2025 QUALITY OVERVIEW FOR NEXUS CHILDREN'S HOSPITAL



Integrated care for complex needs.

Nexus Children's Hospital provides inpatient care for individuals with complex medical and behavioral needs. Our programs support autism and developmental disorders, weight-related disorders, neurological injury, chronic illness, and complex behavioral challenges. Many patients navigate co-occurring conditions and are looking for an alternative to traditional psychiatric settings. Our campuses deliver interdisciplinary care in secure environments equipped for medical and behavioral intervention, because we're committed to **mending minds.**

NEXUS
CHILDREN'S HOSPITAL
MENDING MINDS.
A Nexus Health Systems Facility

Numbers at a glance.

349
Patients Served

288
Patients Discharged Home

550
Total Staff

170
Licensed Beds

All nine outcome measures improved across all programs

WeeFIM II
Functional Independence
5 programs

MOAS
Aggression
5 programs

DBC-2
Maladaptive Behavior
2 programs

ABC-2
Aberrant Behavior
New Directions Program

6MWT
Walk Distance
Jump Start Program

PHQ-9
Depression
True North Program

GAD-7
Anxiety
True North Program

BPRS-C
Psychiatric Burden
True North Program

Clinical highlights

100%
Trach Decannulation success at Dallas & Shenandoah

100%
Ventilator weaning success at Dallas

-12.9%
Behavioral Emergencies vs. 2024

+24.7
WeeFIM II gain Rise Program

+316 m
6-min walk gain Jump Start Program

Numbers by the programs

HARBOR PROGRAM

42 *Patients Served*
39 *Patients Discharged Home*
72 *Avg. Length of Stay (days)*

TRUE NORTH PROGRAM

56 *Patients Served*
46 *Patients Discharged Home*
96 *Avg. Length of Stay (days)*

NEW DIRECTIONS PROGRAM

126 *Patients Served*
95 *Patients Discharged Home*
163 *Avg. Length of Stay (days)*

JUMP START PROGRAM

60 *Patients Served*
50 *Patients Discharged Home*
174 *Avg. Length of Stay (days)*

RISE PROGRAM

65 *Patients Served*
58 *Patients Discharged Home*
59 *Avg. Length of Stay (days)*

Evidence-based care, scientifically proven

Our researchers presented findings from peer-reviewed research at national conferences, examining outcomes across complex patient populations. The following study of patients with Prader-Willi Syndrome (PWS) in the Jump Start Program at Nexus Children's Hospital reflects our commitment to evidence-based practice and the rigorous measurement of outcomes across the full spectrum of complex care.

Behavioral, Activity, and Physiological Outcomes in Pediatric Prader-Willi Syndrome: A Comprehensive Analysis.

In 2025, Nexus Children's Hospital published peer-reviewed research on pediatric Prader-Willi Syndrome (PWS), a population with highly complex medical and behavioral needs. PWS is marked by insatiable hunger, morbid obesity, and severe behavioral dysregulation, challenges that call for specialized, intensive care. Our study followed 18 patients in an integrated inpatient program that pairs structured behavioral intervention with Fitbit activity monitoring and InBody body composition scanning. Every behavioral measure improved, the majority of patients were discharged home, and physiological health markers moved in a positive direction.



63%

Reduction in Aggressive Behavior

Aggression is the primary reason PWS patients require inpatient placement and the greatest barrier to discharge. This reduction signals patients are safer and realistically ready to return home.



22.5%

Reduction in Total Behavioral Burden

Captures broad improvement across multiple domains: anxiety down **30.7%**, social relating down **29%,** self-absorbed behavior down **26.6%.**



29.3%

Reduction in Maladaptive Behavior

Impulsivity, hyperactivity, and inappropriate responses directly limit functioning in school, family, and community settings. Patients left better equipped to navigate daily life than when they arrived.

