

“Swiss certification process”

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STROKE ACTION PLAN EUROPE
Online Roll-out Meeting
11 November 2020



Outline of the development from the idea to certified stroke Centers and Units



- **Stroke Units in d. Schweiz: Bedarfsanalyse, Richtlinien u. Anforderungsprofil, SMF (2004)**
- **2007** start negotiation of a upcoming DRG-based coverage for hospital expenses in Switzerland
(lead by the Swiss medical federation, BFS and Ministry of health (BAG))
- **2011 May 11th** decision «IVHSM» for cerebrovascular diseases 3 types of intervention
«endovascular treatment of acute ischaemic stroke»
«decompressive Craniectomy»
Interventional Revascularisation of stenotic cerebral arteries»
only authorized centers, quality control, authority permission.
- **Stroke Units und Stroke Centers in der Schweiz – Richtlinien und Anforderungsprofil**
Schweizerische Hirnschlaggesellschaft, SMF 2012
- **2012 January 1st** Start of DRG system, beta-version., active from 01.01.2013
first time ever to have adequate remuneration for hospital based services
European Stroke Organisation Recommendations to establish a Stroke Unit and Stroke Center,
STROKE (2013)

Guidelines/recommendations international – CH national differentiate between a Stroke Unit and a Stroke Center



Stroke Units und Stroke Centers in der Schweiz: Richtlinien und Anforderungsprofil

Schweizerische Hirnschlaggesellschaft

Schweiz Med Forum 2012;12(47):918–922

Stroke

JOURNAL OF THE AMERICAN HEART ASSOCIATION



European Stroke Organisation Recommendations to Establish a Stroke Unit and Stroke Center

E. Bernd Ringelstein, Angel Chamorro, Markku Kaste, Peter Langhorne, Didier Leys, Philippe Lyrer, Vincent Thijs, Lars Thomassen and Danilo Toni
for the ESO Stroke Unit Certification Committee

Stroke. 2013;44:828-840

ESO Guidelines/recommendations differentiate between a Stroke Unit and a Stroke Center



Guideline

**EUROPEAN
STROKE JOURNAL**

European Stroke Organisation certification of stroke units and stroke centres

**Ulrike Waje-Andreassen¹, Darius G Nabavi²,
Stefan T Engelter^{3,4,5}, Diederik WJ Dippel⁶,
Damian Jenkinson⁷, Ondrej Skoda^{8,9}, Andrea Zini¹⁰,
Dilek N Orken¹¹, Ivan Staikov¹² and Philippe Lyrer^{3,4}**

European Stroke Journal

0(0) 1–7

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Stroke Centre Definition

Stroke Centre:

- ❖ A hospital infrastructure and related processes of care that **provide the full pathway of stroke unit care.**
- ❖ A stroke centre is the co-ordinating body of the entire chain of care. This covers pre-hospital care, ongoing rehabilitation and secondary prevention, and access to **neurosurgical and vascular intervention**. A stroke unit is the most important component of a stroke centre.
- ❖ A certified Stroke Centre provides stroke unit services for the population of its own catchment area and serves as a **referral centre** for peripheral hospitals with certified stroke units in case their patients need services which are not available locally.

Service Elements of Stroke Centers versus Stroke Units

Stroke Center	Stroke Unit
IV Thrombolysis	IV Thrombolysis
Endovascular Revascularisation	e.g. Drip & ship
Stroke Physician	Stroke Physician
Diagnostic/interventional Neuroradiology	
Angiography (DSA) 24/7	
CT & MRT 24/7	CT 24/7
6 beds with automated monitoring	4 beds with automated monitoring
Acute Strokes treated/y : minimum 400	Acute Strokes treated/y: minimum 200
Standard Operating Procedures	Standard Operating Procedures

