ACUTE STROKE READY HOSPITAL AND STROKE CENTER CERTIFICATION PROGRAM

SSP Committee on Certifications
Stroke Society of the Philippines
In partnership with the World Stroke Organization

Dear Applicant,

We warmly welcome your hospital to the **Stroke Society of the Philippines (SSP) Acute Stroke Ready Hospital (ASRH) and SSP–World Stroke Organization (WSO) Stroke Center Certification Program**. The decision to pursue certification is a meaningful commitment - to your patients, your institution, and to the broader goal of elevating stroke care quality across the Philippines and the region.

Stroke remains one of the leading causes of death and long-term disability in the Philippines. The quality of care delivered in the critical hours after stroke onset determines whether a patient recovers function, survives with disability, or does not survive at all. By seeking certification, your hospital signals that it holds itself to the highest evidence-based standards in acute stroke readiness, treatment, and continuous quality improvement.

ABOUT THIS CERTIFICATION PROGRAM

The SSP-ASRH and SSP-WSO Stroke Center Certification Program are administered by SSP for ASRH Certification, and in partnership with WSO for Stroke Center Certification. It establishes a nationally unified, internationally aligned three-tier pathway for Philippine hospitals to achieve formal recognition of their stroke care capabilities:

TIER 1 · Acute Stroke Ready Hospital (ASRH): SSP Certification

Designed for hospitals establishing or strengthening their acute stroke response capability. Certification is issued by the SSP and confirms that the hospital can provide timely emergency evaluation, diagnosis, and intravenous thrombolysis to eligible acute stroke patients.

TIER 2 · Essential Stroke Center: Joint SSP–WSO Certification

For hospitals with an established dedicated stroke unit and demonstrated achievement of 13 WSO quality indicators. Certification is awarded jointly by the SSP and WSO, and places the hospital within the international WSO Stroke Center registry.

TIER 3 · Advanced Stroke Center: Joint SSP–WSO Certification

The highest level of recognition, for hospitals providing the full spectrum of stroke care including endovascular thrombectomy, advanced neuroimaging, and comprehensive rehabilitation. Jointly certified by the SSP and WSO, Tier 3 centers serve as regional hubs for the national stroke network.

WHAT THIS DOCUMENT CONTAINS

This Protocol is the definitive reference for all hospitals applying for or seeking to maintain SSP-ASRH and SSP–WSO Stroke Center Certification. It is organized into nine parts:

Part I: Protocol Overview and Governance: Certification framework, tier comparison, and governance structure.

Part II: Application Intake and Document Review Workflow: End-to-end 7-stage process from hospital inquiry through post-certification monitoring.

Part III: Regional Stroke Coordinators: Delegation model, roles, training, and the RSC Resource Kit.

Part IV: Tier 1 — SSP-Certified ASRH: All 7 Key Elements, documentation requirements, and certification categories (1A and 1B, depending on number of years certified).

Part V: Tier 2 — Essential Stroke Center: Infrastructure, staffing, WSO quality indicators (KPIs 1–13), and required documents.

Part VI: Tier 3 — Advanced Stroke Center: Advanced infrastructure, thrombectomy KPIs (14–17), and prerequisites.

Part VII: Timelines, Staffing, and Administrative Support: Master timelines, FTE requirements, committee meeting schedule, and communication standards.

Part VIII: Appeals, Confidentiality, and Protocol Review: Appeals process, data confidentiality, and review cycle.

Annexes: Checklists and Forms: Pre-application self-assessment, hospital certification application form, document checklist form, facility tour checklist, and report forms.

Revisions: Document Revision History: Revision number, date revised, author, and details of revisions.

HOW TO USE THIS DOCUMENT

If your hospital is **applying for the first time**, begin with Part I to understand the governance framework, then proceed to Part II for the step-by-step application process. Your assigned Regional Stroke Coordinator (Part III) will guide you through the preliminary assessment and site visit.

If your hospital is **seeking recertification**, refer to the recertification pathways in Part II (Stages 2–7) and the relevant tier section (Parts IV–VI) for any updated requirements. Applications must be submitted no later than 2 months (Tier 1) or 3 months (Tier 2 and 3) before your current certification expires.

If you have questions at any stage of the process, please contact the SSP Committee on Certifications at **certifications.ssp@gmail.com**. Your Regional Stroke Coordinator is also a direct resource for support.

We look forward to accompanying your hospital on this journey toward excellence in stroke care. Every step your institution takes in this process - from the first self-assessment to the final certification - brings better, faster, and more equitable stroke treatment to the patients who need it most.

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PART I: PROTOCOL OVERVIEW AND GOVERNANCE

1.1 Purpose and Scope

This protocol establishes the unified three-tier framework for Acute Stroke Ready Hospital (ASRH) administered by the Stroke Society of the Philippines (SSP) and Stroke Center Certification jointly administered by the SSP and the World Stroke Organization (WSO). It defines the standards, processes, administrative structure, and quality benchmarks that Philippine hospitals must fulfill to attain and maintain certification at each tier.

The framework is designed to:

- Provide a clear, progressive pathway for hospitals at any stage of stroke service development;
- Align Philippine certification standards with international WSO benchmarks;
- Activate Regional Stroke Coordinators as frontline assessors to scale review capacity nationally;
- Establish transparent timelines, documentation requirements, and administrative responsibilities; and
- Drive continuous quality improvement in stroke care across the stroke continuum.

1.2 Certification Tiers at a Glance

	TIER 1 | SSP-Certified ASRH	TIER 2 | Essential Stroke Center	TIER 3 | Advanced Stroke Center
Certifying Body	SSP	Joint SSP-WSO	Joint SSP-WSO
Key Focus	Acute stroke readiness, emergency response, IV thrombolysis capability	Established stroke unit, KPI compliance, full care pathway	Advanced interventions, thrombectomy, research, regional hub
Validity	1 to 3 years (annual KPI uploads required)	3 years (annual KPI uploads required)	3 years (annual KPI uploads required)
Certification Fee	Private: PHP 8,000 | Government / Public: PHP 6,000	Private: USD 1,000 | Government / Public: USD 500	Private: USD 1,000 | Government / Public: USD 500
Prerequisite	BEST-PH Level I Training (may complete within 6 months post-certification)	Active Tier 2 certification; minimum 12 months registry data	Active Tier 3 certification; minimum 12 months registry data
Site Visit	Not mandatory; process is reviewed	Required (SSP + WSO assessors)	Required (SSP + WSO assessors)
Recertification	At least 2 thrombolysis per year; annual KPI uploads, registry data equivalent to previous certification validity	Refer to recertification requirements under Tier 2	Refer to recertification requirements under Tier 3

1.3 Governance Structure

Body	Responsibilities
SSP Committee on Certifications	Overall program governance; sets standards; leads Tier 1 certification independently; jointly with WSO for Tiers 2 and 3; resolves appeals for Tier 1
WSO Certification Committee	Global standard-setting; jointly issues Tier 2 and Tier 3 certificates with SSP; conducts in-person site visits for both Tier 2 and Tier 3; maintains the international certification portal; resolves appeals for Tier 2 and 3
Regional Stroke Coordinators	Regional preliminary assessors; document review support; coordinate training; provide local liaison during site visits; interim monitoring of certified hospitals
BEST-PH	Delivers Level I to III stroke education; coordinates training prerequisites; supports hospitals in remediation
Hospital Stroke Coordinator	Primary point of contact for the applying hospital; compiles and submits application documents; maintains registry data
WSO / HMI Platform	Hosts Tier 2 and Tier 3 online self-assessment (91 questions); manages KPI data uploads; maintains RES-Q registry integration for automated KPI reporting

PART II: APPLICATION INTAKE AND DOCUMENT REVIEW WORKFLOW

This section defines the end-to-end workflow from initial hospital inquiry through certification decision for all three tiers. The workflow distributes review responsibility across SSP Regional Stroke Coordinators, ensuring national scalability while maintaining rigorous standards.

2.1 Master Workflow Overview

PROCESS FLOW SUMMARY — ALL TIERS

STAGE 1 → Hospital Inquiry & Pre-Application Consultation
STAGE 2 → Formal Application Submission & Intake
STAGE 3 → Regional Stroke Coordinator Preliminary Assessment
STAGE 4 → SSP Committee / WSO Formal Document Review
STAGE 5 → Site Visit
STAGE 6 → Certification Decision and Issuance
STAGE 7 → Post-Certification Monitoring and Annual KPI Submission

2.2 Stage 1: Hospital Inquiry and Pre-Application Consultation

2.2.1 Triggering and Routing

Any hospital expressing interest in certification shall be directed to the appropriate SSP Regional Stroke Coordinator (RSC) for their area (see Part III). The Champion serves as the first point of contact and is responsible for:

- Conducting an initial readiness conversation with the hospital's designated Stroke Coordinator;
- Sharing the Pre-Application Self-Assessment Checklist (SSP-CERT-FORM-01/02) for the hospital to complete;
- Determining the appropriate target tier based on the hospital's current capabilities;
- Advising on BEST-PH training prerequisites; and
- Providing the hospital with a copy of this protocol and all relevant application templates including the Document Submission Checklist (SSP-CERT-FORM-03) and Hospital Certification Application Form (SSP-CERT-FORM-05).

2.2.2 Pre-Application Self-Assessment

Before formal submission, the hospital completes the Pre-Application Self-Assessment Checklist (SSP-CERT-FORM-01). For Tier 1 applicants, the Regional Stroke Coordinator reviews the output within 7 working days and provides written feedback to the hospital on identified gaps. For Tier 2 and Tier 3 applicants, the hospital initiates their application on the WSO Stroke Center Certification portal at https://www.world-stroke.org/stroke-center-certification, which includes completing the WSO self-assessment (91 structured questions).

Key Outputs of Stage 1

- Completed Pre-Application Self-Assessment Checklist
- Regional Stroke Coordinator reviews checklist and make recommendations (filed with SSP Secretariat)
- BEST-PH training status confirmed; schedule set if not yet completed
- Expected timeline for formal application agreed between RSC and hospital

2.3 Stage 2: Formal Application Submission and Intake

2.3.1 Submission Requirements

Tier 1 applicants submit the application package electronically to certifications.ssp@gmail.com (with CC to ssp_secretariat@yahoo.com). All Tier 1 application packages must include:

- Letter of Intent signed by the hospital CEO on hospital letterhead, addressed to the SSP President, through the Chair of the Committee on Certifications;
- Completed Hospital Certification Application Form (SSP-CERT-FORM-05);
- Documents organized per the Document Submission Checklist (SSP-CERT-FORM-03) saved as one consolidated file in pdf format. Use the following file naming convention
  For initial certification: ASRH_Initial_[HospitalName]_[YYYY]
  For recertification: ASRH_Recertification_[HospitalName]_[YYYY]; and
- Proof of payment of applicable certification fee.

