as evidence are the master list of attendees/participants per activity and the summary of each activity supported by photographs. See Appendix D for a [Sample Stroke Education Plan](#).

### **Key Element 6: Acute Stroke Team Log**

The Acute Stroke Team Log is a documentation that an Acute Stroke Team (AST) is available 24 hours a day, 7 days a week. An AST forms an integral component of any ASRH. Studies have shown that the presence of an efficient AST provides organized care in a safe and productive manner. This is also an independent predictor of the ability to administer intravenous rTPA and improve the outcomes of patients with stroke.

The AST may include any healthcare professionals who respond to a stroke code, at a minimum, a nurse and a physician (preferably a neurologist or a stroke specialist). Depending on the hospital, the AST may be staffed by a variety of healthcare personnel depending on the resources available. It may also include the radiologist, pharmacist, laboratory or radiology technician, and other departments and should be well defined by the ASRH. In hospitals with no access to in-house neurologists/stroke specialists, provisions for telemedicine consultation must be available. Members of the AST must be available 24 hours a day, 7 days a week.

The AST Activation Log is important as this contains information necessary to evaluate the AST activation process which will help in evaluating the entire stroke code process and identify areas of process delay or areas needing further improvement. Time goals are based on the National Institute for Neurological Disorders and Stroke Criteria (Appendix C).

#### *Requirements*

- Acute Stroke Team Activation Log which includes, at a minimum, the following information: Activation Date and Time, Time of AST Response, Diagnosis, Treatments, and Disposition. See sample [Acute Stroke Team Activation Log](#) in Appendix E.

#### *On-site Visit Activities*

- The SRT will ask for the log and will have an active discussion with you as to how the information in the log are utilized to improve the stroke code process.

### **Key Element 7: Hospital Stroke Database (Data Collection and Utilization)**

The ASRH must be able to demonstrate that there is a system for data collection and that the data are utilized to improve the performance of the stroke services.

In order for an ASRH to have a successful, effective, and sustainable stroke services program, it should have dedicated staff, policies are in place, and there is a great commitment to continuously improve the quality of services. The ASRH must be able to demonstrate that there is a process in place for collection and utilization of data and that the outcome are reviewed in a regularly set meeting.

#### *Requirements*

- Evidence of Data Collection which include, at a minimum, the Stroke Performance Measures. This may be viewed in the hospital's database or any registry the hospital is using.
- Log of data uploaded to the Hospital Stroke Database or the National Stroke Registry (once available). Use of Registry of Stroke Care Quality (RES-Q) is recommended.
- Evidence of utilization of data for performance improvement which include, at a minimum, data tracking sheets, action plans, minutes of meetings. See [Performance Improvement Plan](#) in Appendices F and G.
- Stroke Committee meeting agenda and minutes of meetings.

#### *On-site Visit Activities*

- The SRT will ask for the documents and review the contents with you. You will present the data summary of your performance measures and highlight the results as well as areas which warranted improvement and the actions taken to improve.