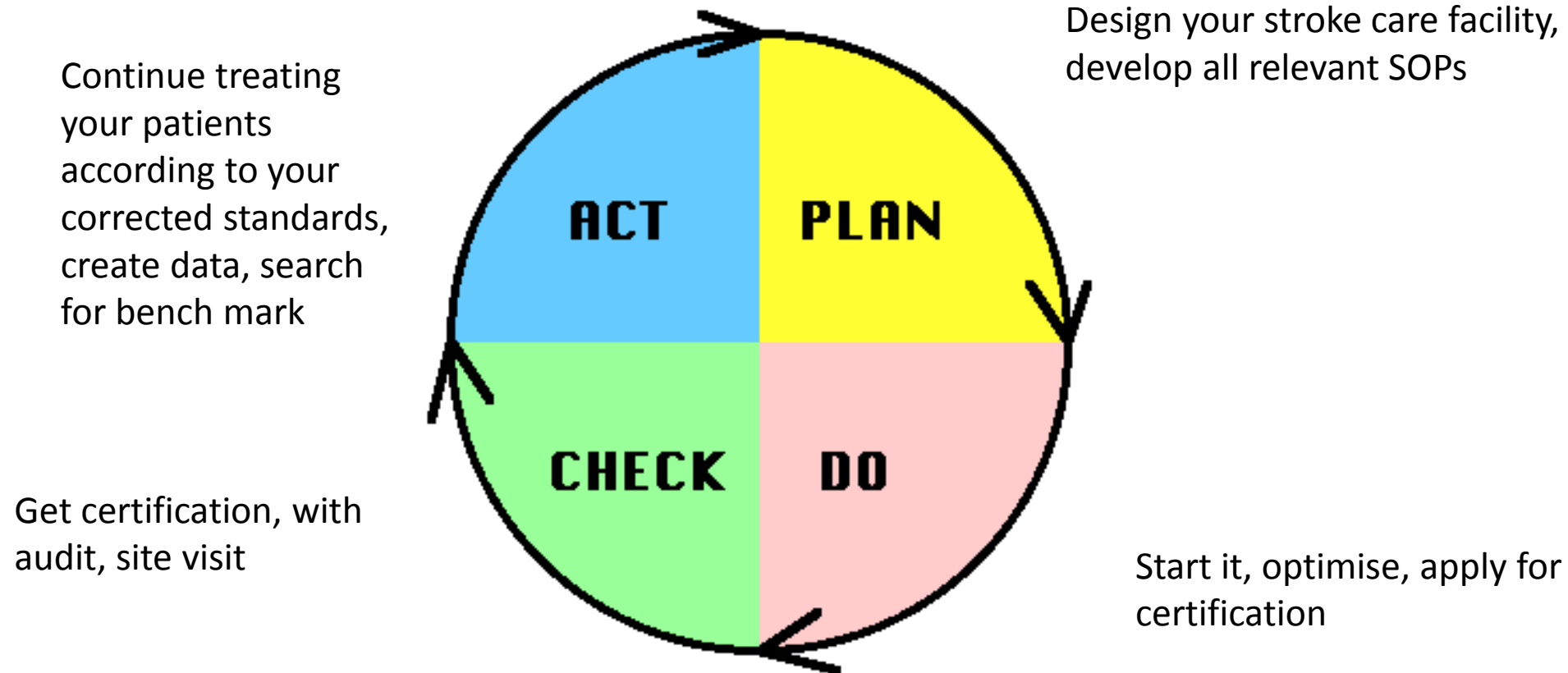
Certification: **ANOTHER WHY?**

- Political requirement
 - Coordination of *Highly Specialized Medical Services* ... nationwide!
- **Stroke care** is part of *Highly Specialized Medical Services*
- MANDAT by politicians (Swiss Conference of Cantonal Ministers of Public Health) -> **certification of stroke centers and units**



Quality: P-D-C-A-Cycle (Deming)