Tier 2 and Tier 3 applicants apply directly through the WSO Stroke Center Certification portal at https://www.world-stroke.org/stroke-center-certification. SSP is then notified by WSO and SSP-WSO representatives are assigned for the particular application.

2.3.2 Intake and Acknowledgment (SSP Secretariat)

Upon receipt, the SSP Secretariat performs the following within 7 working days:

- Logs the application in the National Certification Tracker and assigns a unique Application Reference Number for Tier 1. For Tiers 2 and 3, the Application Reference Number is assigned by WSO.
- Conducts a completeness check against the Document Submission Checklist (SSP-CERT-FORM-3);
- Sends an acknowledgment email confirming receipt and either: (a) confirmation that the file is complete and has been forwarded to the Regional Stroke Coordinator, or (b) a notice of incomplete submission listing missing items with a 14-day remediation window; and
- Routes the complete file electronically to the designated Regional Stroke Coordinators.

2.4 Stage 3: Regional Stroke Coordinator Preliminary Assessment

2.4.1 Role of the Regional Stroke Coordinator

The Regional Stroke Coordinator (RSC) is the designated SSP representative responsible for the first substantive review of all SSP-ASRH applications within their region. By conducting preliminary assessments locally, the national SSP Committee review is reserved for policy-level decisions, appeals, and final approval. The RSC does not issue certifications but prepares a binding recommendation.

2.4.2 Preliminary Assessment Process

Upon receiving the complete application file, the RSC shall:

1. Review all submitted documents against the Document Submission Checklist (SSP-CERT-FORM-03). For Tier 2–3, the WSO self-assessment criteria.
2. Complete the RSC Preliminary Assessment Report (SSP-CERT-FORM-06) for SSP-ASRH applications which includes: (a) document completeness rating per key element; (b) narrative comments on compliance gaps; (c) recommended tier; and (d) recommendation for or against site visit. Note that SSP-WSO Stroke Center applicants are assessed by the assigned SSP-WSO Assessors.
3. Where document gaps are minor, the RSC may request clarification from the Hospital Stroke Coordinator directly, allowing a 10-working-day response window.
4. Submit the completed RSC Preliminary Assessment Report to the SSP Committee on Certifications within 20 working days of receiving the file.
5. The role of RSC for Tier 2 and 3 applications is limited to assisting the hospitals during the application process. As earlier stated, SSP-WSO Stroke Center applicants are assessed by the assigned SSP-WSO Assessors.

2.4.3 Preliminary Assessment Rating Scale

Rating	Label	Description and Next Action
A	Fully Compliant	All required documents present and satisfactory. Recommend proceeding to site visit.
B	Substantially Compliant	Minor gaps in 1–2 items. Hospital given 14-day remediation window before RSC finalizes report.
C	Partially Compliant	Significant gaps in 3–4 key elements. RSC recommends conditional hold; BEST-PH remediation support activated. 60-day remediation window.
D	Not Compliant	Fundamental requirements not met. Application deferred; hospital given 12 months to remediate before re-application.

2.5 Stage 4: SSP Committee / WSO Formal Document Review

Upon receipt of the RSC Preliminary Assessment Report, the SSP Committee on Certifications conducts its formal review within 15 working days. For Tier 2 and Tier 3, the SSP-WSO Certification Committee reviews in parallel.

2.5.1 Committee Review Actions

- Confirm or amend the RSC's compliance rating;
- Identify any policy-level concerns not captured in the RSC report;
- For Tier 1, determine whether a site visit is required;

- Approve the site visit schedule and assign the Site Review Team (SRT) or SSP-WSO-appointed assessors; and
- Notify the hospital in writing of the formal document review outcome, including tier recommendation, site visit date, and any outstanding requirements.

2.5.2 Escalation and Committee Quorum

A minimum quorum of 3 Committee members (including the Chair or Co-Chair) is required to approve a certification decision. Disputed cases are resolved by majority vote. Any Committee member with a conflict of interest must recuse themselves.

2.6 Stage 5: Site Visit

2.6.1 Site Visit Triggers

A site visit is mandatory for all initial applications. It may be waived for Tier 1 certification only if: (a) the RSC gives an "A" rating, and (b) the Committee unanimously agrees.

2.6.2 Site Review Team Composition

Role	Tier Scope	Qualifications	Count
SSP Committee Representative (Lead Reviewer)	All tiers	Senior neurologist; SSP Committee member or designate; trained in SSP-ASRH or SSP-WSO site review methodology	1
Regional Stroke Coordinator	All tiers	Local logistics and liaison; does not independently score if they conducted the preliminary assessment	1
WSO-Appointed Assessor	Tier 2 & 3	WSO-certified stroke professional; in-person for both Tier 2 and Tier 3	1
Specialty Expert (optional)	Tier 3	Neurointerventionalist or stroke rehabilitation specialist, as needed	0-1

2.6.3 Proposed Site Visit Agenda

Time	Activity	Details
0800–0830	**Opening Meeting**	Introductions; agenda confirmation; confidentiality acknowledgment
0830–1000	**Document Review**	Final verification of submitted documents against Checklist; review of original patient records and logs (on-site access)
1000–1130	**Facility Tour**	Emergency Department, imaging suite, pharmacy (alteplase stock), stroke unit beds, laboratory, ICU (Tier 2–3)
1130–1230	**Staff Interviews**	AST members, ED nurses, radiologist, pharmacist; NIHSS competency spot-check
1230–1330	**Lunch Break**	

Time	Activity	Details
1330–1500	**Case Tracer**	Review of actual stroke log cases; performance improvement data presentation
1500–1600	**KPI & Data Review (Tier 2–3)**	Registry data, dashboard, quality indicator trends; stroke committee meeting minutes
1600–1700	**Exit Briefing**	Verbal summary of findings; commendations and gaps; next steps communicated to hospital leadership

2.7 Stage 6: Certification Decision and Issuance

The SSP Committee on Certification issues the formal certification decision for Tier 1. The hospital CEO is notified by email with:

- The certification decision (Certified / Conditionally Certified / Not Certified);
- The assigned tier level and validity period;
- A digital copy of the SSP certification as ASRH;
- The Site Review Report with scored findings; and
- For conditional or denied decisions: a written remediation plan with specific timelines.

For Tier 2 and 3, formal certification decision is issued by SSP-WSO. The hospital CEO is notified by email containing the above information including the digital copy of the SSP-WSO certification.

Conditional Certification

A Conditional Certification may be issued where a hospital meets all mandatory key elements but has minor deficiencies in recommended elements. Conditions must be resolved and supporting evidence submitted within 90 days. Failure to resolve conditions within 90 days reverts the hospital to the next lower tier or results in non-certification.

2.8 Stage 7: Post-Certification Monitoring

- Tier 1 hospitals: semi-annual check-in call with Regional Stroke Coordinator; mandatory annual KPI data submitted through email certifications.ssp@gmail.com;
- Tier 2 and Tier 3 hospitals: mandatory annual KPI data upload via the WSO Stroke Center Certification portal (https://www.world-stroke.org/stroke-center-certification); must maintain at least one WSO Angels Award or equivalent recognized quality award within each 2-year period;
- WSO may conduct interim audits or suspend certification for non-compliance; and
- Recertification applications for Tier 1 must be filed no later than 2 months before expiry; Tier 2 and Tier 3 within 3 months before expiry.

PART III: REGIONAL STROKE COORDINATORS - DELEGATION AND ACTIVATION

3.1 Overview

Regional Stroke Coordinators (RSCs) are SSP-designated regional stroke leaders who serve as the primary interface between applying hospitals and the national/international certification system. Their activation is essential to program scalability, particularly given the geographic diversity of the Philippines and the national target of expanding certified stroke-ready hospitals across all regions.

3.2 Eligibility and Appointment

To be appointed as a Regional Stroke Coordinators, a candidate must:

- Be a current, active member of the Stroke Society of the Philippines in good standing;
- Hold a clinical appointment as a neurologist, stroke specialist, or closely related specialist;
- Have demonstrable interest in stroke care quality improvement;
- Reside or practice primarily in the region for which they are nominated;
- Successfully complete the SSP Regional Stroke Coordinators Training Module; and
- Commit to a minimum of one 2-year term with option for renewal.

RSCs are appointed by the SSP Committee on Certifications upon nomination by the relevant SSP National or Regional Chapter. Each region must have at least one RSC. Regions with high hospital density (NCR, Region III, Region IV-A) are encouraged to appoint two or more RSCs. SSP-WSO representatives are nominated by the SSP Board.

3.3 Roles and Responsibilities

Function	Specific Responsibilities
Outreach and Pipeline Building	• Identify hospitals in their region that are candidates for certification • Proactively reach out to hospital administrators and stroke coordinators • Present the certification program at regional medical meetings and hospital grand rounds
Pre-Application Support	• Conduct pre-application readiness consultations • Assist hospitals in completing the Pre- Application Self-Assessment Checklist (SSP-CERT-FORM-01) • Advise on BEST-PH training scheduling and resource gaps
Preliminary Document Assessment	• Review submitted application documents within 20 working days • Complete the RSC Preliminary Assessment Report (SSP-CERT-FORM-06) • Request minor clarifications from the hospital directly (10-working-day response window) • Submit report to SSP Committee on Certifications

Function	Specific Responsibilities
Site Visit Support	• Accompany SRT during site visits to their region • Provide local context and logistical support • Participate in staff interviews and facility tour
Interim Monitoring	• Conduct semi-annual check-in calls with certified Tier 1 hospitals in their region • Flag performance concerns to SSP Committee • Assist hospitals facing conditional certification in completing remediation
Education and Capacity Building	• Serve as core faculty for regional BEST-PH workshops • Disseminate updates to stroke guidelines and certification requirements • Support onboarding of newly appointed hospital stroke coordinators
Reporting	• Submit a Regional Certification Status Report (SSP-CERT-FORM-07) to SSP Committee, quarterly

3.4 Regional Stroke Coordinator Training Module

All newly appointed RSCs must complete the SSP Regional Stroke Coordinator Training Module before conducting any preliminary assessments. Refresher training is required every 2 years.

#	Module Title	Content Summary
1	SSP–ASRH and SSP-WSO Certification Framework	Three-tier structure; certifying bodies; standards overview; Philippine stroke landscape and regional hospital distribution
2	Document Review Methodology	How to use the Document Submission Checklist; document quality assessment; common deficiencies and red flags; RSC rating scale; report writing standards
3	Key Element and KPI Deep Dive	Detailed review of all 7 SSP Key Elements; SSP-ASRH KPIS; WSO quality indicators 1–17; data interpretation and benchmarking methodology
4	Site Visit Skills	Conducting staff interviews; case tracer methodology; facility tour checklist; ethical conduct and conflict of interest management
5	Communication and Feedback	Writing the RSC Preliminary Assessment Report; delivering constructive feedback; escalation protocols; hospital remediation support
6	Mock Assessment Exercise	Supervised review of a sample application (blinded); group debrief; calibration exercise to ensure inter-rater reliability across regions
		Format: Hybrid (online pre-reading + in-person or virtual workshop).

