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NEUROSCIENCE INSTITUTE
Long Beach Memorial

January 20, 2015

Merry Holliday-Hanson, Ph.D.
Manager, Administrative Data Program
Office of Statewide Health Planning and Development
400 R Street, Room 250
Sacramento, CA 95811

Dear Dr. Holliday-Hansen,

This letter is in response to the information we received related to the OSHPD Public Release of "Ischemic Stroke: Hospital Outcomes in California, 2011-2012" letter. The Program Director for Neuroscience/Stroke reviewed the website as well as our hospital specific data. We would like to share our current actions to reduce unnecessary hospital readmissions.

Long Beach Memorial is a Primary Stroke Center certified by The Joint Commission for the last 5 years. We are currently applying for Comprehensive Stroke Center certification. We provide acute and post acute stroke care inlcuding Interventional Radiology services. The team was recognized by the surveyor for their enthusiasm in providing evidenced based care for our patients. In addition, the commitment to continuous performance improvement, focus on providing timely, reliable care as well as community education on stroke prevention was highlighted as being best in class. Our extraordinary care of stroke patients continues to be recognized in many ways including the recent *Get With The Guidelines Stroke Gold-Plus Quality Achievement Award* by the American Heart Association/American Stroke Association for the third consecutive year.

We are currently collaborating with 5 local Skilled Nursing Facilities (SNF) to provide specific education to RNs and LVNs utilizing the hospital resources. We are educating these licensed practitioners focused on improving nursing assessment and communication with physicians. We feel this will help to increase physician confidence in nursing assessment and their request for care orders over the phone.

The program involves experienced RNs provided by the hospital to conduct in person training, observation and feedback. We have approximately15 students in each class and the total number is over 300.

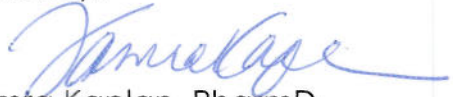
We provide a complete discharge summary to each patient/family discharged to a SNF and a copy to the SNF upon patient transport. Prior to discharge to a SNF, patient's medications are reconciled. A physician hospitalist from LBM visits each patient discharged to one of the 5 local SNFs within 48 hours of hospital discharge.

We have piloted a Wellness Institute for our acute stroke patients. A patient is scheduled for a visit to the Wellness Institute within one week of discharge from the acute hospital or from our rehabilitation unit. The patient/family comes to a designated space where they are seen by a multidisciplinary care team. We found this to be incredibly successful in providing the security the patient/family needed once discharged from the hospital. Through patient interviews we have found one of the main reasons for returning to the Emergency Room is a feeling of no one to call when they need advice or have questions. Also, if patients cannot see their Primary Care Physician soon after hospital discharge, they will return to the Emergency Department. We are currently recruiting for philanthropic funding to continue this initiative as our current readmission rate does show the need in our community to address the uninsured patient.

Our mission is to improve the health and wellbeing of individuals, families and our communities through innovation and the pursuit of excellence. We take our responsibility seriously and wanted to share these examples of initiatives to prevent unplanned hospital readmission.

If we can offer any further information or answer questions, please contact Angela West, RN, Program Director for Neuroscience/Stroke

Sincerely,



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