1st Certification

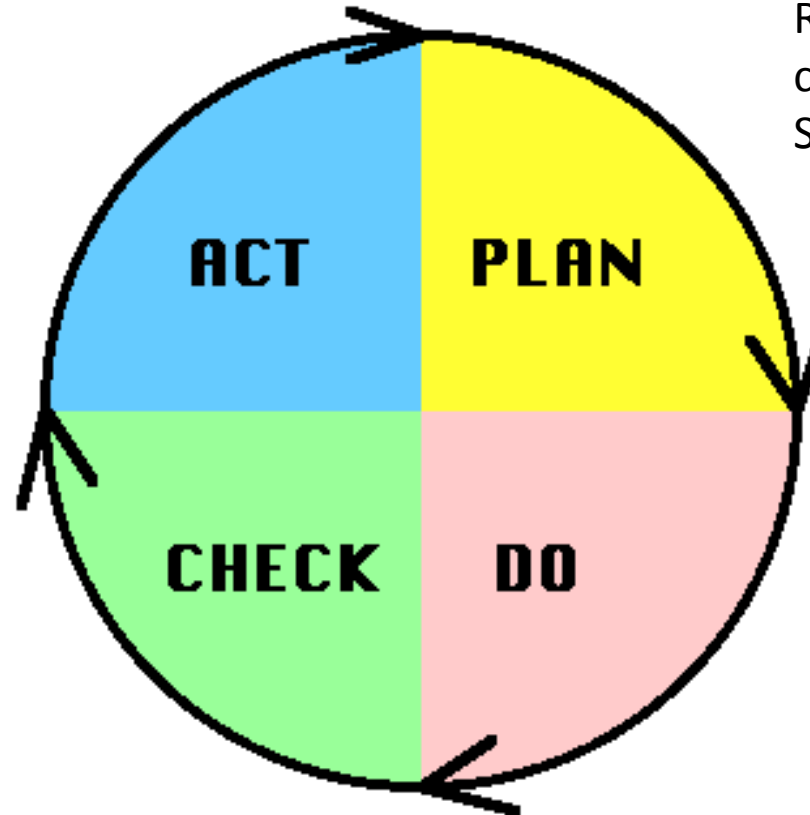


Quality: P-D-C-A-Cycle (Deming)

Re-certification

Continue treating your patients according to new corrected standards, create data, search for bench mark, document improvements

Get re certification, with audit, site visit



Revise design of your stroke care facility, and all relevant SOPs

Correct pathways , optimise, apply for re-certification

Certification criteria

- A Lead
- B Personnell
- C Infrastructure
- D Investigations
- E Intervention and monitoring
- F Teaching, meetings and research (SSS)
- G Numbers and quality indicators (SSR)

Elements



- Documents
 - lead
 - personnel (CVs, FTEs)
 - Stand Operating Procedures (SOPs)
 - infrastructure, plans, figures



- “on-site-visite” (selected cases)
 - AUDIT by Auditors

Certification of Stroke Centers and Units:

WHY ?

- **Quality improvement**
- **centers/units**
- **Concept & regulations**
 - Process definition
 - Evaluation criteria
- **Audit by «Peers»**
 - «Stroke Experts» (no bureaucrats)
 - **Dokuments plus «On-site-visit»**
 - ✓ Assessment of (degree) of conformity
 - ✓ Audit report
 - ✓ Feedback



Evaluation of criteria

The quality criteria's are evaluated by points.

There are two different principles:

1. The must criteria (highlighted in yellow) have to be either fulfilled (3 points) or are not fulfilled (0 points); some further criteria are fulfilled (3 points) or not (0 points). This is shown as 0/3 in the column "Points".
2. Additional criteria will be graded as follows:
 - 0 Points = not existing/fulfilled
 - 1 Point = minimally existing
 - 2 Points = existing/fulfilled to at least 50%
 - 3 Points = completely fulfilled

This is shown as 0/1/2/3 in the column "Points" below.

Stroke Unit

– G Numbers and Quality Indicators

Number	Question	Points	Documents
G1	The stroke unit has a stroke data base for quality control	0/1/2/3	Annual report or online link or screen shot
G2	Minimal overall number of dedicated beds for stroke patients	0/1/2/3	Provide your number <i>Minimum: 6</i>
G3	Minimal number of beds with automated monitoring	0/1/2/3	Provide your number <i>Minimum: 4</i>
G4	Minimal number of patients with acute stroke treated per year	0/3	Official and authorised hospital statistics by annual report or database or online link <i>Minimum: 200</i>
G5	Numbers of acute treatment (IV-thrombolysis, door to needle time, type and rate of complications and number of referrals to acute intra-arterial interventions per year	0/1/2/3	Official and authorised hospital statistics by annual report or database with online link <i>Minimum IV-thrombolysis: 20</i> <i>Number of referrals for endovascular treatment</i>
G6	Documentation of age, sex, admission stroke severity case fatality, of discharge NIHSS, discharge mRS	0/1/2/3	Official and authorized hospital statistics by annual report or database with online link
G7	Documentation of quality of stroke care: % documented swallowing test, early mobilisation, and prevention of DVT	0/1/2/3	Provide your numbers
G8	Access to local stroke support organisation	0/1/2/3	Description, online link
G9	Number of the relevant diagnostics (Number of TTE/TOE., Numbers of Neurovascular Ultrasound, Number of brain CT/MRI and CTA/MRA)	0/1/2/3	Official and authorised hospital statistics by annual report or database with online link