Nexus Children's Hospital – Dallas



168
Employees

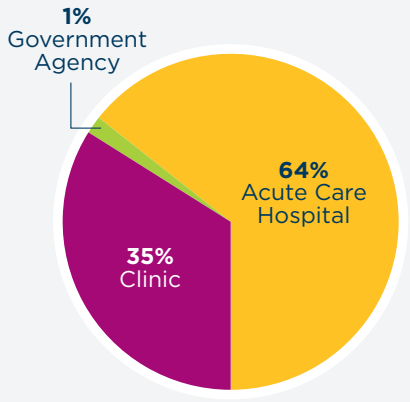
60
Licensed Beds

128
Patients Served

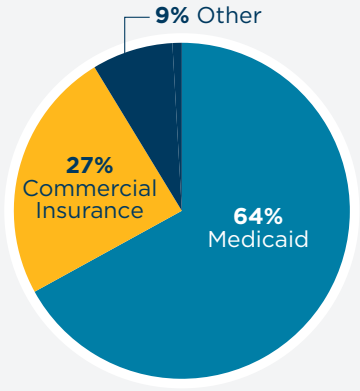
107
Patients Discharged Home

Providers

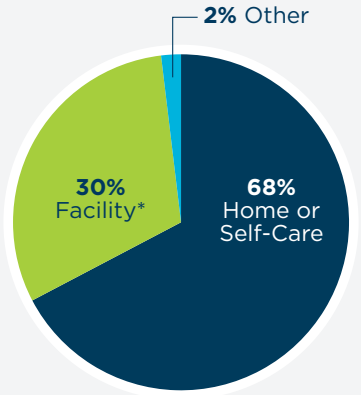
- Applied Behavior Analysis
- Cardiology
- Neurology
- Nursing
- Nutrition Services
- Occupational Therapy
- Pediatric Critical Care
- Pediatric Medicine
- Pharmacy
- Physical Medicine & Rehabilitation
- Physical Therapy
- Psychiatry
- Psychotherapy
- Radiology
- Recreational Therapy
- Respiratory Therapy
- Social Work
- Speech-Language Pathology



Admission



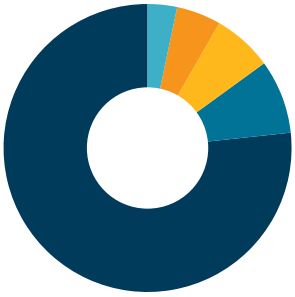
Payor Mix



Discharge

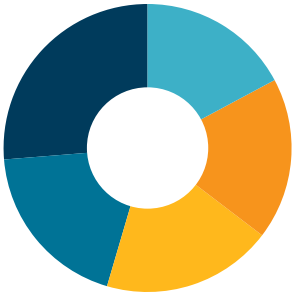
Nexus Children's Hospital prides itself on delivering exceptional care and support to our patients and their families. To develop quality initiatives and ensure needs are met, individual goals are discussed in conjunction with clinical goals to prepare a patient for an optimal discharge.

**May include intermediate and residential settings.*



Top 5 Primary Diagnoses

- Autism Spectrum Disorder
- Acute-on-Chronic Respiratory Failure
- Chronic Respiratory Failure
- Traumatic Subarachnoid Hemorrhage
- Posterior Reversible Encephalopathy Syndrome



Top 5 Comorbidities

- Conduct Disorder
- Impulse Control Disorder
- Oppositional Defiant Disorder
- Gastrostomy Status
- ADHD, Combined

Behavioral Emergencies

-27.6%

(% reduction measured per 1,000 patient days)

0

CLABSI, CAUTI & VAP ***Incidences***

Infection Control

Nexus Children's Hospital follows CDC infection control guidelines to prevent the spread of infections, with a goal of zero incidences of Central-Line Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), and Ventilator-Associated Pneumonia (VAP), each measured per 1,000 device days.

