Acute Stroke Centers Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection:_____/_____/_____

Ref.	Description	Yes	No	N/A	Remarks
5	**STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES**				
5.4.	Hospitals providing Acute stroke centres services must maintain an international accreditation such as and not limited to:				
5.4.1.	JCI clinical care program for stroke.				
5.4.2.	American Heart Association (AHA).				
5.5.	The health facility should develop the following policies and procedure; but not limited to:				
5.5.1.	Stroke code policy				
5.5.2.	Patient acceptance criteria				
5.5.3.	Patient assessment and admission				
5.5.4.	Patient education and Informed consent				
5.5.5.	Patient health record.				
5.5.6.	Infection control measures and hazardous waste management.				
5.5.7.	Incident reporting.				
5.5.8.	Patient privacy.				
5.5.9.	Medication management.				
5.5.10.	Emergency action plan.				
5.5.11.	Patient discharge/transfer.				
5.5.12.	Guidelines for stroke services based on evidence-based practices, including the Early Management of				

	Patients with Acute Ischemic Stroke and Management of Intracerebral Haemorrhage.				
5.5.13.	Stroke Clinical Care Pathways.				
5.7.	The health facility shall have IT, Technology and Health Records services which includes and not limited to:				
5.7.1.	Electronic health records and patient information systems.				
5.7.2.	Access to electronic forms and requests for investigations, pharmacy, catering, and supplies.				
5.7.3.	Integration with NABIDH System.				
5.7.4.	Picture archiving communications systems (PACS) should be in place for access to patient imaging results.				
5.7.5.	Wireless network requirements for ease of communication.				
5.7.6.	Telehealth technology and support services where applicable (for patient follow up and monitoring).				
5.10.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
5.11.	The health facility shall have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.				
5.12.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
6	**STANDARD TWO: HEALTH FACILITY REQUIREMENTS**				
6.1.	Acute Stroke Centres shall only be performed in Licensed Hospitals.				

6.3.	The health facility providing Acute stroke services shall ensure the following:				
6.3.1.	To install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				
6.3.2.	To provide easy access to the health facility and treatment areas for all patient groups.				
6.3.3.	To provide assurance of patients and staff safety.				
6.3.4.	To have appropriate equipment and trained healthcare professionals to manage acute stroke cases.				
6.3.5.	To maintain a registry if stroke patients which includes but not limited to Admission and Clinical outcomes.				
7	**STANDARD THREE: ACUTE STROKE CENTRE REQUIREMENTS**				
7.3.	ASCs must have a timely protocol to receive and manage acute stroke patients from other facilities. Refer to (Appendix 1).				
7.6.	ASCs shall have the following services:				
7.6.1.	Stroke clinic				
7.6.2.	Telemedicine services (optional)				
7.6.3.	Stroke unit				
7.6.4.	Operating theatre available 24/7 with backup capabilities.				
7.6.5.	Rehabilitation services with coordination of post-acute stroke care.				
7.6.6.	Community Education.				
7.6.7.	Neurointensive care unit 24/7 with neurovascular expertise.				
7.6.8.	Neuroendovascular service coverage 24/7.				
7.6.9.	Research program which adheres to the requirements of Medical Education and Research Department (MERD) in DHA.				

7.7.	ASCs shall have the following diagnostic services available 24/7:				
7.7.1.	Computed Tomography (CT) available within 20 minutes of arrival.				
7.7.2.	Magnetic Resonance Imaging (MRI) with diffusion.				
7.7.3.	In-house laboratory services with results available within 45 minutes of arrival.				
7.7.4.	Cardiac monitoring.				
7.7.5.	Electrocardiogram (ECG)				
7.7.6.	CT Angiography (CTA)				
7.7.7.	MR Angiography (MRA)/MR venogram				
7.7.8.	Multimodal CT or MR perfusion imaging.				
7.7.9.	Transthoracic echocardiography.				
7.7.10.	Digital Cerebral Angiography.				
7.7.11.	Extracranial Neurovascular Ultrasonography.				
7.7.12.	Transesophageal Echocardiology.				
7.7.13.	Neurosurgical and neurointerventional therapies				
7.7.14.	Intra-arterial reperfusion therapy.				
7.7.15.	Transcranial and carotid doppler.				
7.8.	ASCs should provide the following treatments/management:				
7.8.1.	Intravenous tissue plasminogen activator (IV-tPA).				
7.8.2.	Advanced Imaging (CTA, MRI/MRA, perfusion scan, cerebral vascular reserve).				
7.8.3.	Other emergency medications should be available as per DHA Emergency Medication policy.				
7.8.4.	Rehabilitation Therapy such as and not limited to the following:				
a.	Physical therapy.				
b.	Occupational therapy.				
c.	Speech and language therapy.				

7.8.5.	Mechanical thrombectomy for stroke patients with large vessel occlusion (ELVO).				
7.8.6.	Respiratory Therapy.				
7.8.7.	Neurocritical care.				
7.8.8.	Neurosurgical services available within two (2) hours				
7.8.9.	Neuroendovascular therapy				
8	**STANDARD FOUR: EDUCATION AND RESEARCH**				
8.6.	A written Stroke protocol must be available to standardize acute stroke management in the emergency department.				
8.6.1.	Stroke Protocol should be revised yearly.				
8.6.2.	Stroke protocol should include and not limited to:				
a.	Management of acute ischemic stroke, intracerebral haemorrhage and subarachnoid haemorrhage.				
b.	Stabilization of stroke patients,				
c.	Decisions on the use of IV r-tPA, AND				
d.	Safe transfer protocols.				
10	**STANDARD SIX: POST STROKE CARE**				
10.4.	Rehabilitation centers should be provided in an environment in which rehabilitation care is well coordinated and can be provided as:				
10.4.1.	Inpatient rehabilitation				
10.4.2.	Outpatient rehabilitation				
10.10.	The rehabilitation clinics should include range of specialist clinics and therapy which include:				
10.10.1.	Physical therapy to improve mobility, strengthen muscles and maintain the range of movement.				
10.10.2.	Occupational therapy to improve independence with self-care, as well as assessment of educational, vocational and driving abilities.				
10.10.3.	Spasticity clinic for management of muscle spasticity secondary to stroke.				

10.10.4.	Stroke rehabilitation clinics to address secondary prevention of stroke and manage other symptoms that can develop as a sequel of the stroke.				
10.10.5.	The need for wheelchairs, equipment and other assistive devices.				
10.10.6.	Assessment of care support and carers review and training.				
Appendix 1	**TIME PARAMETERS**				
A1.	Parameter: Acute Stroke Center (ASC):				
A1.1.	Door to Emergency unit: Within 10 min				
A1.2.	Door to neurologist/neurosurgeon: Within 15 min				
A1.3.	Door to CT/MRI: Within 20 min				
A1.4.	Door to CT/MRI read: Within 35 min				
A1.5.	Door to IV TPA: Less than 45min in 50% of eligible cases				
A1.6.	Door to groin time: Less than 90min in 50% of eligible cases				