Official and authorised: a document approved by the hospital authorities with names, official function and signatures from two different persons

Stroke Centre

– Numbers and Quality Indicators

Number	Question	Points	Documents
G1	The stroke centre runs a stroke data base for quality control	0/1/2/3	Annual report or online link or screen shot
G2	Minimal overall number of dedicated beds for stroke patients	0/1/2/3	Provide your number <i>Minimum: 12</i>
G3	Minimal number of beds with automated monitoring	0/1/2/3	Provide your number <i>Minimum: 6</i>
G4	Minimal number of patients with acute stroke treated per year	0/3	Official and authorised hospital statistics by annual report or database with online link <i>Minimum: 400</i>
G5	Number of IV-thrombolysis per year, door to needle time (DTN)	0/1/2/3	Official and authorised hospital statistics by annual report or database with online link <i>Minimum: 50</i> <i>DTN: Median</i>
G6	Number of acute endovascular recanalisations for stroke per year; Door-to groin-puncture (DTG)	0/1/2/3	Official and authorised hospital statistics by annual report or database or online link <i>Minimum: 20</i> <i>DTG: Median</i>

Auditors

«Assessors»

- adherence to the certification criteria
- stroke experts → Peers (no bureaucrats)
- Recommendation → decision by Certification committee
- **3 auditors**
 - 1 leading auditor (SANACert)
 - 2 expert (peers)
 - Guests (1-2)



Certification of Stroke Centers/Stroke Units

<http://www.sfcns.ch/index.php/Stroke.html>



[Portrait](#) [Members](#) [Awards](#) [Certification](#) [Agenda](#) [Links](#) [Press](#) [Contact](#)

Stroke

Zertifizierungs-
kommission

Neurosurgery

Certification of Stroke Centers and Stroke Units

[Application procedure for certification open](#)

SFCNS coordinates the implementation of the stroke related decisions of the Swiss Conference of the Cantonal Ministers of Public Health i.e. the [Schweizerische Gesundheitsdirektorenkonferenz GDK](#) and its [Decision Board HSM and its Scientific Committee HSM on Highly Specialized Medical Services](#).

According to the GDK Decision, stroke care in Switzerland will be reorganised into professional networks established by 8 dedicated stroke centers and 10-20 stroke units. These stroke centers and stroke units will have to be certified.

See: [Entscheid zur Planung der hochspezialisierten Medizin \(HSM\) im Bereich der hochspezialisierten Behandlung von Hirnschlägen pdf](#)

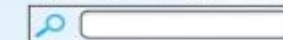
See: [Décision concernant la planification de la médecine hautement spécialisée \(MHS\) dans le domaine du traitement des accidents vasculaires cérébraux pdf](#)

The **SFCNS** received the mandate to coordinate these certification processes in Switzerland.

NEW [Publication: Stroke Units und Stroke Centers in der Schweiz: Richtlinien und Anforderungsprofil](#)

[To start the certification process:](#)

[Imprint](#) | [Sitemap](#) | © [IMK](#)



News

The [Executive Board](#) is newly elected!

Swiss Brain Council Kick-off Session

Within the context of the 2nd SFCNS Congress 2013 in Montreux the initiative Swiss Brain Council has started...

[read on](#)

3rd SFCNS Congress

28.-30. September 2016
Congress Center, Basel

Elements of the Swiss certification process

Stroke

Re-Certification
First Certification
Stroke Committee
Auditors
GDK
Publications

Neurosurgery

Certification of Stroke Centers and Stroke Units

SFCNS coordinates the implementation of the stroke related decisions of the Swiss Conference of the Cantonal Ministers of Public Health i.e. the [Schweizerische Gesundheitsdirektorenkonferenz](#) GDK and its [Decision Board HSM](#) and its [Scientific Committee HSM](#) on [Highly Specialized Medical Services](#).

