

BY THE NUMBERS.

2022 QUALITY OVERVIEW FOR NEXUS CHILDREN'S HOSPITAL



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 spinal cord injury, chronic disease, other life altering condition, or complex medical-behavioral diagnosis.

Working with patients who may have been unsuccessful in traditional rehabilitation or behavioral health environments, our flexible admissions criteria allow us to treat a wide variety of diagnoses. Nexus' patients benefit from our individualized treatment plans and sub-specialties, as we continue **mending minds**.

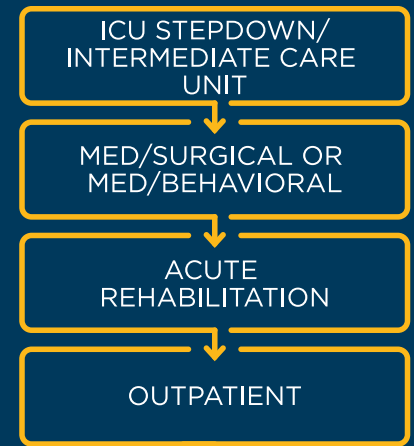
NEXUS
CHILDREN'S HOSPITAL

MENDING MINDS.
A Nexus Health Systems Facility

Nexus Pediatric Continuum of Care

Nexus Children’s Hospital transitions pediatric patients through the care they need, acting as the bridge between the acute hospital and home. Patients may enter the continuum at any stage of their journey, and unique treatment plans are developed dependent on the severity of their condition.

Treatment plans are determined by patient needs.




