In-Hospital Stroke Sample Feedback Assessment

On (date) a stroke alert occurred on (patient). The time from symptom recognition to brain imaging was (time in minutes). Goal time to brain imaging is 25 minutes. Please let us know what barriers you encountered and what suggestions you have to improve the process of in-hospital strokes at our hospital.

The stroke response team’s evaluation determined the most likely cause of symptoms was (etiology identified). (Include results of brain imaging and any treatment provided.)

Thank you for your great team effort and collaborative efforts to improve stroke care in our institution. Please contact (name/number) if you have any questions or need further supportive education for any staff or support personnel. We will be delighted to assist with follow-up questions in any way possible.

Sincerely,