3.5 RSC Resource Kit

Upon appointment and completion of training, each RSC receives the following resources:

- This protocol document (current version) and all applicable appendices;
- Pre-Application Self-Assessment Checklist;
- Document Submission Checklists;
- Hospital Certification Application Form;
- RSC Preliminary Assessment Report Form;
- Regional Certification Status Report Form;
- Site Visit Interview Guide and Tour Checklist; and
- Read access to the SSP National Certification Tracker.

TIER 1

SSP-CERTIFIED ACUTE STROKE READY HOSPITAL (ASRH)

Administered exclusively by the Stroke Society of the Philippines (SSP)

BENEFITS OF BEING AN SSP-CERTIFIED ACUTE STROKE READY HOSPITAL

Certification recognizes your institution's commitment to delivering immediate, time-critical stroke care. The following benefits are extended to all certified hospitals:

★ Recognition and Clinical Excellence

♥ **National Recognition as an SSP-Certified ASRH**

Your hospital is officially recognized by the Stroke Society of the Philippines as an institution capable of providing immediate, time-critical, evidence-based acute stroke care to the community it serves.

★ **Priority Access to BEST-PH Training and Workshops**

Certified hospitals receive priority enrollment in BEST-PH (Bringing Evidence-Based Treatment to Philippine Hospitals) trainings and workshops - excellent, updated, and evidence-based programs that keep your team at the forefront of stroke management.

◐ **Continuous Guidance from the SSP Certification Committee**

The SSP Committee on Certifications provides ongoing mentorship to monitor your hospital's progress, identify emerging issues, and offer targeted solutions with the goal of advancing wholistic management across the full stroke continuum of care.

★ Visibility and Community Impact

◎ **Official Listing on the SSP Website and Stroke App**

Your institution is included in the official SSP list of Acute Stroke Ready Hospitals, accessible on the SSP website and within the SSP Stroke App providing patients and emergency responders with a real-time locator map and directions to the nearest ASRH.

🗎 **Structured Performance Improvement Support**

Certified hospitals gain access to SSP-developed performance improvement frameworks enabling your team to track progress and benchmark against national standards (through RES-Q)

»» **Pathway to Higher Certification Tiers**

SSP Tier 1 certification provides the foundation for progression to joint SSP–WSO Tier 2 (Essential Stroke Center) and Tier 3 (Advanced Stroke Center) certification, positioning your hospital on an internationally recognized quality improvement pathway.

4.1 Tier 1 Overview and Sub-Categories

Tier 1 certification recognizes hospitals that have established foundational acute stroke readiness. It is issued exclusively by the SSP Committee on Certifications and serves as the entry level of the national certification pathway. Tier 1 is divided into two sub-categories:

	SSP-CERTIFIED ASRH
Criteria	Tier 1A: Complied with Key Elements 1 to 3 but have not yet fully complied with Key Elements 4 to 7 Tier 1B: Complied with all 7 Key elements
Validity	Tier 1A: 1 or 2 years Tier 1B: 3 years
Recertification (Thrombolysis Minimum)	Minimum 6 documented thrombolyses during the certification period (or 2 per year)

4.2 Seven Key Elements and Minimal Requirements

Key Element 1: Acute Stroke Team (KE1)

Requirement	Documentation Required
Minimum: 1 nurse + 1 physician on AST; ideally headed by neurologist or stroke specialist	• Portfolio of all AST members • Credentials, certifications, appointment records
If no in-house neurologist: telemedicine access to specialist must be documented	• Memorandum of Understanding / Letter between the hospital and a neurologist; Hub and spoke set-up
All AST members: minimum basic acute stroke training; BEST-PH Level I attendance mandatory	• BEST-PH attendance certificates • Other relevant training records
AST available 24/7 on-call; response time ≤15 minutes from call	• On-call schedule covering 24/7 • AST response time log
Attendance at Stroke Committee meetings documented	• Meeting minutes with signed attendance sheets

Key Element 2: Brain Imaging and Laboratory (KE2)

Requirement	Documentation Required
Cranial CT scan 24/7; performed ≤25 minutes of order; read ≤60 minutes of order	• Scope of Service – Radiology (24/7 availability, on-call response times) • Imaging order-to-interpretation time log
Basic labs (CBC, chemistries, coagulation, cardiac markers, ECG, CXR) within 45 minutes of order	• Scope of Service – Laboratory (24/7, STAT protocol) • Lab turnaround time logs
CT images may be initially interpreted by neurologist or CT-trained physician for thrombolysis decision	• Policy document confirming interpreter qualifications and chain of authority

Key Element 3: Capability to Perform Thrombolysis (KE3)

Requirement	Documentation Required
KE1 and KE2 met (prerequisite)	See KE1 and KE2 above
Minimum 2 vials of alteplase in stock; expiry >6 months from certification date; consignment with distributor encouraged	• Pharmacy stock record or consignment agreement
Training in IV rTPA administration and post-thrombolysis monitoring (BEST-PH)	• BEST-PH thrombolysis training certificates for all relevant AST members
AST Activation Log maintained	• Log with: Activation Date/Time, AST Response Time, Diagnosis, Treatment, Disposition

Key Element 4: Written Stroke Protocols (KE4)

Requirement	Documentation Required
ED written stroke protocol covering ischemic stroke, TIA, and ICH; includes activation criteria, AST roles, time goals, and patient monitoring; updated per current guidelines	• Written protocol (dated, signed, reviewed within 3 years)
Algorithm supporting the written protocol as a quick visual reference	• Visual algorithm or flow chart
Order sets: initial diagnostics, acute treatment post-imaging, thrombolysis inclusion/exclusion criteria, dosing, administration, and monitoring	• Order sets with and without thrombolysis
Protocol for in-patient stroke code	• In-patient stroke code protocol document

Key Element 5: Stroke Education (KE5)

Requirement	Documentation Required
All AST members: minimum 4 hours of stroke education per year	• Annual stroke education plan (dates, staff targeted, hours) • Attendance master lists per activity • Activity summary reports with photographs
Onboarding education for newly hired healthcare professionals included in annual plan	• Onboarding education policy and schedule
Education must cover: IV thrombolysis competency, NIHSS certification, BP management, case reviews, and stroke code process review	• Curriculum/topic list per activity aligned to required content
Attendance at SSP Annual Convention by at least one designated staff member	• Registration or attendance proof

Key Element 6: Acute Stroke Team Activation Log (KE6)

Requirement	Documentation Required
Comprehensive AST Activation Log maintained for all activations regardless of final diagnosis	• Log capturing: Activation Date, Clock Time, AST Response Time, Treatment Given, Final Diagnosis, Disposition • Evidence log data is used in performance review meetings

Key Element 7: Hospital Stroke Database and Performance Improvement (KE7)

Requirement	Documentation Required
Systematic data collection including stroke performance measures (RES-Q) **Any registry/database may be used as long as the data utilized for monitoring and improving outcomes*	• Database or registry log printout/export covering stroke performance measures • Log of anonymized data uploads to hospital stroke database or national registry
Data used for performance improvement with regular committee review	• Data tracking sheets and action plans • Performance Improvement Plan Forms • Stroke Committee meeting agenda and signed minutes

Tier 1 Minimum Requirements Summary

INITIAL CERTIFICATION: All 7 Key Elements are required for full certification. Key Elements 1, 2, and 3 are the minimum mandatory requirements. If KE 4–7 are not yet fully met at initial application, a conditional certificate may be issued with a 90-day remediation window.

RECERTIFICATION: Certified hospitals must document a minimum of 6 thrombolyses (2 per year of certification), annual KPI uploads, and annual registry data, during the certification period, to be eligible to progress to Tier 2 at recertification. Other documents may be required based on evaluation.

BEST-PH TRAINING: Level I must be completed prior to certification or within 6 months post-award.

**Refer to the Pre-Application Self-Assessment Checklist for the complete list of requirements.*

4.3 SSP-ASRH Quality Indicators

Performance data for all indicators must be sent to the certifications.ssp@gmail.com annually. Hospitals using RES-Q as their stroke database may generate the report and send them as attachments.

#	Quality Indicator	Target
1	Median Door-to-Needle time	**≤60 min / ≥50% of cases**
2	Medial Door-to-Imaging Time	**≤25 min / ≥85% of cases**
3	Median Door-to-Imaging Interpretation	**≤45 min / ≥90% of cases**
4	IV Thrombolysis rate among all AIS patients	**≥15%**

#	Quality Indicator	Target
5	Swallowing assessment performed before feeding	**≥90%**
6	Non-cardioembolic AIS discharged on antithrombotic agent	**≥90%**
7	Symptomatic hemorrhage after reperfusion therapy	**≤5%**
8	Acute Stroke Log / Registry / Database completeness	**≥95%**
9	Stroke Committee regular meetings with complete minutes	**Minimum of 4 per year**
10	Stroke education implementation	**Minimum of 4 per year**

TIER 2

ESSENTIAL STROKE CENTER CERTIFICATION

Joint SSP and World Stroke Organization Certification

BENEFITS OF JOINT SSP–WSO CERTIFICATION AS AN ESSENTIAL STROKE CENTER

Achieving Joint SSP–WSO certification as an Essential Stroke Center signals that your hospital meets internationally recognized standards for stroke care. The following benefits apply to all Tier 2 certified hospitals:

★ Clinical and Patient Outcomes

♥

Improved Patient Outcomes

Certified centers implement rigorous, evidence-based standards that lead to faster treatment times, lower in-hospital mortality rates, and significantly reduced long-term disability for stroke patients.

★ Reputation and Global Standing

★

Global Recognition and Trust

Certification confers international credibility, signaling to patients, referring hospitals, healthcare partners, and the broader community that your institution meets high-level global standards for stroke care.

★ Operational and Financial Value

◐

Operational Efficiency and Resource Optimization

The certification process helps hospitals systematically identify service gaps, streamline stroke care pathways, and reduce average length of hospital stay - leading to tangible cost reductions and improved resource utilization.

★ Quality Improvement

◎

Data-Driven Quality Improvement

Certification is built on a data-driven quality framework utilizing the RES-Q registry and WSO quality indicators, enabling continuous monitoring, benchmarking, and evaluation of stroke services against international standards.

★ Leadership and Network

🗎

Leadership Position in the Stroke Network

Certified centers are recognized as regional leaders in stroke care. They serve as mentors, trainers, and clinical references for local stroke networks and lower-tier hospitals, shaping stroke care quality across the region.