## Acute Stroke Ready Hospital Certification Checklist

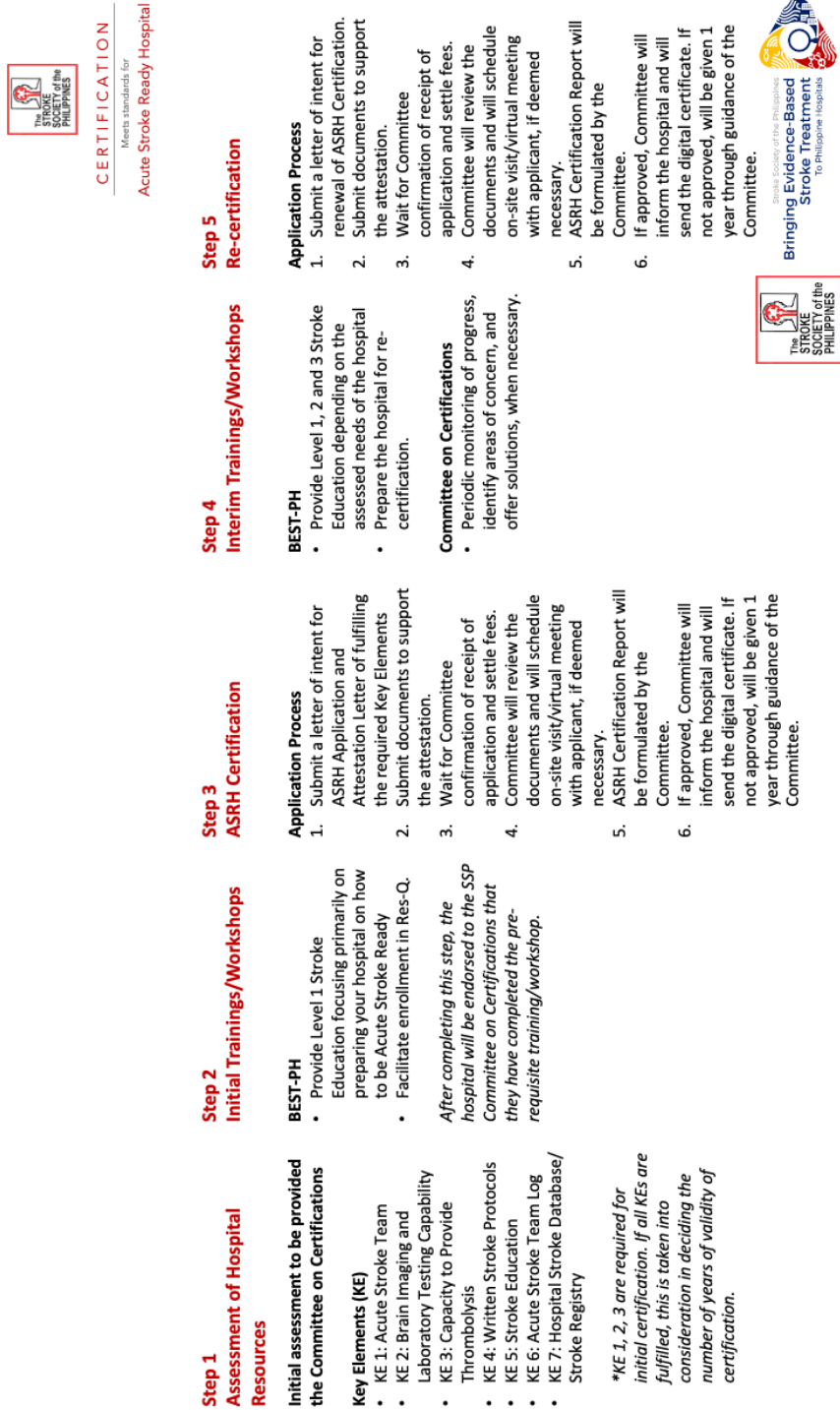
You may use this checklist to prepare your hospital for certification and to organize your files to be sure that you have all the relevant documents required for a complete application.

