

BY THE NUMBERS

2020 QUALITY OVERVIEW FOR NEXUS CHILDREN'S HOSPITAL

NEXUS

CHILDREN'S HOSPITAL
MENDING MINDS.

A Nexus Health Systems Facility

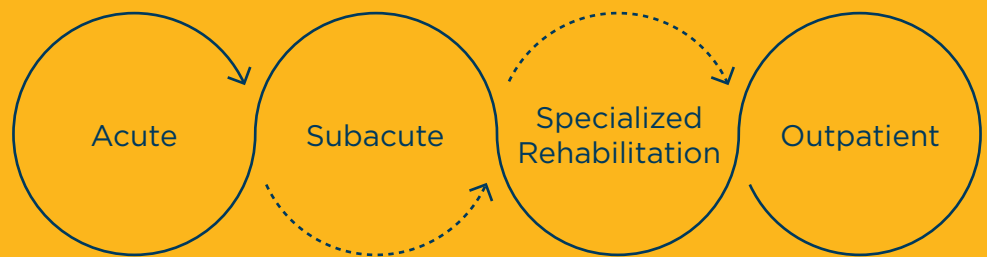
While there is no place like home for a child, Nexus Children's Hospital offers a family-focused environment centered around quality care for children with complex needs following an acquired or traumatic brain injury, acute neurological condition, chronic disease, or other life-altering event.

Working with patients who may have been unsuccessful in traditional rehabilitation environments, our flexible admissions criteria allows us to treat a wide variety of diagnoses. Delivering treatment to children with primary medical issues with potential secondary behavioral problems, Nexus' patients benefit from our individualized treatment plans and sub-specialties, as we continue **mending minds**.

Nexus Pediatric Continuum of Care

Nexus Children's Hospital transitions all types of patients through the care they need, acting as the bridge between the acute hospital and home.

Treatment plans are decided by patient needs



Physician-Led Team

Certifications

General Pediatrics

Pediatrics Pulmonology

Pediatrics Gastroenterology

Child & Adolescent Psychiatry

Sleep Medicine

Pediatrics Nurse

Acute Care Nurse Practitioner

Specialties

Pediatric Hospitalist

Pediatric Intensivist

Pediatric Pulmonology

Psychiatry

Psychiatric Nurse Practitioner

Advance Practice Nurse Practitioner

170



Employees

40



Licensed
Beds

141



Patients
Served

82



Avg. Length
of Stay (days)

