

Acute stroke services accreditation review:

Facility Name: _____

Date: _____

Review team:

Name:

Role:

Number	Description	Recommended evidence	Comment
Themes and principles			
1a	Patient and Whanau centred care	Evidence of involvement in service planning and development.	
1b	Respect for culture	Cultural plans, cultural advisors, physical environment	
1c	Equity of outcomes	Specific plans, indicators, audit	
Prehospital care			
2a	An agreed pre-hospital assessment and screening process is in place with EMS services	St John assessment and screening protocol for stroke	
2b	An agreed and current EMS destination policy is in place and understood by the receiving service	St John destination policy	
2c	Communication processes are in place for advance notification to the receiving services	Policy/description about how ambulance communicates with receiving service	
2d	An agreed pathway exists to guide primary care professionals	Evidence of primary care pathway for stroke (e.g. internet site)	

Number	Description	Recommended evidence	Comment
Acute presentation			
3a	A responsive acute stroke team or stroke process is in place at the receiving hospital 24/7	Policies, descriptions, rosters, job descriptions	
3b	Notification protocols are in place for stroke team activation (e.g. code stroke)	Protocols	
3c	Rapid access to imaging includes non-contrast CT, CT angiography, CT perfusion imaging	Descriptions	
3d	A rapid assessment pathway is in place to ensure timely access to thrombolysis where indicated	SOP	
3e	Agreed pathway exists for access to Stroke Clot Retrieval	Protocols	
Thrombolysis			
4a	Stroke thrombolysis is available 24 hours every day	Policy, rosters, description	

Number	Description	Recommended evidence	Comment
4b	Thrombolysis should be under the supervision of physicians credentialed in thrombolysis (either on-site or via telestroke)	Policy, credentialing documentation	
Acute stroke unit care			
5a	A geographically discrete area of co-located beds exists for the management of acute stroke patients	Number of beds. Description, polices, visit	
5b	Care is provided by a multidisciplinary team of health professionals including; stroke physicians, acute stroke nurses, occupational therapy, physiotherapy, speech language therapy, dieticians, cultural and spiritual support teams	Description of resources List of individuals	
5c	Regular team meetings occur at least weekly with evidence of daily communication	Timetables, evidence of meetings	
5d	Assessment and management protocols or processes exist for; neurological monitoring, post thrombolysis monitoring, arrhythmia monitoring, swallow assessment, VTE prophylaxis	Protocols	

Number	Description	Recommended evidence	Comment
5e	Assessment protocols exist for identifying rehabilitation needs with clear pathways to inpatient or community rehabilitation	Policies, evidence of assessment and assessment processes	
5f	Transition of care processes include written care plans, whanau education and training Includes care transitions to home, other hospitals, rehabilitation, or death.	Policies, evidence of transitional care planning	
5g	Protocols/processes exist for secondary prevention and integration into community (includes lifestyle).	Evidence of protocols. Description of processes	
TIA care			
6a	An agreed TIA management pathway exists to guide primary and secondary care	Evidence of pathway (eg intranet/internet site)	
6b	A process is in place to ensure high risk TIA patients are seen, investigated and managed promptly	Protocols, audits	
6c	Processes are in place that allow lower risk TIA patients to be seen in ambulatory care in acceptable timeframes	Protocols, audits	

Number	Description	Recommended evidence	Comment
Tertiary service access			
7a	Agreed criteria are in place for access and transfer to tertiary services including Stroke Clot Retrieval, neurosurgery, vascular surgery	Protocols for transfer for main conditions.	
Workforce			
8a	There is a designated stroke physician lead and designated stroke nurse lead	Names and time allocated	
8b	A regular education programme exists for all members of the stroke team	Evidence of education programmes and attendance	
8c	A credentialing process is in place for physicians supervising/providing thrombolysis	As for 4b	
Audit/Quality improvement			
9a	Consumer feedback	Consumer experience survey programmes and results, consumer reported outcome measures	
9b	The service participates in the national registry for stroke thrombolysis	Register results	
9c	Regular review of Ministry indicators occurs with evidence of quality improvement activities	Ministry data and quality improvement activity evidence	

Number	Description	Recommended evidence	Comment
9d	Regular review of thrombolysis cases occurs	Minutes of meetings, meeting timetables	
9e	Stroke service staff are aware of, and participate in QI and monitoring activities	Discussion with teams, Quality programme reports	
Organisational management and development			
10a	Stroke clinical leadership works closely with service management	Organisational structure, evidence of meetings	
10b	Consumers have input into service direction and development	Service structure, minutes of meetings, planning sessions, feedback	
10c	Stroke team has opportunity to participate in service development	Service structure, minutes of meetings, planning sessions, feedback	
10d	DHB processes include stroke care development	Service structure, minutes of meetings, planning sessions, feedback	

Number	Description	Recommended evidence	Comment
Structural support services			
11a	On-site services: Designated acute stroke unit On-site 24 hour CT access Non-contrast CT head CT Angiography CT Perfusion scanning Carotid imaging during business hours (Ultrasound or CTA) MRI/MRA during business hours Cardiac monitoring capability for at least 72 hours Access to HDU/ICU 24 hour laboratory Cardiac investigations (transthoracic echo, trans oesophageal echo, Holter and event monitoring, etc)	Organisational structure, discussion with other services, walkaround	
11b	Services by referral: Vascular surgery Neurosurgery (hemicraniectomy, etc) Neurointerventional radiology (clot retrieval, etc)	Evidence of referral pathways and criteria	

Summary**Recommendations:**

- 1.
- 2.
- 3.
- 4.
- 4.
- 5.