

# STROKE CENTER CERTIFICATION

# International Eligibility Guide

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#### Introduction

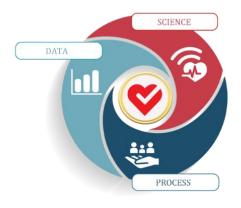
The American Stroke Association (the Association) believes that healthcare facility Certification has great potential to improve the assessment, diagnosis, and treatment of stroke. In order to maximize this benefit, Certification must adhere to and reflect the latest clinical science and evidence- based guidelines that meet the current standards. As a public trust, these standards are developed independently and overseen by mission-driven organizations with the clinical background required to fulfill this trust by focusing on patient-centered quality healthcare, safety and value. Aligned in this purpose, the Association is uniquely positioned to build upon our shared leadership in translating guidelines into programs and services that shape clinical care and improve patient outcomes to offer a comprehensive set of Stroke Certification services for healthcare facilities across the globe.

#### **Certification Overview**

We believe that hospitals and the patients they serve benefit from a coordinated certification program that provides enhanced value by enriching the Association's approach to quality improvement. The overarching goals of the certified stroke centers encompass the patient, provider, enhancing the relationship with local hospitals, pre-hospital providers, governmental health organizations, and engagement with insurers and payors. The Association's Certifications are focused on standardizing stroke patient care and is designed to evaluate each hospital against a professional set of criteria based on demonstrated adherence to key standards and a rigorous review process.

The goals of the program are to:

- Ensure standardized care is driving decision making at all levels represented in the stroke care environment
- Provide guidance and leadership on measurably improving stroke care coordination and communication between and among care providers
- Demonstrate that high levels of compliance through certification or recognition results in measurable improvements in clinical quality of care and cost effectiveness



- Provides a framework focusing on evidence-based care to improve patient outcomes
- Assists organizations in establishing a consistent approach to care, reducing variations in care and the risk of errors
- Designation for excellence in the care of stroke patients
- Facilitates the development of a loyal, cohesive, and highly competent clinical team
- Demonstrates commitment to a higher standard of clinical service
- Differentiate in the market
- May fulfill regulatory requirements

#### Benefits for Patients

- Provide patients with access to centers focused on stroke care
- Provide patients with confidence that the centers can provide the most effective acute stroke treatment strategies
- Provide patients with assurance that the center has been vetted and is recognized by the American Heart Association / American Stroke Association, based on professional evaluation criteria designed by international experts



#### **Benefits for Certified Facilities**

#### Acute Stroke Ready Center Certification

- Designation for excellence in the care of stroke patients
- Assists organizations in establishing a consistent approach to care, reducing variation and the risk of error
- Demonstrates commitment to a higher standard of clinical service
- Provides a framework to improve patient outcomes
- Strengthens community confidence in the quality and safety of care, treatment and services

#### Benefits for Certified Facilities (Cont'd)

#### **Primary Stroke Center Certification**

- Ability to care for patients with acute ischemic stroke
  - Rapid assessment, imaging, ability to administer intravenous thrombolytic therapy
  - Have the infrastructure to manage acute stroke patients in their facility
  - Interdisciplinary team availability to meet the medical, recovery, and social needs of the stroke patient
- Transfer protocols with a Comprehensive Stroke Center to care for medically complex stroke patients, patients requiring interventions, and neurosurgical emergencies for patients with either ischemic or hemorrhagic strokes
- Stroke specific educational requirements for all disciplines caring for stroke patients
- Data collection and interval submission of data
- Robust stroke quality improvement initiatives

#### **Comprehensive Stroke Center Certification**

Ability to meet concurrently emerging needs of multiple complex stroke patients:

- Advanced imaging (CTA, MRI/MRA)
- 24/7 availability of neurosurgical services, including ability to clip and coil aneurysms (and meet volume requirements for clipping and coiling of aneurysms)
- 24/7 thrombectomy availability
- Participate in IRB approved research
- Increased education requirements for multidisciplinary staff
- Collaborative management of patients with emergency medicine, neurology, neurosurgery, and vascular surgery (and other specialties as necessary)

#### Data Burden Reduction

Certification measures have data elements incorporated in the Association's Get With The Guidelines—Stroke registry as well as RES-Q and SITS registries to decrease your data burden and free up your resources, making your certification easier to achieve.



#### **Certification Standards**

Contact <u>internationalQI@heart.org</u> or <u>complete the information form</u> to request a copy of the detailed International Stroke Center Certification Manual.

#### **Certification Term**

Stroke Centers are certified for a term of three years with an annual check-in process.

#### Fees

The annual fee for Stroke Center Certification varies by region and includes full participation in Get With The Guidelines®—Stroke Quality Improvement Registry.

Invoices are sent to the applicant once the Participation Agreement is fully executed. Payment must be remitted for the review process to begin. Please follow the instructions on the invoice to submit payment. Facilities have one year from payment date to complete the certification process. All payments are non- refundable.