4.8

**Overall Patient
Satisfaction Score**

★★★★★
Physician Care

4.9

★★★★★
Medication
Management

4.7

★★★★★
Nursing Services

4.7

★★★★★
Nutrition Services

4.8

★★★★★
Case Management
Services

4.8

★★★★★
General Feedback

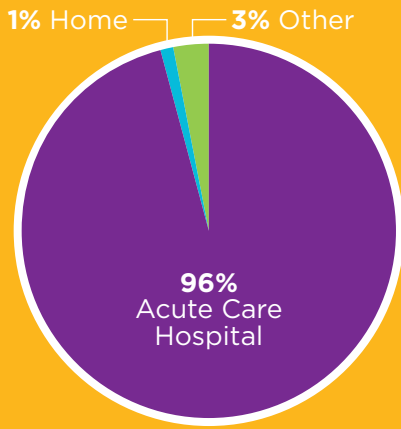
4.7

★★★★★
Respiratory Care
Services

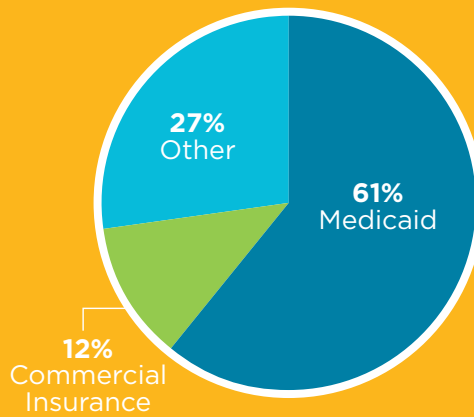
4.8

★★★★★
Ancillary Services

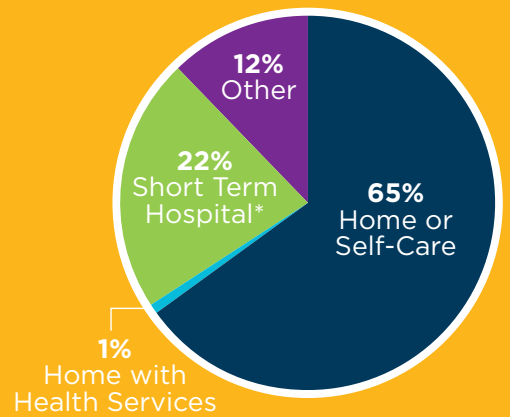
4.9



Admissions



Payor Mix



Discharge

Nexus Children's Hospital prides itself on delivering exceptional care and support to our patients and their families. To develop quality initiatives and ensure needs are met, individual goals are discussed in conjunction with clinical goals to prepare the patient for an optimal discharge.

**Sometimes patients leave Nexus Children's Hospital to stay at an acute hospital in the event they need follow up procedures or evaluation. Patients usually return once treatment is completed.*



CLABSI, CAUTI & VAP **Incidents**

Infection Control

Nexus Children's Hospital follows the Centers for Disease Control (CDC) Guidelines and stringent infection control practices. Performing the strict protocols is the number one way to prevent the spread of infections. The CDC highly suggests that all hospitals to strive to have **zero** Central-Line Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI) or Ventilator-Associated Pneumonia (VAP) incidences.

Number of Trach & Vent Days

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Trach Days	157	104	64	96	70	105	109	103	128	194	180	212
Vent Days	93	104	64	83	70	109	48	77	84	128	128	96
Vent Admissions/ Month	3	4	2	3	3	3	3	4	4	5	5	6

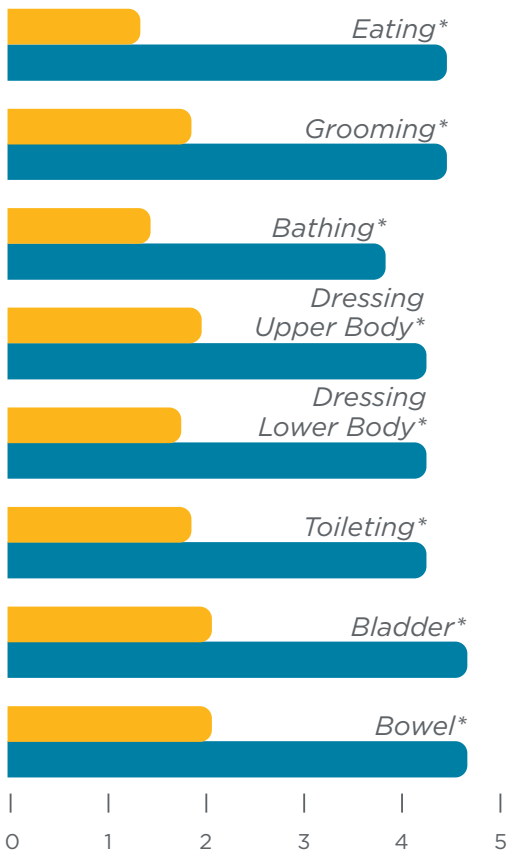
10 patients successfully decannulated

100%

Patients Successfully Weaned off Ventilator with wean orders

WeeFIM-II Self-Care

● Admissions ● Discharge



Functional Recovery

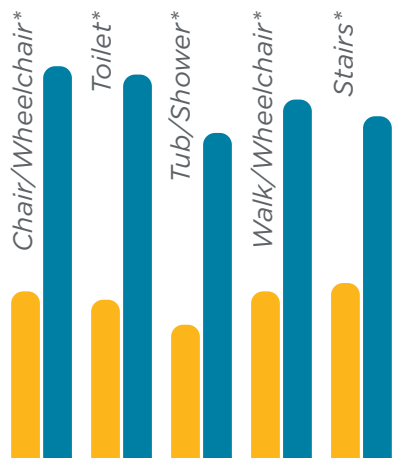
Analyses presented only children with severe non-penetrating, traumatic brain injury (Glasgow Coma Scale [GCS] score between 3 and 8) were included in the analyses below (n = 15).