210
Employees


61
Licensed Beds


165
Patients Served


110
Avg. Length of Stay (days)

4.6

Houston Campus Overall Patient Satisfaction Score

★★★★★ **4.6**
Physician Care

★★★★★ **4.5**
Nutrition Services

★★★★★ **4.6**
Administration

★★★★★ **4.9**
Respiratory Care Services

★★★★★ **4.6**
Nursing Services

★★★★★ **4.7**
Pharmacy

★★★★★ **4.6**
Psychological Services

★★★★★ **4.5**
Communication

★★★★★ **4.8**
Cleanliness

★★★★★ **4.8**
Case Management Services

★★★★★ **4.8**
Rehabilitation

★★★★★ **4.3**
Medication Management

★★★★★ **4.4**
Noise Level

The Woodlands Campus Overall Patient Satisfaction Score

4.8

★★★★★ **4.8**
Physician Care

★★★★★ **4.8**
Nutrition Services

★★★★★ **4.8**
Psychological Services

★★★★★ **4.9**
Cleanliness

★★★★★ **4.9**
Nursing Services

★★★★★ **4.7**
Rehabilitation

★★★★★ **4.5**
Medication Management

★★★★★ **4.9**
Respiratory Care Services

★★★★★ **4.7**
Case Management Services

★★★★★ **4.9**
Behavioral Services

★★★★★ **4.4**
Communication

Physician & Allied Health

Pediatric Hospitalist

Pediatric Intensivist

Child & Adolescent Psychiatry

Psychiatry

Psychiatric Nurse Practitioner

Advance Practice Nurse Practitioner

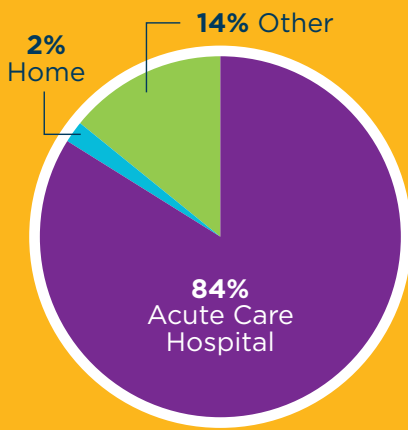
Physical Medicine and Rehabilitation

Neuro Psychology

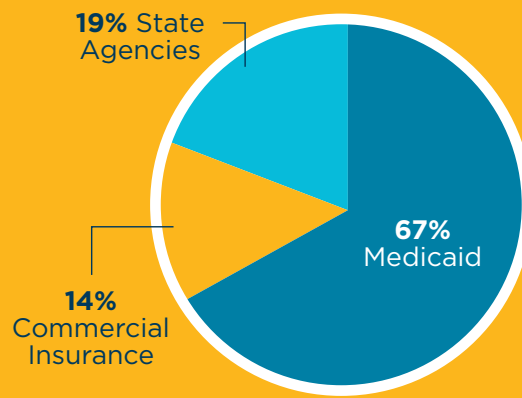
Licensed Clinical Social Worker

Physician Assistant

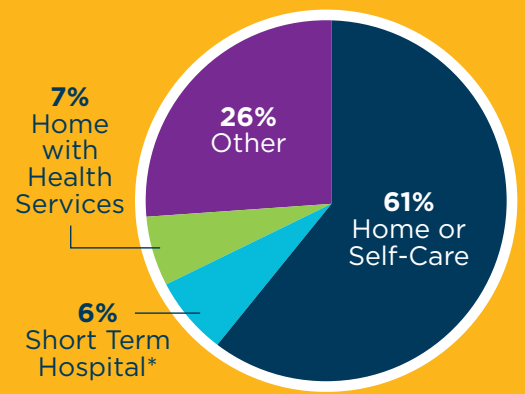
Licensed Professional Counselor



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.*



**CAUTI & VAP
Incidents**

Infection Control

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

Patients with Traumatic Brain Injury Admitted in a Disorder of Consciousness

Male **42%**

Non-penetrating head injury **6**

Female **57%**

Penetrating head injury **1**

**Of the two that did not emerge: 1 DC home, 1 DC to ACH*

71%

Patients Emerged from DOC During Admission*

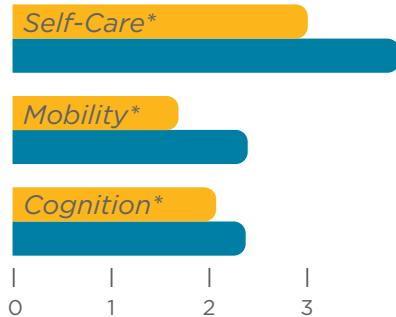
Functional Recovery

Analyses presented only children with severe nonpenetrating, traumatic brain injury (Glasgow Coma Scale [GCS] score between 3 and 8) were included in the analyses below (n = 19).
Ages ranged from 3-18 | 73% male

WeeFIM Score Range	Self-Care 29.5-38 Mobility 16.3-23.1	Cognition 20-22.9 Total Score
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● Admissions ● Discharge

WeeFIM-II Average Change



Total WeeFIM* Average Change

65.8
Admission

84.0
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*

Number of Trach & Vent Days

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Trach Days	67	45	51	88	124	114	180	83	94	114	107	148
Vent Days	31	28	16	54	93	60	62	60	65	69	69	117
Vent Admissions	0	0	1	3	0	0	0	1	0	0	2	1

Case Study: Severe Traumatic Brain Injury

Patient: Female, age 7

Length of Stay: 50 Days

Comorbidities: None

Admission Summary

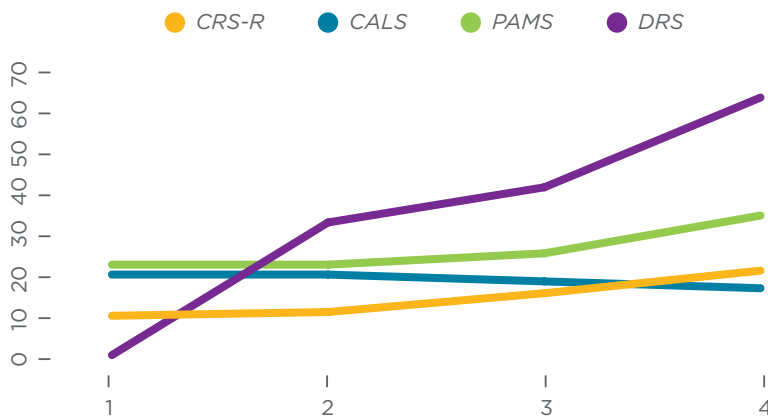
On admission the patient was in a disorder of consciousness, though she was noted to be alert and visually tracking.

Injury Severity

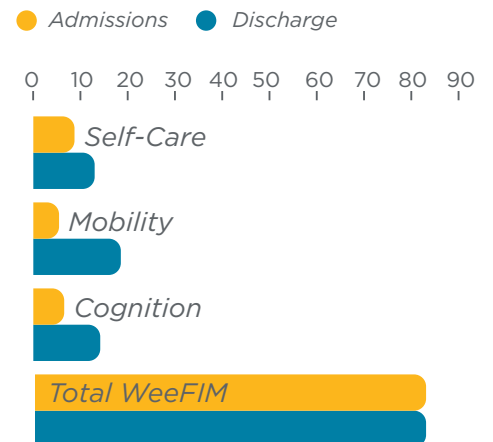
Severe

Disorder of Consciousness Trajectory

She emerged from DOC within 3 weeks of admission and from PTA a week after. Physical and Mobility Scale (PAMS), Disability Rating Scale (DRS), Coma Recovery Scale (CRS-Revised), and Cognitive and Linguistic Scales (CALs) included below. Note that higher scores are better on CALs, CRS, and PAMS and lower scores are better on the DRS.



