

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

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	—	☐	☐	<i>Walk through and observe signage</i>
ED open and staffed 24h/7 days: on-call roster confirmed	—	☐	☐	<i>Review schedule; interview ED charge nurse</i>
Stroke code activation process: staff demonstrate protocol	—	☐	☐	<i>Ask any nurse to demonstrate activation steps</i>

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.