According to the GDK Decision, stroke care in Switzerland will be reorganised into professional networks established by 8 dedicated stroke centers and 10-20 stroke units. These stroke centers and stroke units have been certified.

 [Entscheid zur Planung der hochspezialisierten Medizin \(HSM\) im Bereich der hochspezialisierten Behandlung von Hirnschlägen](#)

 [Décision concernant la planification de la médecine hautement spécialisée \(MHS\) dans le domaine du traitement des accidents vasculaires cérébraux](#)

The SFCNS received the mandate to coordinate these certification processes in Switzerland.

Certification process – timeline

Day	Status
	Application form sent to the SFCNS office incl. information on main criteria
01	Agreement on month/date of audit by stroke center/unit and by leading auditor
10	Criteria check by SFCNS office, clarifications
30	Decision on process start
40	Contract signature, Invoice -1-
~ 4 months	
60	Information package to stroke center/unit (composition of audit team and required documents)
70	Agreement on audit team
90	Audit programme to stroke center/unit; required documents 6-fold to SFCNS certification office
	Document study by auditors
120	Audit, concluding statement by the audit team
~ 3 months	
160	Comprehensive audit report to stroke center/unit
180	Comments on report by stroke center/unit
190	Recommendation on Certificate by SFCNS Zertifizierungskommission
210	Decision on Certificate by SFCNS Hirnschlagkommission Final information and report to stroke center/unit, Invoice -2-
220	Certificate

BENEFITS



Why should one apply for SFCNS (ESO) certification of Stroke Care?

- **Improve the quality of patient care by reducing variation in clinical processes** Evaluation by standard established by consensus in SSS and emphasis on clinical practice guidelines help organizations establish a consistent approach to care, reducing the risk of error.
- **Benchmark for quality of stroke management** – Certification standards help organize and document the stroke. This helps establishing high level of quality, by documenting access to primordial treatment and care in stroke patients.
- **Provides an objective assessment of clinical excellence – (external view)**

SFCNS auditors have significant experience in stroke care, provide expert advice and follow well-defined criteria (Stroke 2013; 44:828-40).
- **Creates a loyal, cohesive clinical team** – Certification provides an opportunity for staff to develop their skills and knowledge. Achieving certification provides the clinical team with common goals and a concrete validation of their combined efforts
- **Promotes a culture of excellence across the organization** – Adhering SFCNS standards is an accomplishment, which certifies that the organization meets the national standard of excellent stroke care.
- **Facilitates marketing, contracting and reimbursement** – Certification may provide an advantage in a competitive health care marketplace and improve the ability to secure new business.
- **Strengthens community confidence in the quality and safety of care, treatment and services** – Achieving certification makes a strong statement to the community about an organization's efforts to provide the highest quality service.

Stroke Care Switzerland (8 Mio inhab.)