★ Exclusive Resources

»»

Access to Resources and Global Networking

Participating hospitals gain access to a dedicated WSO digital certification platform, official SSP–WSO certification branding assets, and curated educational resources from the World Stroke Academy including tools, webinars, and expert networks.

5.1 Tier 2 Overview

Tier 2 Essential Stroke Center certification is awarded jointly by SSP and WSO. It builds on the ASRH foundation, requiring a geographically dedicated stroke unit, demonstrated achievement of 13 WSO quality indicators, and a minimum of 12 months of continuous registry data. Tier 2 hospitals serve as the backbone of the Philippine regional stroke network.

Prerequisites for Tier 2:

- Active Tier 1 certification or demonstrated equivalent compliance with all 7 Key Elements;
- Minimum 12 months of continuous stroke registry data entered into the hospital database or WSO/RES-Q registry prior to site visit;
- WSO Stroke Center Certification portal application initiated at https://www.world-stroke.org/stroke-center-certification (includes completion of the WSO self-assessment, 91 structured questions); and
- Certification fee paid: USD 1,000 (private hospitals) or USD 500 (government / public hospitals).

5.2 Infrastructure Requirements

Requirement	Status	Notes
Emergency Department available 24h/7 days	**Mandatory**	
CT scan brain 24h/7 days	**Mandatory**	
Laboratory blood tests 24/7 (CBC, electrolytes, urea, glucose, INR, PT)	**Mandatory**	
12-lead ECG 24/7	**Mandatory**	
CT Angiography (CTA) 24/7	**Recommended**	Mandatory for Tier 3
Transthoracic Echocardiogram	**Mandatory**	
Vascular Doppler Ultrasound	**Mandatory**	
Dedicated Stroke Unit (defined beds, staff, protocols) OR clustered model on same ward	**Mandatory**	At least 1 model must be met
IV Thrombolysis 24h/7 days	**Mandatory**	Minimum of 10 thrombolyses/year recommended
Neurologist with stroke expertise available 24/7	**Mandatory**	
Physiotherapist	**Mandatory**	
Stroke Director and Nurse Coordinator designated	**Mandatory**	
Stroke Task Force (meets monthly; reviews data; guides performance improvement)	**Mandatory**	
Participation in stroke quality registry (minimum of 12 months pre-visit)	**Mandatory**	RES-Q preferred; national registry accepted

5.3 Staffing and Training Requirements

Staff Group	Hours/Year	Acceptable Documentation
Nurses and Nursing Technicians (all stroke settings)	Min. 4 hours	• Attendance lists, training agendas, photographs • Certificates from Angels Initiative or Global Stroke Alliance – ABENEURO courses • Records of local training initiatives
Emergency Physicians	Min. 4 hours	• Training agenda, attendance sheets, photographs from sessions
Physicians at Stroke Unit, Angio Suite, Neuro-ICU	Min. 8 hours	• Certificates from Angels Academy courses • Records of local training (agenda, attendance, photographs)
Physiotherapy and Occupational Therapy Staff	Min. 4 hours	• Training agenda, attendance list, or photographs from training
Neurologists	Ongoing CPD	• Diploma or training certificate • Valid NIHSS certification
Quality Monitoring Person	—	• Diploma, relevant certificate, appointment letter, or training course completion evidence

5.4 WSO Quality Indicators (Tier 2 - KPI 1 to 13)

Performance data for all 13 indicators must be uploaded via the WSO Stroke Center Certification portal at https://www.world-stroke.org/stroke-center-certification, covering at least 12 months prior to the site visit. These indicators apply to both Tier 2 and Tier 3. These are also uploaded annually.

#	Quality Indicator	Target
1	Median Door-to-Needle time	**≤60 min / ≥50% of cases**
2	Proportion admitted to Stroke Unit / ICU	**≥90%**
3	Swallowing assessment performed before feeding	**≥90%**
4	IV Thrombolysis rate among all AIS patients	**≥15%**
5	Symptomatic hemorrhage after reperfusion therapy	**≤5%**
6	Door-to-BP lowering treatment in ICH patients (median)	**≤60 min**
7	Door-to-reversal agent in anticoagulated ICH patients (median)	**≤60 min**
8	Non-cardioembolic AIS discharged on antithrombotic agent	**≥90%**
9	AIS with atrial fibrillation discharged on oral anticoagulant	**≥90%**
10	All stroke types discharged on blood pressure-lowering drugs	**≥80%**
11	Serious in-hospital complications (pneumonia, fall, PE)	**≤10%**
12	In-hospital or at-discharge mortality	**≤10%**

#	Quality Indicator	Target
13	Physiotherapy assessment within first 48 hours of admission	**≥80%**

5.5 Additional Documents Required for Tier 2

In addition to all Tier 1 documents, the following must be submitted:

#	Document	Required Details
1	Center Structure Overview	Number of hospital beds, ICU beds, CT and MRI scanners, stroke unit beds; list of stroke team professionals with name, designation, and specialization
2	Stroke Team Credentials (per staff category)	Training certificate/diploma, NIHSS certificate, appointment letter as applicable (see Section 5.3)
3	Nursing Staff Training Records	Minimum 4 hours/year of stroke-related training; attendance lists, agendas, photographs
4	Emergency Physician Training Records	Minimum 4 hours/year; acceptable proof per Section 5.3
5	Stroke Unit/Angio/Neuro-ICU Physician Training Records	Minimum 8 hours/year; Angels Academy certificates preferred
6	Physiotherapy & OT Training Records	Minimum 4 hours/year; agenda, attendance list, or photographs
7	Service Protocol Implementation	Written policy document outlining the stroke protocol used at the center, including reference clinical guidelines
8	Stroke Patient Care Pathway	Documented step-by-step pathway from admission through follow-up care
9	Multidisciplinary Team Meeting Records	Agendas and attendance from case discussions; minutes from scientific meetings; documentation of quality indicator reviews
10	Stroke Network and Pre-Hospital Care (if applicable)	Documentation of stroke network organization and coordination of pre-hospital emergency care
11	Registry Data Export	Minimum 12 months of data including all WSO KPIs 1–13; uploaded via the WSO Stroke Center Certification portal at https://www.world-stroke.org/stroke-center-certification

TIER 3

ADVANCED STROKE CENTER CERTIFICATION

Joint SSP–WSO Certification

BENEFITS OF JOINT SSP–WSO CERTIFICATION AS AN ADVANCED STROKE CENTER

Achieving Joint SSP–WSO certification as an Advanced Stroke Center represents the highest level of stroke center recognition available in the Philippines. The following benefits apply to all Tier 3 certified hospitals:

★ Clinical and Patient Outcomes

♥

Improved Patient Outcomes

Advanced Stroke Centers implement the highest evidence-based standards including endovascular thrombectomy, advanced neuroimaging, and comprehensive rehabilitation resulting in faster treatment, lower mortality, and markedly reduced long-term disability.

★ Reputation and Global Standing

★

Global Recognition and Trust

Tier 3 certification confers the highest level of international credibility available in the Philippines, signaling to patients, healthcare partners, and medical institutions worldwide that your center meets elite global standards for comprehensive stroke care.

★ Operational and Financial Value

◐

Operational Efficiency and Resource Optimization

The Advanced Stroke Center framework drives systematic identification of service gaps, optimization of complex care pathways including thrombectomy workflows, and measurable reduction in length of stay and complication rates.

★ Quality Improvement

◎

Data-Driven Quality Improvement

All 17 WSO quality indicators are actively monitored via the RES-Q registry, providing Tier 3 centers with a comprehensive, internationally benchmarked dataset for continuous quality improvement and academic research.

★ Leadership and Network

🗎

Regional Hub and Leadership Position

Tier 3 centers serve as the apex of the national stroke network providing telestroke consultation to lower-tier centers, training neurointerventionalists and stroke teams, and setting clinical standards for their region.

★ Exclusive Resources

»»

Access to Resources and Global Networking

Certified Advanced Stroke Centers gain access to the WSO digital certification platform, official certification branding, and the full suite of World Stroke Academy educational resources, as well as inclusion in the global WSO Advanced Stroke Center registry.

6.1 Tier 3 Overview

Tier 3 Advanced Stroke Center certification is awarded jointly by SSP and WSO. It represents the highest level of stroke center recognition in the Philippines and is intended for hospitals providing the full spectrum of acute and definitive stroke care, including endovascular thrombectomy, advanced neuroimaging, hemicraniectomy, and comprehensive stroke rehabilitation. Tier 3 centers are expected to serve as regional hubs and to provide telestroke consultation support to lower-tier hospitals.

Prerequisites for Tier 3:

- Active Tier 2 (Essential Stroke Center) certification;
- Minimum 1 year of continuous WSO/RES-Q registry data;
- Neurointerventionalist on staff or formal 24/7 on-call arrangement documented;
- Demonstrated minimum of 10 endovascular thrombectomies per year; and
- WSO online self-assessment completed including all Advanced section questions.

6.2 Additional Infrastructure Requirements (Beyond Tier 2)

Requirement	Status	Notes
MRI (Magnetic Resonance Imaging)	**Mandatory**	
CT Angiography (CTA) 24/7	**Mandatory**	Recommended at Tier 2
MR Angiography capability	**Recommended**	
CT or MR Perfusion scans	**Recommended**	
Transcranial Doppler	**Recommended**	
Transesophageal Echocardiogram	**Recommended**	
Endovascular thrombectomy 24/7	**Mandatory**	Neurointerventionalist required; min. 10/year
Hemicraniectomy for ischemic stroke 24/7	**Mandatory**	Neurosurgery on-call required
Intensive Care Unit on-site	**Mandatory**	Recommended at Tier 2
Neuro Interventionalist (Interventional Neurologist, Endovascular Neurosurgeon, or Interventional Neuroradiologist)	**Mandatory**	24/7 availability required
Telestroke consultations provided to smaller or rural centers	**Recommended**	
Stroke-related research activity (publications, active trials, or ethics-approved protocols)	**Recommended**	

6.3 Additional WSO Quality Indicators (Tier 3 Only — KPI 14 to 17)

In addition to KPIs 1–13, the following four indicators are required for Tier 3:

#	Quality Indicator	Target
14	Proportion of ischemic stroke patients treated with endovascular thrombectomy	**≥10% of all AIS**
15	Median Door-to-Puncture time (hospital arrival to groin/elbow puncture)	**≤90 min / ≥50% of cases**
16	Puncture-to-Recanalization time (puncture to complete/near-complete reperfusion TICI 2b–3)	**≤60 min / ≥50% of cases**
17	Proportion of patients achieving final TICI 2b–3 (complete or near-complete reperfusion)	**≥70%**

PART VII: TIMELINES, STAFFING, AND ADMINISTRATIVE SUPPORT

7.1 Master Timeline by Tier

Stage	Tier 1	Tier 2	Tier 3
Stage 1: Pre-Application Consultation	Up to 2 weeks	Up to 2 weeks	Up to 2 weeks
Stage 2: Application Submission + Intake	1–2 weeks	1–2 weeks	1–2 weeks
Stage 3: RSC Preliminary Assessment	20 working days	20 working days	20 working days
Stage 4: SSP / WSO Formal Review	15 working days	15 working days (parallel WSO review)	15 working days (parallel WSO review)
Stage 5: Site Visit Scheduling and Conduct	2–4 weeks	4–6 weeks (in-person; joint SSP–WSO assessors)	6–8 weeks (in-person; joint SSP-WSO assessors)
Stage 6: Certification Decision	15 working days post-visit	15 working days post-visit	15 working days post-visit
TOTAL (Estimated)	**10–14 weeks**	**14–18 weeks**	**16–22 weeks**

Note: Timelines assume a complete, submission-ready application. Remediation periods, incomplete submissions, or scheduling constraints will extend these timelines. Applications with significant deficiencies restart at Stage 2.

