

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

"Strengthening the Nation Through Certified Excellence in Stroke Care."



SSP-CERT-FORM-01

## Pre-Application Self-Assessment Checklist (Tier 1)

Completed by the applying hospital and submitted with the full application package

### PURPOSE

To be used by hospitals applying for Tier 1 certification. Assessment is based on the 7 SSP Key Elements. Completed by the hospital and reviewed by the Chapter Stroke Champion

### SUBMISSION

Email to [certifications.ssp@gmail.com](mailto:certifications.ssp@gmail.com) (CC: [ssp\\_secretariat@yahoo.com](mailto:ssp_secretariat@yahoo.com)).

ASSESSMENT ITEM	Yes	Partial	No / N/A
<b>KEY ELEMENT 1: ACUTE STROKE TEAM</b>			
Is there a designated Hospital Stroke Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there at least one physician and one nurse designated as the Acute Stroke Team (AST)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a neurologist or stroke specialist available as AST head? (Or is telemedicine access documented?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all AST members available on call 24 hours/day, 7 days/week with response time ≤15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has BEST-PH Level I training been completed for all AST members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are AST member portfolios, credentials, and certifications on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the hospital have an on-call schedule covering 24/7 AST availability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do AST members attend Stroke Committee meetings (minutes with attendance available)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>KEY ELEMENT 2: BRAIN IMAGING AND LABORATORY</b>			
Is cranial CT scan available 24 hours/day, 7 days/week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can CT scan be performed within 25 minutes of being ordered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can CT scan be read/interpreted within 60 minutes of being ordered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented policy on who may interpret CT scans for thrombolysis decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are basic laboratory tests (CBC, electrolytes, coagulation, cardiac markers) available 24/7?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can basic labs be completed within 45 minutes of being ordered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented STAT lab protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a log of imaging order-to-interpretation response times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT ITEM	Yes	Partial	No / N/A
<b>KEY ELEMENT 3: CAPABILITY TO PERFORM IV THROMBOLYSIS</b>			
Does the hospital stock alteplase (minimum 2 vials, expiry ≥6 months from today)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a consignment arrangement with alteplase distributor (recommended)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all relevant AST members completed BEST-PH IV rTPA training and post-thrombolysis monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an AST Activation Log being actively maintained? (Includes: Date, Time, Response Time, Dx, Rx, Disposition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>KEY ELEMENT 4: WRITTEN STROKE PROTOCOLS</b>			
Is there a written ED stroke protocol covering ischemic stroke, TIA, and ICH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the protocol include: activation criteria, AST roles, time goals, and patient monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the protocol been reviewed and updated within the past 3 years per current guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a visual algorithm/flowchart supporting the written protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there order sets covering: initial diagnostics, acute treatment, and IV thrombolysis (inclusion/exclusion, dosing, monitoring)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a protocol for in-patient stroke code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are protocols physically accessible to ED staff at the point of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>KEY ELEMENT 5: STROKE EDUCATION</b>			
Is there a detailed annual stroke education plan (includes dates, targeted staff, hours)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the education plan cover: IV thrombolysis competency, NIHSS certification, BP management, case reviews, and stroke code review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an onboarding stroke education plan for newly hired healthcare professionals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the plan meet the minimum of 4 hours of stroke education per staff member per year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are attendance master lists and activity summary reports available for the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one staff member attended the SSP Annual Convention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>KEY ELEMENT 6: AST ACTIVATION LOG</b>			
Is the AST Activation Log maintained for all stroke code activations (regardless of final diagnosis)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the log contain: Activation Date/Time, AST Response Time, Final Diagnosis, Treatment Given, Disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the log data used to evaluate the stroke code process and identify areas for improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT ITEM	Yes	Partial	No / N/A
<b>KEY ELEMENT 7: HOSPITAL STROKE DATABASE AND PERFORMANCE IMPROVEMENT</b>			
Is there a systematic system for collecting stroke patient data (hospital database or national registry)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are logs of data uploads to the hospital stroke database or national registry available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are data tracking sheets, action plans, and Performance Improvement Project forms maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Stroke Committee meeting agendas and signed minutes available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is stroke performance data reviewed at regular committee meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUPPORTING DOCUMENTS AND ADMINISTRATIVE REQUIREMENTS</b>			
Is the Letter of Intent prepared on hospital letterhead and signed by the CEO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Attestation Letter signed by the CEO confirming accuracy of all submitted documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the certification fee been arranged (per SSP fee schedule)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all documents been compiled in PDF format with the correct file name? (ASRH_Initial_[HospitalName]_[YYYY])	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the application been submitted to: certifications.ssp@gmail.com (CC: ssp_secretariat@yahoo.com)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** Tick “Yes” for items fully in place, “Partial” for items partially in place or in progress, and “No / N/A” for items not yet met. Submit with your application package. Your CSC will provide written feedback within 5 working days.