100% Ventilator Weaning

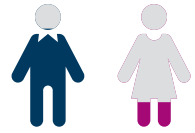
Avg. Days of Ventilator: 10 days

100% Decannulation

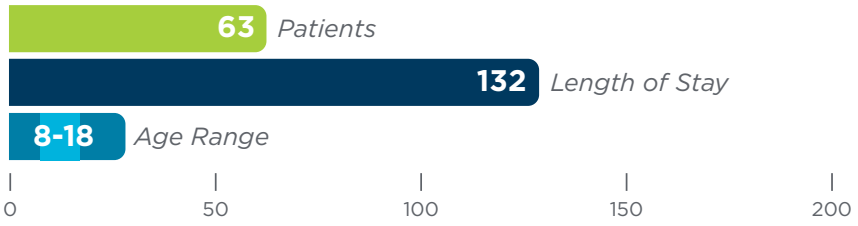
Avg. Days to Decannulation: 32.5 days

Patients Served by Program

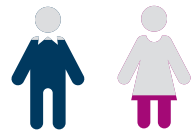
New Directions Program



50 Male | 13 Female



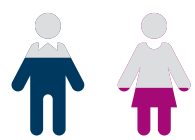
RISE Program



30 Male | 11 Female



Harbor Program



15 Male | 9 Female



Nexus Children's Hospital – Houston



172
Employees

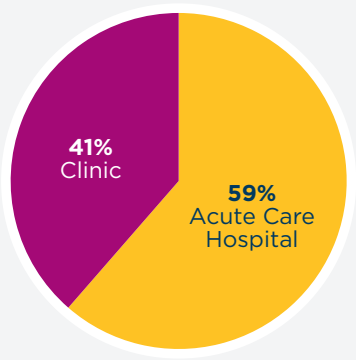
40
Licensed Beds

69
Patients Served

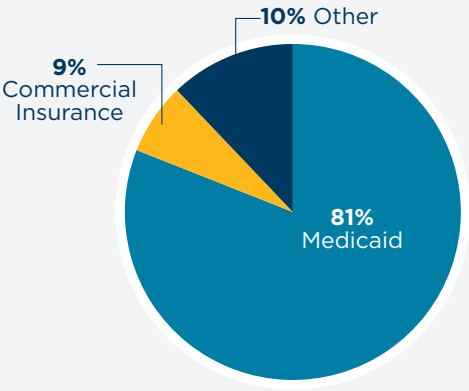
52
Patients Discharged Home

Providers

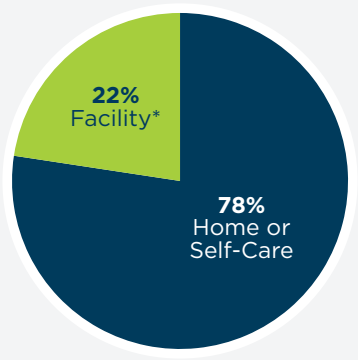
- Applied Behavior Analysis
- Nurse Practitioner
- Nursing
- Nutrition Services
- Occupational Therapy
- Pediatric Medicine
- Physical Therapy
- Psychiatry
- Recreational Therapy
- Speech-Language Pathology



Admission



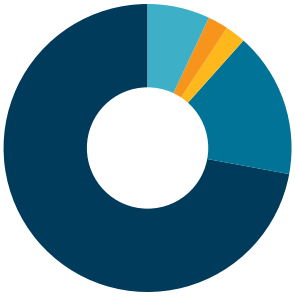
Payor Mix



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 a patient for an optimal discharge.

**May include intermediate and residential settings.*



Top 5 Primary Diagnoses

- Autism Spectrum Disorder
- Disruptive Mood Dysregulation
- Chronic Respiratory Failure
- Bipolar Disorder
- Other / Unspecified



Top 5 Comorbidities

- ADHD, Unspecified
- Conduct Disorder
- Oppositional Defiant Disorder
- Intellectual Disability
- Elopement Risk

0

CLABSI, CAUTI & VAP ***Incidences***

Infection Control

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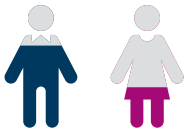
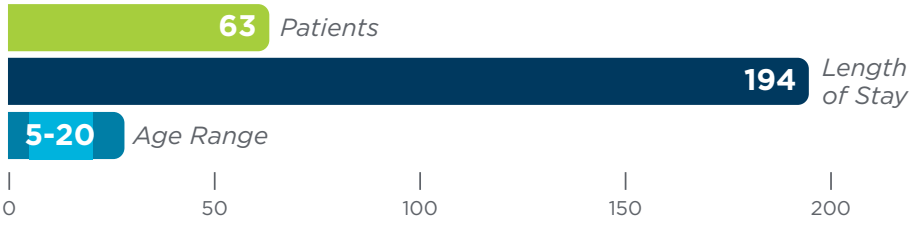
Patients Served by Program