KEY ELEMENTS AND DESCRIPTION	MET	UNMET
<p>KE 1. Acute Stroke Team</p> <ul style="list-style-type: none"> <li>▪ Portfolio of the members of the Acute Stroke Team</li> <li>▪ Certifications and attendance to the SSP activities</li> <li>▪ Attendance to the Stroke Committee meetings</li> </ul>		
<p>KE 2. Brain Imaging and Laboratory Testing Capability</p> <ul style="list-style-type: none"> <li>▪ On-site CT scanner</li> <li>▪ Scope of Service showing 24/7 availability, on-call response times, and process for STAT imaging and labs</li> <li>▪ Log of response time from imaging request to initial imaging interpretation by the AST member</li> </ul>		
<p>KE 3. Capability to Perform Intravenous Thrombolysis</p> <ul style="list-style-type: none"> <li>▪ On-site rtPA</li> <li>▪ Scope of Service showing 24/7 availability</li> <li>▪ Portfolio of the members of the Acute Stroke Team</li> <li>▪ Activation log to include Activation Date and Time, Time of AST Response, Diagnosis, Treatments, and Disposition</li> <li>▪ Attendance to stroke code review process</li> </ul>		
<p>KE 4. Written Stroke Protocols</p> <ul style="list-style-type: none"> <li>▪ Written stroke protocols for the ED (must include activation criteria, roles and responsibilities of the AST, time goals, patient monitoring)</li> <li>▪ Algorithm supporting the protocol</li> <li>▪ Order sets supporting the protocol (with or without thrombolysis)</li> <li>▪ Thrombolysis order set (include inclusion and exclusion criteria, dosing, administration, monitoring)</li> <li>▪ Protocol/policy for inpatient stroke code</li> </ul>		
<p>KE 5. Stroke Education</p> <ul style="list-style-type: none"> <li>▪ Detailed table of the annual stroke education plan.</li> <li>▪ Onboarding stroke education for newly hired healthcare professionals</li> <li>▪ Masterlist of attendance of the activity as well as the activity summary report</li> </ul>		
<p>KE 6. Acute Stroke Team Log</p> <ul style="list-style-type: none"> <li>▪ Activation log to include Activation Date and Time, Time of AST Response, Diagnosis, Treatments, and Disposition</li> </ul>		
<p>KE 7. Hospital Stroke Database/Data Collection and Utilization</p> <ul style="list-style-type: none"> <li>▪ Evidence of data collection</li> <li>▪ Evidence of utilization of data for performance improvement</li> <li>▪ Performance Improvement Project Forms</li> <li>▪ Stroke Committee meeting agenda and minutes</li> </ul>		

*\*Key Elements 1, 2, and 3 are required for initial certification. All Key Elements are required for re-certification.*

## APPENDICES

### Appendix A. Summary of Process Flow for ASRH Certification



## Appendix B. Regions and Members of the Certification Committee

The SSP Committee on Certifications is composed of the following core people who are responsible for the over-all program: **Dr. Jose C. Navarro**, Chair; **Dr. Ma. Epifania V. Collantes**, Co-Chair; and **Dr. Allan A. Belen**, Secretary. Since this is a national program, our SSP Chapters will be very important in its implementation and are represented by the following:

Region	Areas Covered	Certification Committee Members in Charge
Region I Ilocos	Ilocos Norte Ilocos Sur La Union Pangasinan	Dr. Guillermo L. Manalo, III (Ilocos) Dr. Raymund L. Espinosa (La Union/Pangasinan) Dr. Philip Manuel M. Oliva (La Union/Pangasinan)
Region II Cagayan Valley	Batanes Cagayan Isabela Nueva Vizcaya Quirino	Dr. Kathreen Jane A. Lara Dr. Noreen Johanna T. Trinidad
Region III Central Luzon	Aurora Bataan Bulacan Nueva Ecija Pampanga Tarlac Zambales	Dr. Ciela V. Balagtas Dr. Sheryl A. Manalili
Region IV-A CALABARZON	Batangas Cavite Laguna Quezon Rizal	Dr. Judy D. Sevilla
Region IV-B MIMAROPA	Marinduque Occidental Mindoro Oriental Mindoro Palawan Romblon	
Region V Bicol	Albay Camarines Norte Camarines Sur Catanduanes Masbate Sorsogon	
Cordillera Autonomous Region	Abra Apayao Benguet Ifugao Kalinga Mountain Province	Dr. John Harold B. Hiyadan Dr. Maria Soccoro F. Sarfati
Region VI Western Visayas	Aklan Antique Capiz Guimaras Iloilo Negros Occidental	Dr. Joel M. Advincula Dr. Elma S. Maranon
Region VII Central Visayas	Bohol Cebu Negros Oriental	Dr. Maria Teresa A. Canete Dr. Maritzie R. Eribal

