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Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Concerns Around Acute Ischemic Stroke Practice

Preliminary Result Advisory Memorandum	25-03401-11	October 14, 2025

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October 8, 2025

PRELIMINARY RESULT ADVISORY MEMORANDUM

TO: Dr. Steven L. Lieberman, Acting Under Secretary for Health
Veterans Health Administration (10)

FROM: Dr. Julie Kroviak, Principal Deputy Assistant Inspector General, in the role of Acting Assistant Inspector General, VA Office of Inspector General, Office of Healthcare Inspections (54)

SUBJECT: Concerns Around Acute Ischemic Stroke Practice

This preliminary result advisory memorandum communicates a serious patient safety risk due to acute ischemic stroke (AIS) management practices at the Wm. Jennings Bryan Dorn VA Medical Center (facility) in Columbia, South Carolina.[1] During a healthcare inspection, the VA Office of Inspector General (OIG) identified that the facility's AIS practices did not align with either Veterans Health Administration (VHA) or facility policy, resulting in delayed diagnosis, evaluation, treatment, and disposition for patients with symptoms of stroke. Concerns identified on-site were communicated to both Veterans Integrated Service Network and facility leaders during the on-site visit on August 28, 2025. Facility leaders took immediate steps to address the concerns and provided the OIG with documentation on interim actions taken.

Given the critical nature of the issue, the OIG is broadly sharing this preliminary finding to ensure other VHA facilities have information to proactively address similar vulnerabilities across the enterprise. A full inspection report will be published.

VHA Directive 1155(1), *Treatment of Acute Ischemic Stroke*, dated November 22, 2024, requires VA medical center directors to ensure "an organized and consistent protocol for obtaining emergent stroke consultation" with "a clear understanding of who is tasked to respond to such

[1] VHA Directive 1155(1), *Treatment of Acute Ischemic Stroke*, November 22, 2024, amended August 22, 2025. "Acute ischemic stroke (AIS) is a medical emergency caused by a blood clot restricting blood flow to a region of the brain. Unless blood flow is restored quickly, brain cells in the affected region will die."

emergencies, and in what timeframe."[2] Failure to implement a clear process for inpatient AIS management significantly increases the risk of catastrophic disability or death for patients. Standardized processes, such as formal code stroke response, are key to providing inpatients this time-sensitive care.[3]

At the time of the site visit, Medical Center Policy 544-111-1, *Acute Ischemic Stroke*, dated November 22, 2021, established facility procedures for the care of patients with symptoms of AIS.[4] The OIG found that the existing facility policy contained reference to

- a "stroke team" as "responsible for determining patient eligibility to receive acute stroke therapy";
- a code stroke protocol for response to patients with suspected AIS throughout the facility, which would include imaging, neurology evaluations, treatment, and transfer to a community hospital if needed;
- instructions that "all patients" with suspected AIS are treated in the facility emergency department; and
- consultation with neurologists from the VA National Telestroke Program for evaluation of patients with AIS symptoms.[5]

The OIG found current practice contradicted facility policy. During interviews, facility leaders, providers, and intensive care unit (ICU) nursing staff explained that a stroke team or code stroke protocol was not available on the inpatient units, including the ICU. A facility leader and service chiefs also told the OIG that inpatients with suspected AIS are not transported to the emergency department for evaluation and treatment. Additionally, facility leaders reported that VA National Telestroke Program neurologists were only available to evaluate patients with suspected AIS in the facility's emergency department.

During the course of the inspection, the OIG found that facility ICU staff did not efficiently respond to, evaluate, or disposition a patient with symptoms suggestive of an acute stroke.

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[2] VHA Directive 1155(1); American Heart Association/American Stroke Association, "Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association," *Stroke* 50, no. 12 (December 2019): e344–e418, www.doi.org/10.1161/STR.0000000000000211. American Heart Association/American Stroke Association guidelines set evidenced-based guidelines and recommendations for the care of stroke, including the need for timely diagnostic imaging and treatment and protocol requirements.

[3] Andrea M. Kuczynski, et al., "The In-Hospital Code Stroke: A Look Back and the Road Ahead," *The Neurohospitalist* 0, no. 0 (2024): 1–9, https://doi.org/10.1177/19418744241298035. A code stroke is an "emergency team-based response" protocol like a cardiac arrest response protocol, or code blue.

[4] Medical Center Policy (MCP) 544-111-1, *Acute Ischemic Stroke*, November 22, 2021.

[5] Medical Center Policy (MCP) 544-111-1. A stroke team is an "interdisciplinary team responsible for determining patient eligibility to receive acute stroke therapy."

Following staff's initial concern for an acute stroke, the patient's radiology imaging was not completed immediately, and an evaluation by a neurologist was not done until several hours later. In delaying these actions, the transfer of the patient to a community hospital stroke center for a higher level of intervention was also delayed. A protocol for transfer of AIS inpatients to a community hospital when emergent stroke care is not available at the facility is essential for facilitating timely treatment.

At the time of the site visit, the OIG advised facility leaders to take corrective actions by September 5, 2025. The facility responded as requested, submitting documentation that indicated leaders had developed and approved a new inpatient stroke standard operating procedure, conducted staff education, planned mock drills, and intended to revise Medical Center Policy 544-111-1.

The OIG's inspection of the facility remains ongoing. A comprehensive analysis of this and any additional findings will be included in the final report, following completion of standard review processes.

In the meantime, the OIG continues to engage with facility leadership, monitor updates to policies and action plans, and assess the adequacy of the response to this concern in the final report.

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