Acute Stroke Centers Inspection Checklist- Random

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).				
5.6.	The health facility shall provide documented evidence of the following:				
5.6.1.	Transfer of critical/complicated cases when required				
5.6.2.	Patient discharge and follow up plan.				
5.6.3.	Clinical laboratory services				
5.6.4.	Equipment maintenance services				
5.6.5.	Laundry services				
5.6.6.	Medical waste management as per Dubai Municipality (DM) requirements				
5.6.7.	Housekeeping services.				
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).				
5.9.	As per the Executive Regulations Law No. (11) of the year 2013 concerning Health Insurance in Dubai and related administrative decision; patients presenting with acute stroke symptoms must be granted immediate emergency care regardless of the facilities network of health insurance providers.				
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).				
5.12.	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.				
6.3.4.	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				
7.1.	The scope of an acute stroke center (ASC) is to provide a high-quality level of acute stroke care by offering neurological, cerebrovascular, neuroradiology and neurocritical, neuro-intervention and neurosurgical interventions.				
7.2.	ASCs shall be open 24/7.				
7.4.	ASCs are led by a Full-time licensed consultant neurologist.				
7.5.	ASCs shall have the following minimum healthcare providers:				
7.5.1.	Stroke Physician(s) specialist that are in the field of:				
a.	Neurology				
b.	Physical Medicine and Rehabilitation				
c.	Internal Medicine				
d.	Cardiology				
e.	Clinical Pharmacology & Therapeutics				
f.	Geriatric Medicine				
7.5.2.	Clinical Educator or stroke Coordinator				
a.	Coordinates, guides and assures patients follow stroke protocols from the time of arrival to the time of discharge.				
b.	Identifies educational needs and implement staff and patient education.				
7.5.3.	Quality officer/team.				
7.5.4.	Physiotherapist				
7.5.5.	Rehabilitation Specialist				
7.5.6.	Occupational therapist				
7.5.7.	Speech therapist				
7.5.8	Clinical Neuropsychologist				
7.5.9.	Dietician				

7.5.10.	Critical nurse Specialist				
7.5.11.	Neurocritical care medicine available 24/7.				
7.5.12.	Neurosurgeon available 24/7				
7.5.13.	Neuroradiologist available 24/7				
7.5.14.	Neuroendovascular physician available 24/7 (with a minimum of 2 years fellowship training in a Tier 1 health facility)				
7.5.15.	Cardiologist				
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**				

8.1.	All Stroke team members should be trained in using the National Institute of Health Stroke Scale (NIHSS) for all acute ischemic stroke patients.				
8.1.1.	Members of the stroke code team should receive at least four (4) hours of stroke training every year.				
8.2.	All Physicians in the stroke team must participate in Continuous Medical Education of eight (8) hours specific for stroke training per year.				
8.3.	All other healthcare professionals must demonstrate two (2) hours of training and education per year.				
8.4.	All staff must be involved in a regular teaching committee on stroke education and updates.				
8.5.	All staff should be involved in Community education of stroke symptoms to patients and the community and how to activate the stroke pathway such as calling the ambulance service.				
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.				
9	**STANDARD FIVE: TELE-STROKE**				
9.1.	Tele-stroke involves a physician consultation on stroke via telehealth. This includes:				
9.1.1.	Synchronous videoconferencing with access to picture archiving system (PACS) is standard practice.				

9.1.2.	Asynchronous consultation.				
9.2.	ASC healthcare providers may be able to provide consultations to healthcare providers in other facilities with respect to diagnosis, acute management and transfer decisions.				
9.3.	The use or tele-stroke and decision for IV r-tPA for selected acute ischemic stroke patients must be standardized and be part of the protocol.				
9.4.	Health facilities with acute stroke services providing tele-stroke services must adhere to all the requirement in the DHA Standards for Telehealth Services.				
10	**STANDARD SIX: POST STROKE CARE**				
10.1.	Stroke patients who were assessed by the stroke unit multidisciplinary team and identified to be suitable for early discharge should continue their rehabilitation at outpatient, at day care or receive community rehabilitation at home.				
10.2.	Health care providers should establish rehabilitation services at inpatient, outpatient and community settings for stroke patients after discharge from strokes units in their areas.				
10.3.	Stroke patients and their carers should be well informed about their rehabilitation plan after discharge from the stroke units.				
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				
10.5.	Rehabilitation should be delivered by skilled multidisciplinary team with expertise in complex				

	physical, cognitive and neurobehavioral impairments.				
10.6.	Physiotherapy outpatients services may be considered as part of the multidisciplinary stroke services.				
10.7.	Stroke patient should receive a comprehensive assessment to determine:				
10.7.1.	Pre-stroke functional abilities.				
10.7.2.	Level of physical impairment.				
10.7.3.	Impairment of cognition, swallowing, communication, vision and perception, selfcare and continence status.				
10.7.4.	Symptoms related to depression, pain, spasticity, fatigue etc.				
10.7.5.	Spasticity levels, activity limitations and participation restrictions.				
10.7.6.	Social, occupational and environmental factors.				
10.8.	All stroke patients who are medically stable and identified to benefit from rehabilitation should be referred to an inpatient or outpatient rehabilitation facility immediately after the assessment by the stroke team or inpatient rehabilitation program.				
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				
Appendix 2	**Summary of Requirements for Acute Stroke Centres**				
A2.	Requirement: Acute Stroke Center (ASC)				
A2.1.	Accreditation				
A2.2.	Health facility type: Hospital				
A2.3.	Operating Hours: 24/7				
A2.4.	Led by: Full-time licensed consultant neurologist.				
A2.5.	Stroke physician (This includes Neurologist, Physical Medicine and Rehabilitation, Acute Internal Medicine, Cardiologist, Clinical Pharmacology & Therapeutics and Geriatric Medicine.)				
A2.6.	Clinical Educator or Stroke Coordinator				
A2.7.	Cardiologist				
A2.8.	Quality officer				
A2.9.	Physiotherapist				
A2.10.	Rehabilitation specialist				

A2.11.	Occupational therapist				
A2.12.	Speech therapist				
A2.13.	Clinical Neuropsychologist				
A2.14.	Dietician				
A2.15.	Critical nurse specialist				
A2.16.	Neurocritical care medicine (Available 24/7)				
A2.17.	Neurosurgeon (Available 24/7)				
A2.18.	Neuroradiologist (Available 24/7)				
A2.19.	Neuroendovascular physician (Available 24/7)				
A2.20.	Telemedicine services: Optional				
A2.21.	Operating theatre (Available 24/7)				
A2.22.	Stroke Clinic				
A2.23.	Training programs				
A2.24.	Rehabilitation with post-acute stroke care				
A2.25.	Community Education				
A2.26.	Neurointensive care unit (Available 24/7)				
A2.27.	Neuroendovascular service (Available 24/7)				
A2.28.	Research program				
A2.29.	Diagnostic Services (Available 24/7): • CT • MRI • Clinical lab • Cardiac Monitoring • ECG • CTA • MRA/MR • Transthoracic Echocardiography • Digital Cerebral Angiography • Extracranial Neurovascular Ultrasonography • Transoesophageal Echocardiography • Neurosurgical and neurointerventional therapies				

	• Intra-arterial reperfusion therapy • Transcranial and carotid doppler				
A2.30.	Type of treatment: (IV-tPA). Advanced Imaging Emergency Medication Rehabilitation Therapy Mechanical thrombectomy Respiratory Therapy Neurocritical care Neurosurgical services Neuroendovascular				