

STROKE SOCIETY OF THE PHILIPPINES AND WORLD STROKE ORGANIZATION STROKE CENTER CERTIFICATION PROGRAM

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



SSP-CERT-FORM-02

Pre-Application Self-Assessment Checklist (Tiers 2 and 3)

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

PURPOSE

To be used by hospitals applying for Tier 1 certification. To be used by hospitals applying for joint SSP-WSO Tier 2 (Essential Stroke Center) or Tier 3 (Advanced Stroke Center) certification. This printed checklist serves as a preparatory self-review tool.

SUBMISSION

This checklist must also be completed online via the WSO portal at world-stroke.org/stroke-center-certification (91 structured questions).

ASSESSMENT ITEM	TIER 2 Essential Stroke Center	TIER 3 Advanced Stroke Center
PREREQUISITES: Tier 2 requires active Tier 1 SSP certification. Tier 3 requires active Tier 2 certification. Both require BEST-PH training completion and a minimum of 12 months (Tier 2) of continuous registry data.		
EMERGENCY DEPARTMENT		
Emergency Department available	Mandatory	Mandatory
Emergency Department 24h/7 days/week	Mandatory	Mandatory
ACCESS TO BASIC DIAGNOSTIC SERVICES		
Laboratory blood test 24/7 (CBC, electrolytes, urea, glucose, INR, PT)	Mandatory	Mandatory
Electrocardiogram (12 lead) 24/7	Mandatory	Mandatory
Computed Tomography (CT) scan brain 24h/7 days	Mandatory	Mandatory
Capability to do CT Angiography (CTA) 24/7	Recommended	Mandatory
Transthoracic Echocardiogram	Mandatory	Mandatory
Vascular Doppler ultrasound	Mandatory	Mandatory
Holter monitors	Recommended	Recommended
ACCESS TO ADVANCED DIAGNOSTIC SERVICES		
Magnetic Resonance Imaging (MRI)		Mandatory
Capability to do MR Angiography		Recommended
CT or MR Perfusion scans		Recommended
Prolonged ECG monitoring devices		Recommended
Transcranial Doppler		Recommended
Transesophageal Echocardiogram		Recommended

ASSESSMENT ITEM	TIER 2 Essential Stroke Center	TIER 3 Advanced Stroke Center
ACCESS TO HYPERACUTE STROKE CARE		
Protocols for rapid evaluation and diagnosis of stroke patients in Hospital/ED 24h/day, 7 days/week, with time metrics assessment	Mandatory	Mandatory
Access to intravenous thrombolysis	Mandatory	Mandatory
IV thrombolysis 24h/7 days	Mandatory	Mandatory
Access to physicians with stroke expertise in acute stroke care available 24h/7 days	Mandatory	Mandatory
Specialist responsible for thrombolysis: Neurologist / Neurosurgeon / Emergency physician / Intensivist / Other	Mandatory	Mandatory
Access to stroke specialists through telestroke modalities and teleradiology	Recommended	Recommended
Thrombolysis — minimum number recommended per year	10	20
ACCESS TO EMERGENCY MEDICAL SERVICES (EMS / AMBULANCE)		
Training ambulance crews to identify stroke signs using FAST mnemonic or similar	Recommended	
Work with ambulance systems to have stroke identified as a high priority transport emergency	Recommended	
ACCESS TO NURSES AND NURSING ASSESSMENT WITH STROKE TRAINING		
Acute care settings — documented stroke training ≥4 hours/year (uploaded to platform or presented at onsite visit)	Mandatory	Mandatory
Stroke unit settings — documented stroke training ≥4 hours/year including stroke unit protocols, neurological assessment, and swallow screen	Mandatory	Mandatory
Program to develop and maintain core competencies and stroke care	Mandatory	Mandatory
ACCESS TO ACUTE INPATIENT STROKE CARE		
Acute inpatient stroke care available (stroke unit or clustered model on same ward — at least 1 model required)	Mandatory	
Stroke Unit (defined group of beds, staff, and protocols for acute stroke care)	Recommended	Recommended
Clustered model on same ward	Recommended	Recommended
MEMBERS OF AN INTERDISCIPLINARY STROKE TEAM		
Neurologist	Recommended	Recommended
Neurologist with stroke expertise (or Stroke physician)	Mandatory	Mandatory
Access to physicians with expertise in stroke prevention and stroke rehabilitation	Recommended	Recommended
Nursing assistants	Mandatory	Mandatory
Pharmacist	Recommended	Recommended
Social worker / case manager	Recommended	Recommended
Palliative Care team	Recommended	Recommended
Physiotherapist	Mandatory	Mandatory
Occupational Therapist	Recommended	Recommended
Speech-Language Pathologist	Recommended	Recommended