7.2 Staffing Requirements

7.2.1 SSP Secretariat (National Office)

Role	FTE Estimate	Key Tasks
Certification Program Coordinator	1.0 FTE	Application intake; National Certification Tracker management; communication with hospitals and RSCs; fee processing; certificate issuance coordination; file management; correspondence.

7.2.2 Regional Stroke Coordinators

Allocation	Time Commitment	Notes
Per RSC: active application period	~20 hrs/application	Includes document review, hospital communication, report writing, and site visit participation

Allocation	Time Commitment	Notes
Per RSC: monitoring period (per certified hospital/year)	~6 hrs/year	Semi-annual check-in calls; quarterly status reporting; remediation support as needed
Honorarium and Reimbursement	Per SSP schedule	Travel and accommodation reimbursed for site visits per SSP policy; service recognized at SSP Annual Convention

7.2.3 Site Review Team (Per Site Visit)

Role	Count	Notes
SSP (National) Representative	1	All tiers; local logistics and liaison
Regional Stroke Coordinators	1	Tier 1; Tiers 2 and 3 (optional); local logistics and liaison
SSP-WSO-Appointed Assessor	1	Tier 2 and Tier 3 (both in-person)

7.3 Administrative Support Structures

7.3.1 National Certification Tracker (SSP-CERT-LOG-01)

The SSP Secretariat maintains a National Certification Tracker as the centralized database recording:

- Hospital name, region, and target tier;
- Application reference number and date received;
- Application status at each stage (Intake / RSC Review / Committee Review / Site Visit Scheduled / Site Visit Complete / Decision Pending / Certified / Conditional / Deferred / Expired);
- RSC assigned and RSC report submission date;
- Site visit date and SRT composition;
- Certification decision date, tier awarded, and validity period;
- KPI upload compliance status (Tier 2 and 3); and
- Recertification due date with automated reminder flag 3 months prior.

The Tracker is accessible to: SSP Committee (full access), SSP Secretariat (full access), RSCs (read access), BEST-PH Coordinator (read access). Data is reviewed at each quarterly SSP Committee on Certifications meeting.

7.3.2 SSP Committee on Certifications Meeting Schedule

Meeting Type	Frequency	Agenda Items
Regular Committee Meeting	Quarterly (virtual)	RSC report endorsements; KPI compliance reviews; policy updates
Site Visit Planning Meeting	As needed (prior to each site visit)	SRT assignment; site visit agenda confirmation; pre-visit briefing of team

Meeting Type	Frequency	Agenda Items
Certification Decision Meeting	Within 15 working days post-visit	Application reviews; formal certification vote; conditions issued if applicable; appeal rights communicated
Annual Program Review	Annually (Q4)	Full program review; KPI trend analysis; policy revisions; RSC appointments; budget review; WSO alignment check

7.3.3 Communication Turnaround Standards

Communication	Turnaround	Responsible Party
Application acknowledgment email	7 working days	SSP Certification Committee Secretariat
Incomplete submission notice with item list	7 working days	SSP Certification Committee Secretariat
File routing to RSC	Same day as completeness confirmed	SSP Certification Committee Secretariat
RSC clarification request to hospital	Within 5 working days of file receipt	Regional Stroke Coordinator
RSC Preliminary Assessment Report to SSP Committee	20 working days from file receipt	Regional Stroke Coordinator
Committee formal review outcome notification to hospital	15 working days from RSC report receipt	SSP Committee Chair / Secretariat
Site visit confirmation letter (if needed for ASRH applicants)	5 working days of committee approval	SSP Certification Committee Secretariat
Post-site visit verbal exit briefing	Same day as site visit	Lead Reviewer (SRT)
Written Site Review Report	10 working days post-site visit	Lead Reviewer to SSP Committee
Certification decision letter and digital certificate	15 working days post-site visit	SSP Committee Chair / Secretariat
Appeal acknowledgment	5 working days of appeal receipt	SSP Certification Committee Secretariat
Appeal decision	Within 60 days of appeal submission	SSP Committee Appeal Panel (3 members)

PART VIII: APPEALS, CONFIDENTIALITY, AND PROTOCOL REVIEW

8.1 Appeals Process

Hospitals may formally appeal a certification decision within 60 days of receiving the written decision. The appeal must be submitted in writing to certifications.ssp@gmail.com and must:

- Identify the specific findings or decision points being contested;
- Provide supporting evidence or documentation directly addressing the contested findings; and
- Be accompanied by the applicable appeal filing fee per the SSP schedule.

The Committee constitutes an Appeal Panel of 3 Committee members not involved in the original decision. The Appeal Panel issues its written decision within 60 days of receiving the complete appeal. The Appeal Panel's decision is final at the SSP level. The WSO's independent appeal period (60 days from the WSO decision) applies separately for Tier 2 and Tier 3 WSO certifications.

8.2 Confidentiality

All data collected during the certification process is treated as confidential. Institutions submitting data agree to anonymized reporting for the purposes of global benchmarking by the WSO. Individual hospital data is not publicly disclosed without the hospital's written consent. The National Certification Tracker is accessible only to authorized SSP staff and RSCs.

8.3 Protocol Review and Updates

This Protocol shall be reviewed by the SSP Committee on Certifications at least every 2 years, or sooner as needed, to reflect updates to SSP and WSO certification standards, Philippine stroke care guidelines, or operational experience from program implementation. All updates shall be communicated to RSCs, BEST-PH, and all certified hospitals within 30 days of approval. The WSO Terms of Reference will similarly be reviewed every 2 years.

8.4 References

- SSP ASRH Quick Reference Guide, Revision 09.04.2024, SSP Committee on Certifications
- WSO Stroke Centre Certification – Quality Indicators (Essential and Advanced), World Stroke Organization
- WSO Certification – Self-Assessment Criteria, World Stroke Organization
- WSO Certification Terms of Reference (ToR), World Stroke Organization / Health Management Institute
- WSO Certification Country-Wise Fee Structure (World Bank GNI classification, 2025 fiscal year)
- DOH Administrative Order No. 2020-0059, Department of Health, Philippines
- AHA/ASA Target: Stroke Phase III – Suggested Time Interval Goals, American Heart Association, 2019
- NINDS Criteria for Stroke Centers, National Institute of Neurological Disorders and Stroke

ANNEXES: CHECKLISTS AND FORMS

ANNEX A: Pre-Application Self-Assessment Checklists

Tier 1 Checklist: SSP-Certified Acute Stroke Ready Hospital (ASRH)

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?	☐	☐	☐

ASSESSMENT ITEM	Yes	Partial	No / N/A
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?	☐	☐	☐
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?	☐	☐	☐

ASSESSMENT ITEM	Yes	Partial	No / N/A
Is the log data used to evaluate the stroke code process and identify areas for improvement?	☐	☐	☐
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.*

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 1certfication. 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).*

ANNEX B: Document Submission Checklist

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-03

Document Submission Checklist

Use this checklist to compile and verify the application package before submission

INSTRUCTIONS
Tick each item once the document is prepared and included in the package. All documents must be in PDF format. Sensitive patient data need not be submitted digitally - a redacted log, template, or process description is acceptable; original records will be verified during the site visit.

TIER 1 – SSP-Certified Acute Stroke Ready Hospital (ASRH)

Document	☐	Notes
ADMINISTRATIVE		
Letter of Intent: signed by CEO/MD on official hospital letterhead	☐	
Pre-Application Self-Assessment Checklist Form	☐	
Hospital Application Certification Form	☐	
Document submission Checklist Form	☐	
Proof of certification fee payment	☐	
KE 1 — ACUTE STROKE TEAM		
Portfolio of all AST members (name, designation, credentials, specialization)	☐	
BEST-PH Level I attendance certificates for all AST members	☐	
On-call schedule confirming 24/7 AST availability (current and signed)	☐	
Telemedicine agreement and vendor credentials, Memorandum of Understanding (if no in-house neurologist)	☐	
Stroke Committee meeting minutes with attendance (last 4 meetings)	☐	
KE 2 — BRAIN IMAGING AND LABORATORY		
Radiology Scope of Service (24/7 availability, on-call response times, STAT process)	☐	
Imaging order-to-interpretation response time log	☐	
Laboratory Scope of Service (24/7 availability, STAT protocol)	☐	
Lab turnaround time log (last 10 entries)	☐	
KE 3 — CAPABILITY TO PERFORM IV THROMBOLYSIS		
Pharmacy stock record: alteplase (minimum 2 vials; expiry > 6 months from date of application)	☐	
BEST-PH IV rTPA training certificates for all relevant AST members	☐	
AST Activation Log (last 12 months - sensitive patient identifiers may be redacted)	☐	
KE 4 — WRITTEN STROKE PROTOCOLS		

ED written stroke protocol covering ischemic stroke, TIA, and ICH (dated and signed)	☐	
Visual stroke code algorithm / decision flowchart	☐	
Thrombolysis order set (inclusion/exclusion criteria, dosing guide, monitoring protocol)	☐	
In-patient stroke code protocol	☐	
KE 5 — STROKE EDUCATION		
Annual stroke education plan (dates, targeted staff, hours - current calendar year)	☐	
Attendance master lists for all education activities (last 12 months)	☐	
Activity summary reports with photographs (last 12 months)	☐	
KE 6 — AST ACTIVATION LOG		
AST Activation Log (date, time, response time, diagnosis, treatment, disposition)	☐	
KE 7 — HOSPITAL STROKE DATABASE AND PERFORMANCE IMPROVEMENT		
Hospital stroke database or registry log printout / export	☐	
Data tracking sheets and action plans	☐	
Performance Improvement Plan Form(s) (at least 1 completed cycle with outcome)	☐	
Stroke Committee meeting agendas and signed minutes (last 12 months)	☐	