Patient WeeFIM Summary



Discharge Summary

At discharge the patient was ambulating with supervision, eating a regular diet, and required some assistance with ADLs. Discharge neuropsychological testing indicated overall intact cognitive skills, mild weaknesses in memory, hand-eye coordination, and processing speed, variable attention, and significant deficits in fine motor speed and coordination. Recommendations included homebound instruction with a plan to gradually return to school in the mainstream classroom with accommodations through Special Education.

Follow Up

At 1-month follow-up call the patient had made functional progress in walking and writing, was in the process of re-enrolling in school, and no mood/behavioral problems were reported. However, she had not yet started outpatient rehabilitation therapies. Follow-up calls will take place at 6-months and 12-months post-discharge.

Rehabilitation: Innovating and Striving for Excellence (RISE) Program.



TRAUMATIC BRAIN INJURY

After a traumatic or acquired brain injury, children often require a broad range of services as their level of responsiveness and medical conditions evolve. This program emphasizes standards of care developed to help patients across all phases of brain injury recovery. Patients can admit to any phase of the program, just as they can progress to any level of care as their needs change.

PROGRAM PHASES

1. Disorders of Consciousness
2. Post Traumatic Amnesia/Delirium
3. Recovery

Outpatient services are available when a patient discharges.

SPINAL CORD INJURY

Designed for recovery from spinal cord injuries, medical care and rehabilitation are tailored to each patient's level of injury that is determined by the American Spinal Injury Association (ASIA) Impairment Scale exam. Once sensory and motor levels are assessed, the team customizes a plan to work towards functional goals.

PROGRAM FEATURES

- Medical Care Management
- Neuropsychological/Psychological Needs Management
- Nursing Team Management
- Rehabilitation Therapy
- Caregiver Training

Jump Start Health & Wellness.

Our inpatient program helps children with established weight control problems, including obesity, Prader-Willi Syndrome (PWS), and other genetic disorders. We address patients' weight and behavioral problems and medical complications through this one-of-a-kind program. Personalized calorie-controlled diets, set daily schedules, individualized physical training regimens, and behavioral health support are incorporated to help patients reach their personal health goals and maintain those goals after discharge.



1,846
Total Pounds Lost

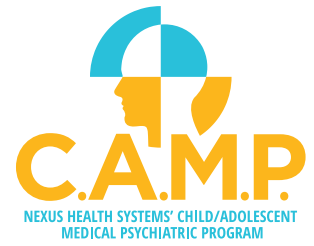
↓ 23% Avg. BMI Decrease



156 DAYS
Avg. Length of Stay

**Doesn't include patients who did not discharge in 2021 as end point data is not available.*

Child/Adolescent Medical Psychiatric (C.A.M.P.) Program.



Nexus Children's Hospital is uniquely equipped to care for children and adolescents who have complex medical diagnoses and behavioral challenges. Oftentimes, these patients have nowhere else to go, as psychiatric hospitals cannot provide medical care and acute facilities cannot manage psychiatric problems. Our multidisciplinary team collaborates to provide medical care, psychiatric services, and rehabilitation to meet all patient needs within a single facility.

PROGRAM FEATURES

- Integrates pediatrician, neurologist, psychiatrist, and physical medicine & rehabilitation doctor in one setting
- Cross-discipline schedule of services developed on an individual basis
- Physical, occupational, and speech therapies
- Psychotherapeutic groups and individual interventions (counseling, psychiatric sessions, milieu therapy)

Neurodevelopmental Program.

Programming for children with intellectual disabilities, including significant autism, are supported by this program offering different therapies on a patient-by-patient basis.

Additional Services.

WOUND CARE

Nexus Children's Hospital is known for our leading wound care services. We provide comprehensive, state-of-the-art wound care treatment and therapy for patients with complicated, non-healing wounds and chronic illness. Our specially trained physicians and nurses use advance therapies and proven clinical protocols to successfully treat complex wounds that have previously resisted healing.