ASSESSMENT ITEM	TIER 2 Essential Stroke Center	TIER 3 Advanced Stroke Center
Neurosurgeon	Recommended	Recommended
Neuro interventionalist (Interventional Neurologist / Endovascular Neurosurgeon / Interventional Neuroradiologist)		Mandatory
ACCESS TO STROKE UNIT PROTOCOLS (MEDICAL AND NURSING ASSESSMENTS)		
Swallowing assessment performed	Mandatory	Mandatory
Nutrition, hydration	Mandatory	Mandatory
Functional status, mobility, DVT risk	Mandatory	Mandatory
Level of dependency	Mandatory	Mandatory
Skin Integrity	Mandatory	Mandatory
Bladder and bowel continence	Mandatory	Mandatory
Temperature management	Mandatory	Mandatory
Positioning, mobilization	Mandatory	Mandatory
ACCESS TO STROKE PREVENTION THERAPIES		
Anti-platelet therapy, anticoagulants, lifestyle change recommendations, blood pressure management	Mandatory	Mandatory
ACCESS TO ADVANCED INTERVENTIONS		
Endovascular thrombectomy 24/7		Mandatory
Thrombectomy — minimum number recommended per year		10
Neurosurgery for hemorrhagic stroke 24/7 (clipping, intraventricular drain)	Recommended	Recommended
Hemicraniectomy for ischemic stroke 24/7		Mandatory
Products to reverse coagulopathy	Recommended	Recommended
Acute inpatient stroke units	Recommended	Recommended
Intensive care unit on site	Recommended	Mandatory
ACCESS TO STROKE REHABILITATION SERVICES		
Early access to rehabilitation therapies including cross training of skills to nurses, nursing assistants, and family members	Recommended	Recommended
Early functional assessments, goal setting, and individualized rehab plans developed	Recommended	Recommended
ORGANIZATION OF STROKE CARE		
Stroke Director designated	Mandatory	Mandatory
Nurse Coordinator designated	Mandatory	Mandatory
Stroke Task Force meets monthly; discusses data, guides performance improvement	Mandatory	Mandatory
Interdisciplinary meetings weekly to discuss patient progress; update management plans	Recommended	Recommended
Patient and family education, skills training, and involvement in care planning	Recommended	Recommended
Discharge planning	Recommended	Recommended

ASSESSMENT ITEM	TIER 2 Essential Stroke Center	TIER 3 Advanced Stroke Center
Stroke training programs for all levels of healthcare providers	Recommended	Recommended
Participation in quality registry - 12 months of data collection and performance measures included in platform before site visit	Mandatory	Mandatory
Printed stroke patient educational materials	Recommended	Recommended
COORDINATED STROKE CARE ACROSS GEOGRAPHICALLY DISCRETE REGIONS		
Stroke pathways that define movement of stroke patients across region to higher and lower levels of services	Recommended	Recommended
Coordinated referral system		Recommended
Provide telestroke consultations to smaller and more rural centers		Recommended
Education of population	Recommended	Recommended
RESEARCH		
Implement research in stroke		Recommended
APPLICATION AND ADMINISTRATIVE REQUIREMENTS		
WSO portal application submitted at world-stroke.org/stroke-center-certification	Mandatory	Mandatory
SSP notified by email: certifications.ssp@gmail.com with WSO application reference number	Mandatory	Mandatory
Letter of Intent + Attestation Letter submitted to SSP on hospital letterhead, signed by CEO	Mandatory	Mandatory
Certification fee paid: Private USD 1,000 Government / Public USD 500	Mandatory	Mandatory
Minimum 12 months of registry data available and uploaded (Tier 2) / minimum 2 years (Tier 3)	Mandatory	Mandatory

Legend: Mandatory = minimum requirement for certification at that tier. **Recommended** = at least 75% of all recommended elements must be met for certification. — = not applicable at this tier.

All mandatory items must be met before applying. At least 75% of recommended elements are required for certification (per WSO standards).