TIER 2 – SSP-WSO Essential Stroke Center (additional documents beyond Tier 1)

Document	☐	Notes
PORTAL AND ADMINISTRATIVE		
WSO portal application confirmation with assigned reference number	☐	
Proof of Tier 2 certification fee (Private: USD 1,000 / Government: USD 500)	☐	
INFRASTRUCTURE AND STAFF CREDENTIALS		
Center structure overview (beds, scanners, stroke unit, staffing summary)	☐	
Stroke Team credential documents by staff category	☐	
TRAINING RECORDS		
Nursing staff stroke training records (minimum 4 hours/year; attendance with agendas)	☐	
Emergency physician training records (minimum 4 hours/year)	☐	
Stroke unit / Neuro-ICU physician training records (minimum 8 hours/year)	☐	
Physiotherapy and Occupational Therapy training records	☐	
PROTOCOLS AND PATHWAYS		
Service protocol implementation document (written stroke protocol with guideline references)	☐	
Stroke patient care pathway (from ED admission through discharge and follow-up)	☐	
MULTIDISCIPLINARY TEAM AND REGISTRY DATA		
Multidisciplinary team meeting records (agendas, attendance lists, signed minutes)	☐	
Registry data export (minimum 12 months; all WSO KPIs 1–13 fully populated)	☐	

Confirmation that data is uploaded and accessible on the WSO certification portal	☐	

TIER 3 – SSP-WSO Advanced Stroke Center (additional documents beyond Tier 2)

Document	☐	Notes
ADVANCED CAPABILITIES		
Neurointerventionalist credentials and 24/7 on-call schedule	☐	
Angio suite availability documentation and readiness protocol	☐	
Thrombectomy case log (minimum 10 cases/year; last 12 months)	☐	
Hemicraniectomy on-call arrangement documentation	☐	
ICU on-site availability documentation and stroke case acceptance protocol	☐	
MRI availability documentation and stroke imaging protocol	☐	
EXTENDED REGISTRY DATA		
Registry data export (minimum 2 years; all 17 WSO KPIs fully populated)	☐	
KPI 14–17 data (thrombectomy rate, door-to-puncture times, TICI scores)	☐	
RESEARCH AND REGIONAL COORDINATION (Recommended)		
Evidence of stroke research activity (publications, active trials, or IRB-approved protocols)	☐	
Telestroke program documentation and signed agreements with peripheral/rural centers	☐	
Coordinated referral system documentation (referral pathways and protocols)	☐	

ANNEX C: Site Visit Facility Tour Checklist

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-04

Site Visit Facility Tour Checklist

Use this checklist to compile and verify the application package before submission

INSTRUCTIONS
Tick each item once the document is Used by the Site Review Team (SRT) during the facility tour component of the site visit. The SRT lead records findings in the Notes column. All mandatory items must be confirmed present for certification at the applicable tier to proceed.

Sections A–F: Tier 1 Verification Items (SSP-ASRH Key Elements)

The following items are verified for all Tier 1 applicants and revisited at recertification. Tier 2 and Tier 3 hospitals also undergo KE verification as part of the joint review.

A. ACUTE STROKE TEAM (KE1)				
AST on-call schedule posted; confirms 24/7 coverage	☐	☐	☐	*Verify current schedule is signed and dated*
AST members present or reachable; conduct spot interview	☐	☐	☐	*Interview minimum 1 physician + 1 nurse*
BEST-PH Level I attendance certificates on file for all AST members	☐	—	—	*Physical or digital copies; check dates*
Telemedicine access documentation with Memorandum of Understanding (if no in-house neurologist)	☐	—	—	*Contract, vendor credentials, MOU, test connection*
Stroke Committee meeting minutes with AST member attendance	☐	—	—	*At least 3 prior meeting minutes*
B. BRAIN IMAGING AND LABORATORY (KE2)				
CT scanner - confirm operational 24/7; interview technician	☐	☐	☐	*Test scan order process; confirm on-call coverage*
CT scan request-to-image log available; confirm turnaround ≤25 min	☐	—	—	*Review last 10 entries in log*
CT scan read-time log; confirm interpretation ≤60 min from order	☐	—	—	*Verify physician/neurologist sign-off on log*
Radiology Scope of Service posted; shows 24/7 on-call response times	☐	—	—	*Document must be current and signed*
Laboratory; STAT processing area identified; SOP posted	☐	☐	☐	*Ask staff to demonstrate STAT activation process*
Lab turnaround time log; confirm basic labs within 45 min	☐	—	—	*Review last 10 entries*
Lab Scope of Service posted; 24/7 availability confirmed	☐	—	—	*Document must be current and signed*
C. CAPABILITY TO PERFORM IV THROMBOLYSIS (KE3)				
Pharmacy: alteplase / tenecteplase vials physically present; minimum 2 vials	☐	☐	☐	*Verify count and expiry dates (must be ≥6 months from today)*

Consignment agreement with distributor on file (recommended)	☐	—	—	*Check for signed consignment document*
IV rTPA training certificates on file for all relevant AST members	☐	—	—	*BEST-PH thrombolysis training; check dates*
Post-thrombolysis monitoring protocol visible and accessible in ED	☐	—	—	*Staff can locate without assistance*
AST Activation Log present and current	☐	☐	☐	*Review last 10 entries; confirm all required fields completed*
D. WRITTEN STROKE PROTOCOLS (KE4)				
ED written stroke protocol physically accessible to staff	☐	☐	☐	*Staff can locate protocol without assistance; confirm not older than 3 years*
Protocol covers: ischemic stroke, TIA, ICH; with activation criteria, AST roles, time goals, monitoring	☐	—	—	*Spot-check 2–3 sections during case tracer*
Visual stroke code algorithm/flowchart posted in ED	☐	—	—	*Must be visible from nursing station*
Thrombolysis order set available; with inclusion/exclusion criteria, dosing, administration, monitoring	☐	—	—	*Physical or electronic; staff demonstrates access*
In-patient stroke code protocol accessible to ward staff	☐	—	—	*Check ward nurses know where to find it*
E. STROKE EDUCATION (KE5)				
Annual stroke education plan on file; includes dates, staff, hours (≥4 hr/yr per staff)	☐	—	—	*Review current year plan*
Attendance master lists for last 12 months of education activities	☐	—	—	*Spot-check signatures and dates*
Activity summary reports with photographs for last 12 months	☐	—	—	*At least 3 activity reports*
Onboarding education records for newly hired staff	☐	—	—	*Check against recent hire list*
F. HOSPITAL STROKE DATABASE AND PERFORMANCE IMPROVEMENT (KE6 / KE7)				
AST Activation Log complete and in active use; all fields populated	☐	—	—	*Review last 20 entries for completeness*
Hospital stroke database or registry; confirm active data entry	☐	☐	☐	*Log in to system; demonstrate data entry*
Performance Improvement Project forms on file	☐	—	—	*At least 1 completed PI form with action plan and outcome*
Stroke Committee meeting agendas and signed minutes; last 12 months	☐	—	—	*Confirm data review is agenda item*

Sections G–S: Tier 2 and Tier 3 Verification Items (WSO Criteria)

The following items are verified for Tier 2 and Tier 3 applicants during the joint SSP–WSO in-person site visit. A tick mark (☐) indicates the item is applicable; — indicates not required at that tier.

G. EMERGENCY DEPARTMENT				
ED physically identified: dedicated area visible and operational	—	☐	☐	*Walk through and observe signage*
ED open and staffed 24h/7 days: on-call roster confirmed	—	☐	☐	*Review schedule; interview ED charge nurse*

Stroke code activation process: staff demonstrate protocol	—	☐	☐	*Ask any nurse to demonstrate activation steps*
H. DIAGNOSTIC SERVICES — BASIC				
CT scanner: 24/7 availability confirmed; technician on-call documentation	—	☐	☐	*Review on-call schedule; check last scan logbook*
CT Angiography (CTA) capability: confirm equipment and access	—	☐	☐	*Recommended for Tier 2; Mandatory for Tier 3*
12-lead ECG machine: present and operational in ED	—	☐	☐	*Confirm location; staff demonstrates use*
Laboratory: 24/7 availability; STAT protocol posted and demonstrated	—	☐	☐	*Ask staff to walk through STAT order process*
Transthoracic Echocardiogram: equipment present; access documented	—	☐	☐	*Confirm availability schedule and who performs*
Vascular Doppler Ultrasound: equipment present; access documented	—	☐	☐	*Confirm location and operator availability*
Holter monitors: available (recommended; confirm availability)	—	☐	☐	*Note: Recommended for both tiers*
I. DIAGNOSTIC SERVICES — ADVANCED (TIER 3 PRIMARY)				
MRI: confirm operational; stroke imaging protocol in place	—	—	☐	*Mandatory for Tier 3; review last 5 MRI stroke cases*
MR Angiography capability: confirm if available	—	—	☐	*Recommended for Tier 3*
CT or MR Perfusion scans: confirm if available	—	—	☐	*Recommended for Tier 3*
Prolonged ECG monitoring devices: confirm if available	—	—	☐	*Recommended for Tier 3*
Transcranial Doppler: confirm if available	—	—	☐	*Recommended for Tier 3*
Transesophageal Echocardiogram: confirm if available	—	—	☐	*Recommended for Tier 3*
J. HYPERACUTE STROKE CARE AND THROMBOLYSIS				
Alteplase physically present in pharmacy: confirm stock and expiry	—	☐	☐	*Count vials; check expiry (≥6 months from today)*
IV thrombolysis protocol: accessible 24/7; staff demonstrates access	—	☐	☐	*Observe staff locating and opening protocol*
Thrombolysis case logbook: confirm minimum 10 cases/year (Tier 2) or 20 cases/year (Tier 3)	—	☐	☐	*Review log; count cases in last 12 months*
Specialist for thrombolysis identified: credential check: Neurologist/Neurosurgeon/Emergency physician/Intensivist	—	☐	☐	*Review credentials on file*
Telestroke or teleradiology access: system demonstrated if applicable	—	☐	☐	*Test connection; review agreement*
Time metrics log: door-to-needle times recorded and monitored	—	☐	☐	*Review last 10 thrombolysis cases for DTN time*
K. EMERGENCY MEDICAL SERVICES (EMS)				
EMS coordination documentation: ambulance FAST training records if applicable	—	☐	—	*Recommended for Tier 2; review any training certificates*
High-priority stroke transport protocol with EMS: agreement on file	—	☐	—	*Recommended for Tier 2; review written protocol or MOU*
L. NURSING TRAINING AND COMPETENCIES				
Nursing training records: minimum 4 hours/year documented for all stroke-assigned nurses	—	☐	☐	*Spot-check 3–5 nurse training files*