○ Stroke Centers: n=10

○ Stroke Units: n=13

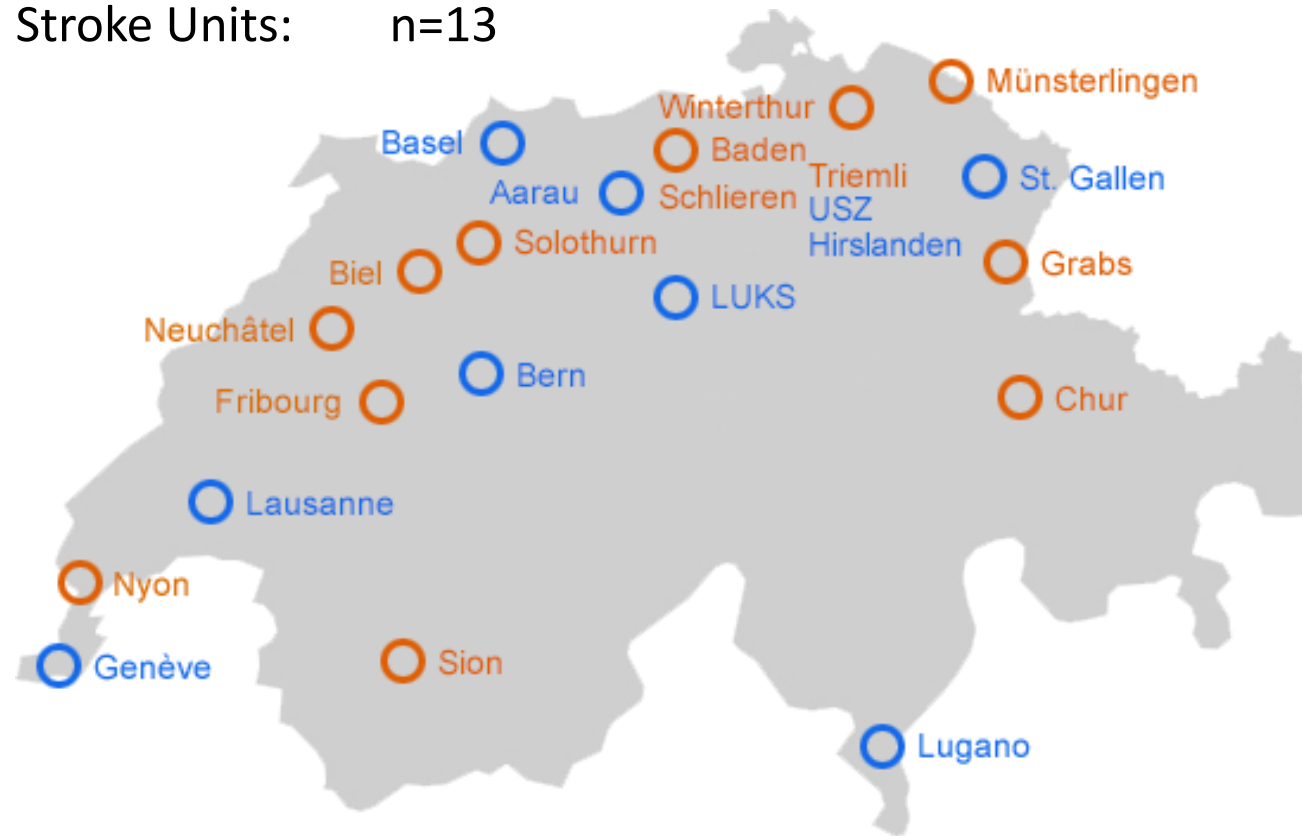


Figure 1

Overview of **Stroke Centers** and **Stroke Units** in Switzerland (11..2018)(<http://www.neurovasc.ch/index.php/stroke-units.html>)

Swiss Stroke Registry - Stroke Care Switzerland (8 Mio inhab.)