Ages ranged from 3-18 | 33% male

WeeFIM Score Range:
Self-Care 8-56 | Cognition 5-35 | Mobility 5-35 | Total Score 18-126

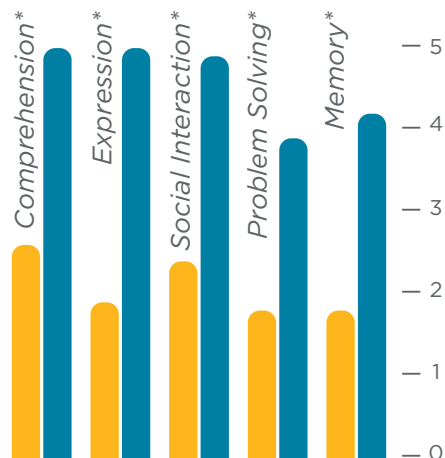
WeeFIM-II Mobility

● Admissions ● Discharge



WeeFIM-II Cognition

● Admissions ● Discharge



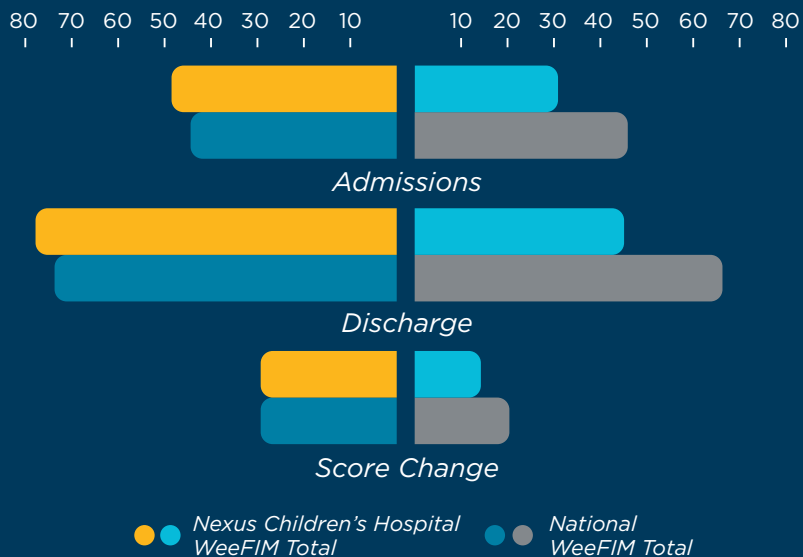
* Change in WeeFIM Ratings from Admission to Discharge as assessed by Wilcoxon Signed Ranks Test for dependent, non-normally distributed, ordinal data. *p<.01



Traumatic Brain Injury



Non-Traumatic Brain Injury



Nexus Children's Hospital Outcomes Compared to Published National Statistics

Average total WeeFIM-II score for children diagnosed with Traumatic Brain Injury and diagnosed with Non-Traumatic Brain Injury. The reported national average is that of similar facility types (w1140).

Patients with Traumatic Brain Injury Admitted in a Disorder of Consciousness*

Gender (male) 43%
Gender (female) 57%

Non-penetrating head injury 100%
Penetrating head injury 0%

Number
of Patients

7

Patients who emerged from DOC during admission (%)	71%
Patients who emerged from DOC in <1 month	29%
Patients who emerged from DOC in 2 months	29%
Patients who emerged from DOC in 3 months	14%
Patients able to complete neuropsychological testing prior to discharge	50%

86%

Patients who left without contractures

33%

Patients who were de-cannulated**

**Due to differences in developmental expectations and lack of clinically validated measures for assessing disorders of consciousness in children under the age of 3, 2 children under 3 were excluded from this analysis. **3 of the 7 patients had tracheostomies*

Changes Health & Wellness Program Progress



954.1
Total Pounds Lost



4 → 44
WEEKS

↓ 22%
Avg. BMI Decrease



was the Shortest and Longest Length of Stay
(varied by patient)