Stroke unit nursing training: includes stroke unit protocols, neuro assessment, swallow screen	—	☐	☐	*Confirm swallow screening competency documented*
Core competency program documentation: confirm active program in place	—	☐	☐	*Review program outline and completion records*
M. STROKE UNIT AND INPATIENT CARE				
Stroke Unit: geographically defined beds identified; dedicated staff and protocols visible	—	☐	☐	*Walk the stroke unit; count beds; confirm signage*
Clustered model (if no formal stroke unit): confirm beds on same ward with stroke protocols	—	☐	☐	*Acceptable alternative if dedicated stroke unit not available*
Continuous monitoring equipment functional at stroke unit beds	—	☐	☐	*Confirm cardiac monitors, pulse oximetry at bedside*
Stroke unit nursing protocols posted: swallow, nutrition, DVT, skin integrity, bladder/bowel, temperature, positioning	—	☐	☐	*Verify all 8 protocol areas are visible or accessible*
Swallowing assessment protocol: confirm tool in use; screen for recent documentation	—	☐	☐	*Review 2–3 recent patient files for swallow screen evidence*
N. INTERDISCIPLINARY STROKE TEAM				
Neurologist with stroke expertise: credentials on file; confirm 24/7 availability	—	☐	☐	*Review appointment letter and on-call schedule*
Nursing assistants: confirmed assigned to stroke unit	—	☐	☐	*Check staffing roster*
Physiotherapist: present or on-call; credentials on file	—	☐	☐	*Confirm access within 48 hours of admission*
Pharmacist: access documented; review pharmacist stroke role	—	☐	☐	*Recommended; confirm involvement in stroke care*
Social worker/case manager: access documented	—	☐	☐	*Recommended; confirm referral pathway exists*
Occupational Therapist: access documented	—	☐	☐	*Recommended; confirm referral pathway*
Speech-Language Pathologist: access documented; review referral process	—	☐	☐	*Recommended; confirm swallow referral pathway*
Neurosurgeon: access documented; on-call arrangement confirmed	—	☐	☐	*Recommended; review on-call schedule*
Neuro interventionalist (Interventional Neurologist/Endovascular Neurosurgeon/Interventional Neuroradiologist): credentials and on-call confirmed	—	—	☐	*Mandatory for Tier 3; review credentials and 24/7 schedule*
O. ADVANCED INTERVENTIONS (TIER 3 PRIMARY)				
Angio suite: physically inspect; confirm 24/7 readiness for thrombectomy	—	—	☐	*Mandatory for Tier 3; inspect equipment; confirm neurointerventionalist on-call roster*
Thrombectomy case log: confirm minimum 10 cases/year	—	—	☐	*Count cases in last 12 months; review case documentation*
Door-to-puncture time log: review last 10 thrombectomy cases	—	—	☐	*Confirm DTP data captured and monitored*
TICI score documentation: confirm reperfusion outcome recorded per case	—	—	☐	*Review last 10 thrombectomy case files*
Hemicraniectomy capability: neurosurgery on-call arrangement confirmed	—	—	☐	*Mandatory for Tier 3; review on-call schedule and OR availability*

Intensive Care Unit: on-site; confirm stroke case acceptance protocol	—	—	☐	*Mandatory for Tier 3; walk ICU; review stroke admission protocol*
Products to reverse coagulopathy: confirm pharmacy stocks (e.g. PCC, idarucizumab)	—	☐	☐	*Recommended; check pharmacy inventory*
P. STROKE PREVENTION THERAPIES				
Anti-platelet agents available in pharmacy	—	☐	☐	*Confirm stock of aspirin, clopidogrel*
Anticoagulants available in pharmacy (including NOACs)	—	☐	☐	*Confirm formulary*
Blood pressure management protocols accessible to staff	—	☐	☐	*Confirm protocol is current and accessible*
Lifestyle change counselling resources/materials available for patients	—	☐	☐	*Printed or digital; confirm availability*
Q. ORGANIZATION OF STROKE CARE				
Stroke Director: appointment letter on file; confirm active role	—	☐	☐	*Interview Stroke Director if present*
Nurse Coordinator: appointment letter on file; confirm active role	—	☐	☐	*Interview Nurse Coordinator*
Stroke Task Force: meeting minutes from last 6 months on file	—	☐	☐	*Confirm data review and PI agenda items*
Interdisciplinary team meeting records: at least monthly	—	☐	☐	*Recommended; review minutes*
Patient and family education materials: printed or digital; confirm availability	—	☐	☐	*Recommended; observe materials in stroke unit*
R. REGISTRY AND PERFORMANCE IMPROVEMENT				
Stroke quality registry: confirm active data entry; minimum 4 months data loaded in WSO platform before visit	—	☐	☐	*Log in to system; verify data is current and complete*
KPI dashboard or data summary: review all 13 (Tier 2) or 17 (Tier 3) WSO quality indicators	—	☐	☐	*Ask for printed or on-screen KPI report*
Performance improvement documentation: action plans, PI project forms, outcomes reported	—	☐	☐	*At least 1 completed PI cycle with measurable outcome*
S. REGIONAL COORDINATION AND RESEARCH (TIER 3)				
Telestroke capability: system demonstrated; agreements with rural/peripheral centers	—	—	☐	*Recommended; demonstrate system; review MOU list*
Coordinated referral system documentation: referral pathways defined	—	—	☐	*Recommended; review referral protocol documents*
Research activity: active protocols, IRB approvals, or publications on file	—	—	☐	*Recommended; review evidence of stroke research*

Legend: *☐ = item to verify during site visit. — = not applicable at this tier.* ***T1 = Tier 1 (SSP-Certified ASRH)*** ***T2 = Tier 2 (Essential Stroke Center)*** ***T3 = Tier 3 (Advanced Stroke Center)***

Items without a tick mark (—) are not required at that tier. Items shared across tiers are verified for all applicable tiers during the same visit. The SRT Lead records findings in the Notes column. All mandatory items must be confirmed present for certification to proceed. Deficiencies are documented in the written Site Review Report submitted within 10 working days of the site visit.

Source references: *Tier 1 items are based on the SSP ASRH Quick Reference Guide (Rev. 09.04.2024). Tier 2 and Tier 3 items are based on the WSO Stroke Center Certification Self-Assessment Criteria and the WSO Terms of Reference.*

ANNEX D: Hospital Certification Application Form

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-05

Hospital Certification Application Form

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

PURPOSE
Formal application for SSP ASRH and SSP–WSO Stroke Center Certification. Must be completed in full and signed by the Chief Executive Officer / Medical Director.

SUBMISSION
Email to certifications.ssp@gmail.com (CC: ssp_secretariat@yahoo.com). Tier 2 and 3 applicants must complete application via the WSO portal: world-stroke.org/stroke-center-certification.

A HOSPITAL INFORMATION

Hospital Name	
Complete Hospital Address	
City / Municipality	
Province / Region	
Hospital License Number	
PhilHealth Accreditation Number	
DOH Accreditation Level	
Hospital Type	☐ Government / Public ☐ Private ☐ Other: _____
Total Number of Hospital Beds	
Number of ICU Beds	
Number of Stroke Unit Beds (if any)	

B CONTACT PERSONS

Role/Position	Name	Contact Number / Email Address
Chief Executive Officer		
Hospital Stroke Coordinator		
Medical Director / Chief of Medical Staff		
Head of Emergency Department		
Lead Neurologist / Head of Acute Stroke Team		

C CERTIFICATION DETAILS

Certification Tier Applied	☐ Tier 1 (SSP-Certified ASRH) ☐ Tier 2 (Essential Stroke Center) ☐ Tier 3 (Advanced Stroke Center)
Application Type	☐ Initial Certification ☐ Recertification
Previous Certification Expiry Date	
BEST-PH Level I Training Date	
BEST-PH Level II Training Date (Tier 2 / 3)	
WSO Portal Application Reference No. (Tier 2 / 3)	

D DOCUMENT SUBMISSION CHECKLIST

Tick each item to confirm it is included in the application package.

Document Required	Included ☐
Letter of Intent: signed by CEO/MD on official hospital letterhead	☐
Pre-Application Self-Assessment Checklist Form	☐
Hospital Application Certification Form	☐
Document submission Checklist Form	☐
All support documents compiled in one PDFs using the correct file naming convention	☐
Proof of certification fee payment	☐
[Tier 2 / 3] WSO portal submission confirmation and application reference number	☐
[Tier 2 / 3] Minimum 12 months of registry data uploaded to WSO portal	☐
[Tier 3 only] Minimum 12 months of registry data uploaded to WSO portal	☐

E DECLARATION AND ATTESTATION

I, the undersigned Chief Executive Officer/Medical Director, hereby declare and confirm that: (1) all information and documents submitted are true, accurate, and current; (2) the hospital meets the requirements for the tier applied for; (3) I authorize the SSP and WSO to verify submitted documents and conduct a site visit; and (4) the hospital commits to maintaining all required standards throughout the full certification validity period. I understand that submission of false information may result in immediate disqualification or revocation of certification.

Signature over Printed Name	
Date	
Position / Title	
Official seal (affix here)	

ANNEX E: RSC Preliminary Assessment Report

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-06

RSC Preliminary Assessment Report

Completed by the Regional Stroke Coordinator within 20 working days of receiving the application file

PURPOSE
Documents the RSC's preliminary review. Submitted to the SSP Committee on Certifications and forms the basis for the formal document review and site visit decision.

SUBMIT TO
SSP Committee on Certifications via certifications.ssp@gmail.com within 20 working days of receiving the complete application file.

A APPLICATION DETAILS

Hospital Name	
Application Reference Number (SSP-CERT-LOG)	
Certification Tier Applied For	
Application Type (Initial / Recertification)	
Date File Received by RSC	
Date of Report Completion	
Regional Stroke Coordinator Name	
RSC Region	

B RATING SCALE REFERENCE

Rating	Label	Required Action
A	Fully Compliant	All documents present and satisfactory. Recommend proceeding to site visit.
B	Substantially Compliant	Minor gaps in 1–2 items. 14-day remediation window before report is finalized.
C	Partially Compliant	Significant gaps in 3–4 key elements. Conditional hold; 60-day BEST-PH remediation window.
D	Not Compliant	Fundamental requirements not met. Application deferred; 12-month remediation period.

C1 KEY ELEMENT REVIEW – Tier 1 (All Applications)

Rate each Key Element A / B / C / D using the scale above. Include document references and any gaps identified.