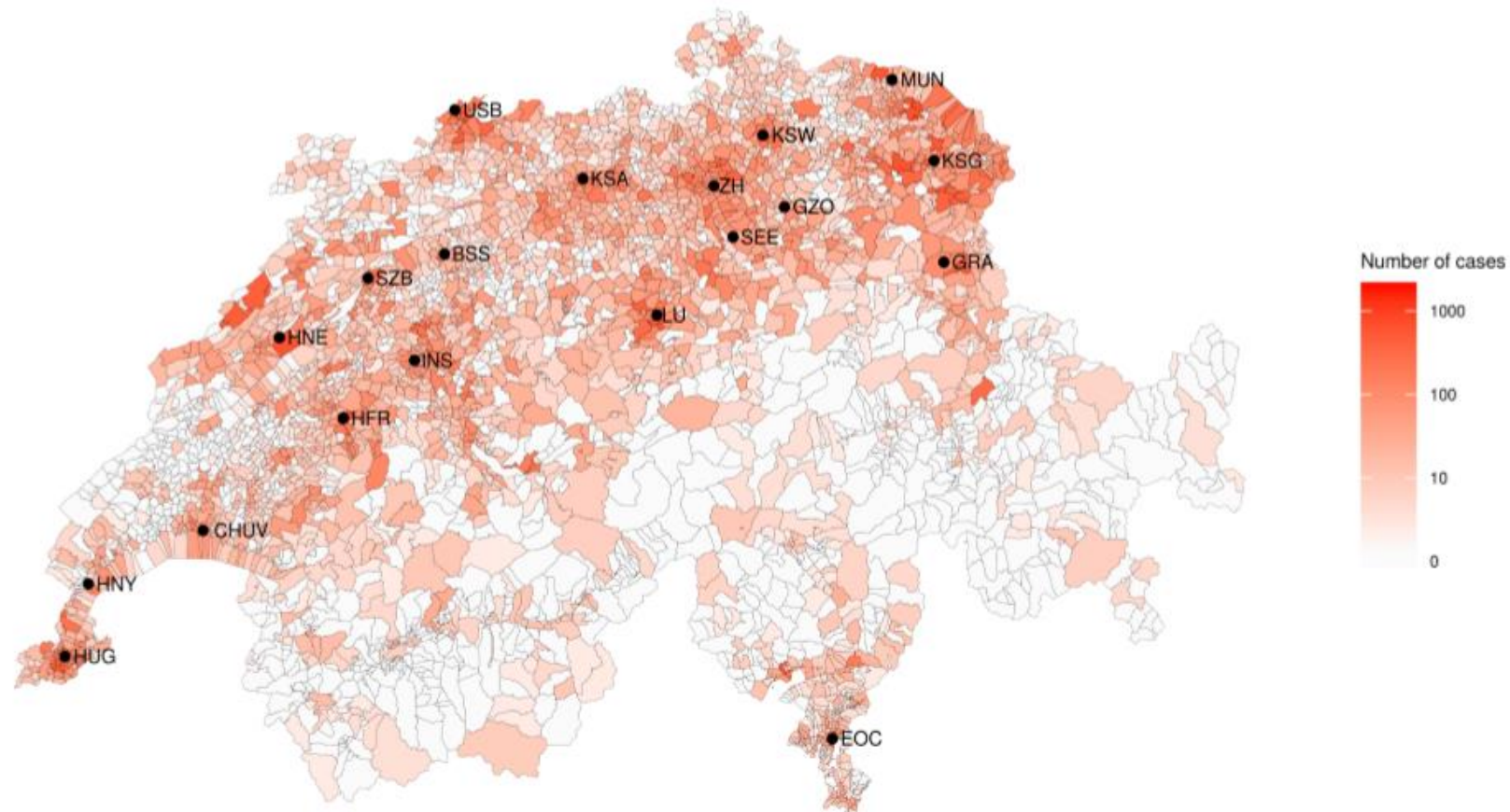


Figure 1

Overview of **Stroke Centers** and **Stroke Units** in Switzerland (11..2018)(<http://www.neurovasc.ch/index.php/stroke-units.html>)

Certified Stroke Centers and Stroke

SFCNS Certified
Stroke Center
2020 - 2023

SFCNS Swiss Federation of
Clinical Neuro-Societies
Stroke Commission

Zertifikat Stroke Center

gestützt auf das Ergebnis des Re-Zertifizierungs-Audits
vom 19. August 2020 wird das Universitätsspital Basel
mit dem **SFCNS** Zertifikat als Stroke Center ausgezeichnet.

Normative Grundlage:

Mandat des IVHSM¹ Beschlussorgans an die SFCNS/Schweizerische Hirnschlagkommission
vom 8. Januar 2012 zur Zertifizierung von Stroke Centers und Stroke Units


¹ IVHSM: Interkantonale Vereinigung für hochspezialisierte Medizin, Schweizerische Konferenz der kantonalen
Gesundheitsdirektoren und -direktoren

Qualitätskriterien der SFCNS für Stroke Centers (Fassung vom 28. September 2012)

Publikation „Stroke Units und Stroke Centers, Richtlinien und Anforderungsprofil“ Schweiz.
Med Forum 2012;12(47):918-922

Gültigkeitsdauer 16. Februar 2020 – 15. Februar 2023

Basel | 21. Oktober 2020



Prof. Dr. Philippe Lyrer
Präsident SFCNS Hirnschlagkommission



PD Dr. Susanne Renaud
Präsidentin SFCNS Hirnschlagkommission

Das Audit erfolgte nach EN ISO 19011:2018 und wurde in Zusammenarbeit mit der
Stiftung SanaCERT Suisse durchgeführt.



Stroke Care certification - Summary

- Ongoing process that never ends
- Sets standards of care
- Enables bench marking
- Build sup networkrs local / national
- Data mining
- Facilitates research
- Creates excellence

→ all patients get the best available and affordable care