### International Stroke Center Certification Eligibility Criteria

- The program uses a standardized method of delivering clinical care based on current evidence- based guidelines
- The program uses stroke performance measurement to improve its performance over time
- The facility participates in Get With The Guidelines® or equivalent registry such as SITS or RES-Q

Requirement	Acute Stroke Ready Center (ASRC)	Primary Stroke Center (PSC)	Comprehensive Stroke Center (CSC)
Infrastructure	Center (ASRC)	Stroke Center (PSC)	Center (CSC)
Stroke Unit	*(dedicated beds for admitted	V	√
Intensive Care Unit	stroke patients)	1	
Intensive Care Unit		√	ν
Angio Suite and staffed 24/7		√ (if performing mechanical thrombectomy procedures)	√
Stroke registry	$\checkmark$		√
Research program			√
Community education	√	√	1
Professional education / Training Program	V	√	√
Quality Improvement Program should be	-		
in place within the last 12 months	$\checkmark$	$\checkmark$	1
, The facility has a charting	-		
system/consolidated record in place that	$\checkmark$	$\checkmark$	1
allows for information to be accessible	-		
24/7 by all team members			
Staffing			
Medical Director	٦	V	٦
Stroke Program Coordinator/Director	•	√	1
Acute Stroke Team 24/7	<u>م</u> ا	<u>ب</u>	- 
Multidisciplinary clinical team	*(for stroke patients that are admitted)	v V	√
Neurology 24/7 (telemedicine accepted)	√	√	٧
Neurosurgeon 24/7			٧
Vascular surgery			٧
Neuroradiology 24/7			<u>ا</u>
Diagnostic radiology	(onsite personnel or Teleradiology)	$\checkmark$	٠ ٦
Interventional/endovascular physician(s) 24/7			√
Critical Care Medicine			$\checkmark$
Rehabilitation therapy (physical,		$\checkmark$	٨
occupational speech therapy)			
Respiratory Therapy		$\checkmark$	٧
Dedicated stroke data collector(s)			۸
Annual Volume Requirements			
SAH cases per year			15
Endovascular coiling or microsurgical clipping per year			15
IV thrombolytic cases per year		10	25
Mechanical thrombectomies per year			10

\*Only applies to Acute Stroke Ready Centers that admit stroke patients

Diagnostic & Procedural Techniques	;		
Computed Tomography scan (CT) 24/7	$\checkmark$	$\checkmark$	$\checkmark$
Computed Tomographic Angiography		V	$\checkmark$
(CTA)			
Magnetic resonance imaging (MRI) with			√
diffusion			
*PSCs are recommended to have MRI,			
MRA, or CTA			
Magnetic Resonance Angiography			$\checkmark$
(MRA)/Magnetic Resonance Venography			
(MRV)			
Digital cerebral angiography			√
Carotid duplex Ultrasound		√	√
Transthoracic echo		√	√
Transesophageal echo			√
Surgical and interventional therapies			√
Carotid Endarterectomy (CEA)			√
Clipping of intracranial aneurysm			√
Placement of ventriculostomy			√
Hematoma removal/draining			√
Placement of intracranial pressure			$\checkmark$
transducer			
Endovascular ablation of Intra-arterial			$\checkmark$
Thrombolysis (IA)/Arteriovenous			
Malformation (AVMs)			
IA reperfusion therapy			√
Endovascular Rx of vasospasm			√
Laboratory	$\checkmark$	$\checkmark$	√

\* Only applies to Acute Stroke Ready Centers that admit stroke patients

#### **Certification Process**

- 1. Eligibility Information and Requirements: Review the eligibility information contained in this document.
- 2. Request Standards: <u>Click here</u> to complete and submit the requested information. Upon receipt of the request, an Association representative will provide an electronic copy of the Comprehensive Certification Manual, which includes the standards, measurement criteria, application, and the participation agreement.
- Application: The organization completes and submits the application located in the program manual. Applications will expire one year from the date received.
- 4. Participation Agreement: The facility reviews, signs, and submits the agreement
- 5. Fees: Once payment is received you will be contacted by an Association Representative to initiate the certification review process.
- 6. Certification Readiness Review: The Association staff will work closely with the hospital to prepare for certification review. Association staff helps you meet your stroke program goals through ongoing collaboration with the multidisciplinary team to improve patient care and outcomes. This includes but is not limited to site preparation to help your hospital prepare for certification review.
- Desk Review: A Reviewer evaluates the facilities' application and supporting documentation for adherence to the Requirements. If there are any questions, the Reviewer schedules calls with the facility to resolve documentation questions.
- 8. Virtual Review: The virtual review will culminate with a virtual presentation of your hospital's stroke program with Reviewers. This is an opportunity for the Reviewers to have a complete understanding of your program and learn about how you serve your stroke community. The Reviewers will provide you with a suggested outline of information that should be presented.



- 9. Committee Review: The Reviewers make the recommendation for certification and submit a detailed report to the review committee for consensus agreement.
- 10. Annual Check-In: The annual check-in will be for maintenance of certification to provide updates on progress from recommended opportunities for improvement from previous review along with ongoing reporting and assessment of standardized quality measures.

#### **Additional Resources**

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Tamer Roushdy, et.al. Stroke Patients' Status Post-Acute Phase of Illness. How Is It and How Ought It to Be: Ain Shams University Experience. *Journal of Stroke and Cerebrovascular Diseases*, Vol. 28, No. 12 (December), 2019: 104445

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