Key Element	Rating	Key Documents Reviewed	Findings / Gaps Identified
KE 1 — Acute Stroke Team		*Portfolios, credentials, on-call schedule, BEST-PH certs*	
KE 2 — Brain Imaging and Laboratory		*Radiology & Lab Scope of Service, response time logs*	
KE 3 — IV Thrombolysis Capability		*Alteplase stock, rTPA training certs, AST Activation Log*	
KE 4 — Written Stroke Protocols		*ED protocol, algorithm, order sets, in-patient code protocol*	
KE 5 — Stroke Education		*Annual education plan, attendance lists, activity reports*	
KE 6 — AST Activation Log		*Log completeness: all required data fields populated*	
KE 7 — Hospital Stroke Database		*Registry/database log, PI forms, committee minutes*	

C2 WSO CRITERION AREAS – Tier 2 and Tier 3 Only

WSO Criterion Area	Rating	Comments / Gaps Identified
Emergency Department and Basic Diagnostics		
Advanced Diagnostics (Tier 3 primary)		
Hyperacute Stroke Care and Thrombolysis		
Nursing Training and Competencies		
Stroke Unit and Inpatient Care		
Interdisciplinary Stroke Team		
Advanced Interventions (Tier 3 primary)		
Organization of Stroke Care		
Registry and Performance Improvement		

D OVERALL RECOMMENDATION

Overall Rating	☐ A — Fully Compliant ☐ B — Substantially Compliant ☐ C — Partially Compliant ☐ D — Not Compliant
Recommended Tier	☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Lower than applied (explain in narrative)
Site visit Recommendation	☐ No site visit required ☐ Proceed to site visit (mandatory for Tiers 2 and 3) ☐ Conditional hold (remediation required) ☐ Defer application

Summary Narrative:

E REMEDIATION ITEMS (if Rating B, C, or D)

#	Item Requiring Remediation	Evidence / Documentation Required	Deadline
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

F RSC DECLARATION

RSC Signature over Printed Name	
Date of Submission to SSP Committee of Certifications	
Received by SSP Committee (Name and Date)	

ANNEX F: Regional Certification Status Report

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-07

Regional Certification Status Report

Submitted quarterly by the Regional Stroke Coordinator to the SSP Committee on Certification

FREQUENCY
Submit within 10 working days after the end of each quarter: Q1 (31 March), Q2 (30 June), Q3 (30 September), Q4 (31 December).

A REPORTING PERIOD

Quarter	☐ Q1 Jan–Mar	☐ Q2 Apr–Jun	☐ Q3 Jul–Sep	☐ Q4 Oct–Dec
Year				
Regional Stroke Coordinator Name				
Region				
Date of Report				

B HOSPITAL STATUS REGISTER

B1 – Hospitals with Active Applications

Hospital Name	Ref. No.	Tier Applied	Current Stage	Target Decision

B2 – Certified Hospitals Under Active Monitoring

Hospital Name	Tier	Cert. Date	Expiry	KPI Upload	Issues/Notes
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

				☐ Yes ☐ No	
				☐ Yes ☐ No	

B3 – Hospitals Due for Recertification (Next 6 Months)

Hospital Name	Current Tier	Expiry Date	Contacted?	Application Submitted?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

C ACTIVITIES THIS QUARTER

	Date(s)	Hospitals / Participants
Pre-application consultations conducted		
Preliminary assessment reports submitted		
Site visits participated in or observed		
Semi-annual hospital check-in calls completed		
BEST-PH trainings facilitated or attended		
Other activities (describe below):		

D ISSUES AND RECOMMENDATIONS

Regional challenges, concerns, or issues noted this quarter:
Recommendations to the SSP Committee on Certifications:

E RSC DECLARATION

RSC Signature over Printed Name	
Date Submitted	

ANNEX G: National Certification Tracker

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

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

SSP-CERT-LOG-01

National Certification Tracker

Maintained by the SSP Secretariat - authoritative registry of all certification applications and statuses

ACCESS
Maintained by the SSP Secretariat. All entries must be updated within 3 working days of any status change.

TRACKER FIELD DEFINITIONS

Field Name	Description	Example Value
Application Reference No.	Unique ID assigned by Secretariat at intake. Format: SSP-CERT-[YY]-[NNNN]	*SSP-CERT-26-0001*
Hospital Name	Full official registered name of the hospital	*San Juan Medical Center*
Region	SSP regional classification	*Region IV-A*
Province / City	Province and city/municipality	*Laguna, Calamba City*
Hospital Type	Government/Public or Private	*Private*
Tier Applied	Tier 1, Tier 2, or Tier 3	*Tier 2*
Application Type	Initial or Recertification	*Initial*
Date Received	Date application package received by the Secretariat	*15 Jan 2026*
RSC Assigned	Full name of the Regional Stroke Coordinator assigned	*Dr. Juan dela Cruz*
Completeness Check	Complete or Incomplete (with date of determination)	*Complete – 18 Jan 2026*
RSC Report Submitted	Date report was received by the Committee	*05 Feb 2026*
RSC Rating	A, B, C, or D	*A*
Committee Review Date	Date SSP Committee formally reviewed the application	*20 Feb 2026*
Site Visit Date	Confirmed and scheduled date of site visit	*15 Mar 2026*
SRT Lead	Name of SSP Committee Lead Reviewer for the site visit	*Dr. [Name]*
WSO Assessor	Name of WSO-appointed assessor (Tier 2 and 3 only)	*[WSO Assessor Name]*
Certification Decision	Certified / Conditional / Not Certified	*Certified*
Tier Awarded	Final tier level awarded to the hospital	*Tier 2*
Certificate Date	Date the certificate was officially issued	*01 Apr 2026*
Validity Expiry Date	Date current certification expires	*31 Mar 2029*
KPI Upload Year 1	Date of first annual KPI upload to WSO portal (Tier 2/3)	—
KPI Upload Year 2	Date of second annual KPI upload	—
KPI Upload Year 3	Date of third annual KPI upload	—
Recertification Due Alert	Auto-reminder date (3 months before expiry)	*31 Dec 2028*
Current Status	Live status label in the Tracker	*Active – Tier 2*
Notes	Any additional remarks or flags	*First certification; no prior history*

ANNEX H: Regional Stroke Coordinators and SSP-WSO Assessors

As part of this upgraded framework, the National Committee, composed of Dr. Jose C. Navarro (chair), Dr. Maria Epifania V. Collantes (co-chair), and Dr. Allan A. Belen (secretary), established a robust network of Regional Stroke Coordinators (RSCs). The RSC serves as the primary regional representative tasked with conducting the first substantive review of applications and facilitating localized preliminary assessments within the applicants' area. By decentralizing this process, the National Committee can focus on final approval and policy-level decisions. The SSP-WSO Assessors are nominated by the SSP Board and appointed/approved by the WSO Board.

Region	Areas Covered	Regional Stroke Coordinators	SSP-WSO Assessors
National Capital Region		Dr. Johnny K. Lokin Dr. Jennifer Justice F. Manzano Dr. Belinda Lioba L. Mesina-Nepomuceno	Dr. Ma. Cristina Macrohon-Valdez Dr. Lina C. Laxamana Dr. Jay B. Villavicencio Dr. Maria Victoria G. Manuel Ms. Ma. Isabelita C. Rogado Dr. Reynalo R. Matias Dr. Jeremy A. Cordero
Region I Ilocos	Ilocos Norte Ilocos Sur La Union Pangasinan	Dr. Raymund L. Espinosa Dr. Philip Manuel M. Oliva	
Region II Cagayan Valley	Batanes Cagayan Isabela Nueva Vizcaya Quirino	Dr. Kathreen Jane A. Lara	Dr. Kathreen Jane A. Lara
Cordillera Autonomous Region	Abra Apayao Benguet Ifugao Kalinga Mountain Province	Dr. John Harold B. Hiyadan Dr. Peter Allan A. Quitasol	
Region III Central Luzon	Aurora Bataan Bulacan Nueva Ecija Pampanga Tarlac Zambales	Dr. Ciela V. Balagtas Dr. Niño Emerico S. Porciuncula	
Region IV-A CALABARZON	Batangas Cavite Laguna Quezon Rizal	Dr. Anne Marie Joyce Tenorio Javier Dr. Kelsey C. Dayrit	
MIMAROPA	Marinduque Occidental Mindoro Oriental Mindoro Palawan Romblon	Dr. Suzanne Marie Ilagan-Gatica	
Region V Bicol	Albay Camarines Norte Camarines Sur Catanduanes Masbate Sorsogon		
Region VI Western Visayas	Aklan Antique Capiz	Dr. Joel M. Advincula Dr. Anatalia Nina L. Tayo	

	Guimaras Iloilo		
Region VII Central Visayas	Bohol Cebu Negros Oriental Siquijor	Dr. Maria Teresa A. Cañete Dr. Christian Emmanuel T. Lim	Dr. Christian Emmanuel T. Lim
Region VIII Eastern Visayas	Biliran Eastern Samar Leyte Northern Samar Southern Leyte Samar	Dr. Patricia Olarte-Lee	
Negros Island Region	Negros Occidental Negros Oriental		
Region IX Zamboanga Peninsula	Zamboanga del Norte Zamboanga del Sur Zamboanga Sibugay	Dr. Muktader A. Kalbi Dr. Jeasa G. Torrefranca	Dr. Muktader A. Kalbi
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	Davao de Oro Davao del Norte Davao del Sur Davao Occidental Davao Oriental	Dr. Annabelle Y. Lao-Reyes Dr. Julie Ann L. Torres	
Region XII SOCCSKSARGEN	Cotobato Saranggani South Cotobato Sultan Kudarat	Dr. Jorge L. Padilla	
Region XIII CARAGA	Agusan del Norte Agusan del Sur Dinagat Island Surigao del Norte Surigao del Sur	Dr. Luis C. Lagarde, Jr. Dr. Maria Niña Grace Q. Bastinen	
Bangsamoro Autonomous Region in Muslim Mindanao	Basilan Lanao del Sur Maguindanao Del Norte Maguindao Del Sur Sulu Tawi-Tawi	Dr. Sharima T. Abantas-Diamla	

REVISIONS: Major Document Revision History

Revision No.	Date Revised	Author	Details of Revision
1.0	May 15, 2026	SSP Certifications Committee	▪ Initial release of the document.
1.1	June 15, 2026	SSP Certifications Committee	▪ Updated process protocol to streamline the application for SSP-ASRH. Removed Letter of Attestation (included in the Declaration and Attestation Section of the Hospital Certification Application Form). ▪ Changed “Chapter Stroke Champions” to “Regional Stroke Coordinators”. ▪ Revised the documents/forms to reflect the changes in the process flow. ▪ Updated the list of Regional Stroke Coordinators

— END OF PROTOCOL —

SSP–WSO Stroke Center Certification Protocol | Version 1.1 | June 2026

Stroke Society of the Philippines Committee on Certifications | certifications.ssp@gmail.com