QUICK REFERENCE GUIDE TO THE SSP-ASRH CERTIFICATION PROGRAM

	Siquijor	
Region VIII Eastern Visayas	Biliran Eastern Samar Leyte Northern Samar Southern Leyte Samar	
Region IX Zamboanga Peninsula	Zamboanga del Norte Zamboanga del Sur Zamboanga Sibugay	Dr. Muktader A. Kalbi Dr. Jeasa G. Torre Franca
Region X Northern Mindanao	Bukidnon Camiguin Lanao del Norte Misamis Occidental Misamis Oriental	Dr. Natasha L. Fabiana-Wabe Dr. Loreto P. Talabucon, Jr.
Region XI Davao Region	Compostela Valley Davao Davao Oriental Davao del Sur	Dr. Meldi A. Anuta Dr. Annabelle Y. Lao-Reyes Dr. Julie Ann L. Torres
Region XII SOCCSKSARGEN	Cotabato Saranggani South Cotabato Sultan Kudarat	
Region XIII CARAGA	Agusan del Norte Agusan del Sur Surigao del Norte Dinagat Island Surigao del Sur	
Autonomous Region in Muslim Mindanao	Basilan Lanao del Sur Maguindanao Shariff Kabunsuan Sulu Tawi-Tawi	
National Capital Region		Dr. Johnny K. Lokin Dr. Jennifer Justice F. Manzano Dr. Jose Miguel M. Medrano Dr. Belinda Lioba L. Mesina-Nepomuceno

## Appendix C: Suggested Acute Stroke Process Goals/Key Intervals.

To ensure delivery of timely and quality stroke care, your hospital is expected to achieve the following time goals as suggested by the National Institute of Neurological Disorders and Stroke.

# PHASE III TARGET: STROKE<sup>SM</sup>

## SUGGESTED TIME INTERVAL GOALS



### THE 30 MINUTES DTN GOAL TIME INTERVAL GOALS ARE:

ACTION	TIME
Door to physician	≤2.5 minutes
Door to stroke team	≤5 minutes
Door to CT/MRI initiation	≤15 minutes
Door to CT/MRI interpretation	≤25 minutes
Door to needle time	≤30 minutes



### THE 45 MINUTES DTN GOAL TIME INTERVAL GOALS ARE:

ACTION	TIME
Door to physician	≤5 minutes
Door to stroke team	≤10 minutes
Door to CT/MRI initiation	≤20 minutes
Door to CT/MRI interpretation	≤35 minutes
Door to needle time	≤45 minutes



### THE 60 MINUTES DTN GOAL TIME INTERVAL GOALS ARE:

ACTION	TIME
Door to physician	≤10 minutes
Door to stroke team	≤15 minutes
Door to CT/MRI initiation	≤25 minutes
Door to CT/MRI interpretation	≤45 minutes
Door to needle time	≤60 minutes



### THE 90 MINUTES DTD GOAL TIME INTERVAL GOALS ARE:

ACTION	TIME
Door to physician	≤5 minutes
Door to stroke team	≤10 minutes
Door to CT/MRI initiation	≤20 minutes
Door to CT/MRI interpretation	≤35 minutes
Door to neurointerventional team activation	≤40 minutes
Door to needle time	≤45 minutes
Door to patient arrival in NI suite	≤60 minutes
Door to puncture	≤75 minutes
Door to device	≤90 minutes

The suggested time intervals are intended to facilitate time interval benchmarking and quality improvement efforts towards achieving the Target: Stroke DTN and DTD goals. The interval benchmarks may be modified as needed. Individual institutions may wish to modify these to achieve ultimate intervention within recommended time frame.

**Appendix D: Sample Stroke Education Plan.**

We require a detailed table of the annual stroke education plan to include estimated date, staff targeted, expected educational hours (be sure to include providers). The topics here in are suggested topics for your on-boarding education plan. Individual staff records of completed staff education should be kept for review on initial and re-certification. If available, BEST-PH Faculty is also available to assist you with your stroke education needs.

Target Participants	Hours	Content (Provider)	Target Month	Content Hours
ED and NCCU Nurses	3	Competency in IV thrombolysis NIHSS Certification (NCCU Consultant and Nurse)	January	0.5 2.5
All nursing staff	2	Stroke code process Dysphagia evaluation (NCCU Nurse)	March	1 1
ED Providers	2.5	Competency in IV thrombolysis NIHSS Refresher Stroke code process (NCCU Consultant and Nurse)	June	0.5 1 1
Assigned staff	-	Annual Convention of the Stroke Society of the Philippines (SSP)	August	-
All nursing staff	2	Neurological Vital Signs and BP Management (NCCU Nurse)	October	2

**Appendix E: Sample Acute Stroke Team Activation Log.**

We require tracking all acute stroke team activations. We also encourage review of all activations regardless of final clinical diagnosis in order to properly assess the overall process. Likewise, these information are integrated in the Registry thus it will be much easier to assess your hospital’s performance measures.