PULMONARY & RESPIRATORY

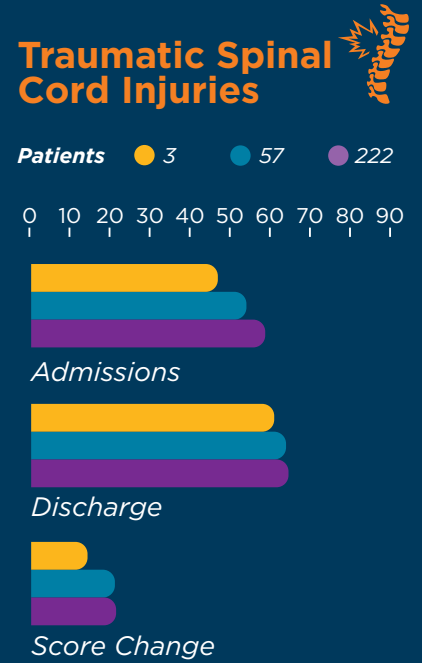
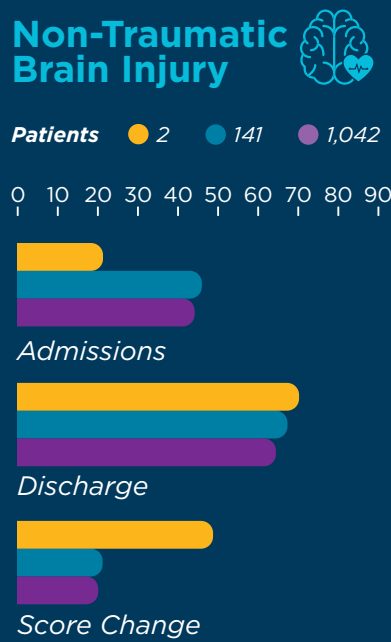
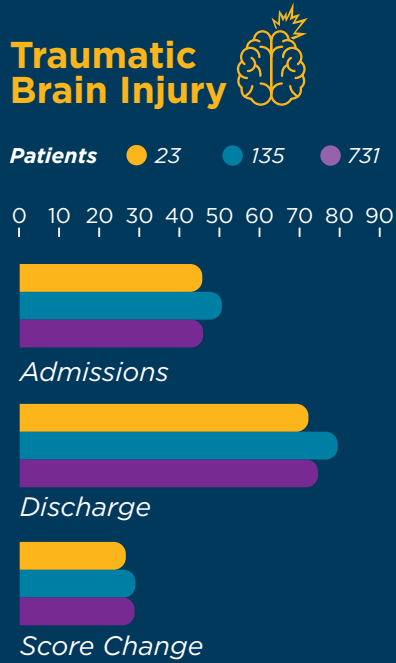
Nexus Children's Hospital offers pediatric pulmonary care for children who are chronically ill, physically fragile, traumatically injured, or suffering from sleep apnea. Our intensivists make rounds, and our 24/7 care team provides care to children who need short-term tracheotomy/ventilator assistance, and to those with long-term tracheotomy/ventilator dependencies who will return home.



Nexus Children's Hospital Outcomes Compared to Published Industry and National Standards

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

- Nexus Children's Hospital
- Similar Facilities
- National Wee-FIM Total

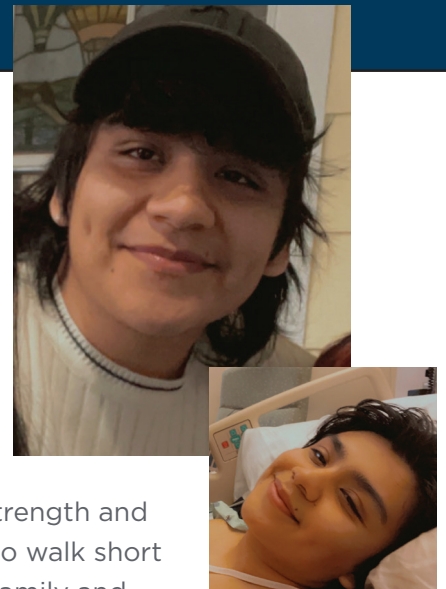


Meet Brian

Nexus Champion

After a spinal cord injury, Brian's mom chose Nexus Children's Hospital for the next step in his care. He spent three months advancing through his customized rehabilitation plan. Though he was unable to move his legs, through physical and occupational therapy, he relearned how to walk on his own. Brian said, "I didn't have balance, and when I was finally able to stand up on my own, I thought, 'I'm really going somewhere after they never told me I'd walk again.' It was awesome."

After discharge, Brian continued with outpatient therapy to further regain his strength and mobility. Since being home, Brian has graduated from his walker to being able to walk short distances with only a cane. He enjoys being outside again, spending time with family and friends, and watching his cousins skateboard.



Nexus Health Systems has returned patients to lives of productivity and meaning for more than 30 years.

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