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 1certfication. Assessment is based on the 7 SSP Key Elements. Completed by the hospital and reviewed by the Regional Stroke Coordinator.

SUBMISSION
Email to certifications.ssp@gmail.com (CC: ssp_secretariat@yahoo.com).

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

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

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

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 RSC will provide written feedback within 5 working days.*