Activation Date	Clock Time	Time of Acute Stroke Team Response	Treatment	Final Diagnosis	Disposition
08/20/2022	01:00	01:05	CT Scan	Ischemic stroke	Admitted To ASU
08/20/2022	03:10	03:15	IV Alteplase	Ischemic Stroke	Admitted to NCCU
08/20/2022	05:00	05:07	BP Management	Hypertensive Urgency	Home

**Appendix F: Sample Performance Improvement Process.**

In order to improve the provision of acute stroke care and management to patients, it is essential that performance be reviewed and necessary adjustments in the local process and flow be done. This is a sample process flow of how this can be done.

1. **Acute Stroke Team Log:** This will serve as a tracking tool for case identification. Identify the cases regardless of final clinical diagnosis. The purpose of this is to document the response time vis-a-bis established process goals/metrics for key time intervals.
2. **Registry.** Data must be included in the local hospital database or national registry of which individual or group metric reports may be generated in order to review the performance outcome measures.
3. **Feedback and Evaluation:** Case performance review, when indicated. All acute stroke team activations will be assessed and abstracted. Individual cases will be assessed for overall program performance. The data will be compared with the established process goals/key time intervals with the aim of improving outcomes.
4. **Performance Improvement:** Identify areas for improvement from overall program performance evaluation. Design plan to be presented to the committee/team members for approval/support. Once implemented, results should be reviewed and outcomes reported back to the Committee for further evaluation.

**Appendix G: Sample Performance Improvement Plan Form.**

After thorough review, the details may be summarized using this sample form.

Performance Improvement Project Form	
Department	<ul style="list-style-type: none"> <li>▪ Emergency Department and Radiology</li> </ul>
Problem/Indicator	<ul style="list-style-type: none"> <li>▪ Stroke code activations door to CT metric.</li> <li>▪ Goal time for door to CT is 25 minutes.</li> <li>▪ Average time for door to CT is currently 30 minutes.</li> <li>▪ 40% of stroke code activations are within goal time for door to CT metric.</li> </ul>
Goal/s	<ul style="list-style-type: none"> <li>▪ Decrease average door to CT for stroke code activations to 20 minutes or less resulting in higher percentage within goal time.</li> </ul>
Study Period	<ul style="list-style-type: none"> <li>▪ Start: 08/20/2022</li> <li>▪ End: 10/20/2022</li> </ul>
Action/s	<ul style="list-style-type: none"> <li>▪ EMS stroke code arrivals that are stable will stay on the EMS cot and go straight to CT.</li> <li>▪ Private vehicle arrivals will be triaged quickly. Once stroke code activated they will be transported straight to CT instead of roomed.</li> </ul>
Outcome/s	<ul style="list-style-type: none"> <li>▪ EMS stroke code arrivals will see a decrease in door to CT time to average 15 minutes or less. 80% of EMS arrivals will be within goal.</li> <li>▪ Private vehicle stroke code arrivals will achieve a decrease in door to CT time to average 15 minutes or less. 80% of private vehicle arrivals will be within goal.</li> </ul>
Plan/s	<ul style="list-style-type: none"> <li>▪ Data to track/evaluate: Door to CT for overall stroke code activations, % within goal time, door to CT for EMS arrivals, door to CT for private vehicle arrivals.</li> <li>▪ Data to track/evaluate: Door to CT for overall stroke code activations, % within goal time, door to CT for EMS arrivals, door to CT for private vehicle arrivals</li> <li>▪ Review above outcome data at Stroke committee meeting on 09/01/2022.</li> <li>▪ Include successes and barriers.</li> </ul>



## Major Document Revision History

Date Published	Author	Details of Revisions
05.09.2023	SSP Committee on Certifications	<ul style="list-style-type: none"><li data-bbox="790 315 1348 378">▪ Release of initial version of the SSP-ASRH Quick Reference Guide.</li></ul>

## References

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