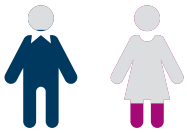
New Directions Program



42 *Male* 21 *Female*



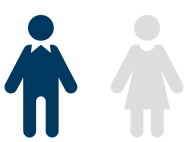
RISE Program



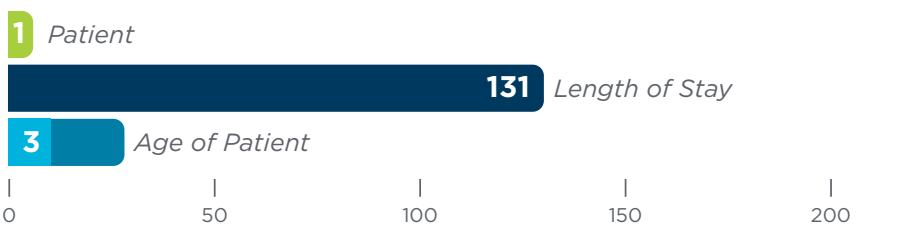
4 *Male* 1 *Female*



Harbor Program



1 *Male* 0 *Female*



Nexus Children's Hospital – Shenandoah



149
Employees

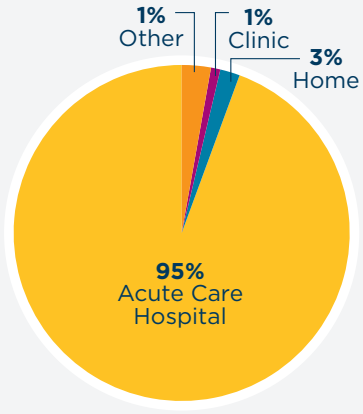
50
Licensed Beds

97
Patients Served

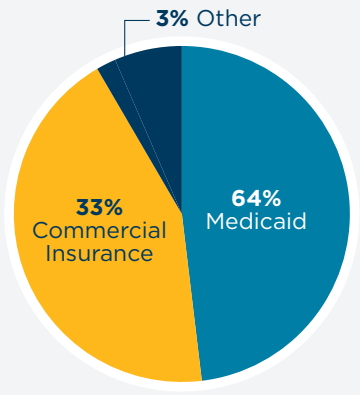
81
Patients Discharged Home

Providers

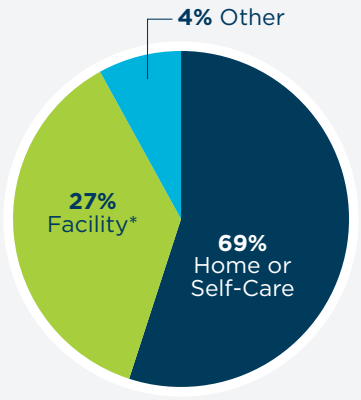
- Cardiology
- Clinical Laboratory Services
- Family Medicine
- Infectious Disease
- Music Therapy
- Nephrology
- Neurology
- Nurse Practitioner
- Nursing
- Nutrition Services
- Occupational Therapy
- Pharmacy
- Physical Medicine & Rehabilitation
- Physical Therapy
- Podiatry
- Psychiatry
- Psychotherapy
- Pulmonary & Critical Care Medicine
- Radiology
- Recreational Therapy
- Respiratory Therapy
- Speech-Language Pathology
- Vascular Surgery



Admission



Payor Mix



Discharge

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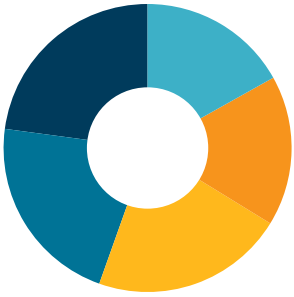
**May include intermediate and residential settings.*



Top 5 Primary Diagnoses

- Autism Spectrum Disorder
- Disruptive Mood Dysregulation
- Traumatic Subdural Hemorrhage
- Traumatic Subarachnoid Hemorrhage
- Suicidal Ideation



Top 5 Comorbidities

- Generalized Anxiety Disorder
- Disruptive Mood Dysregulation
- Suicidal Ideation
- Elopement Risk
- Oppositional Defiant Disorder

0

CLABSI, CAUTI & VAP ***Incidences***

Infection Control

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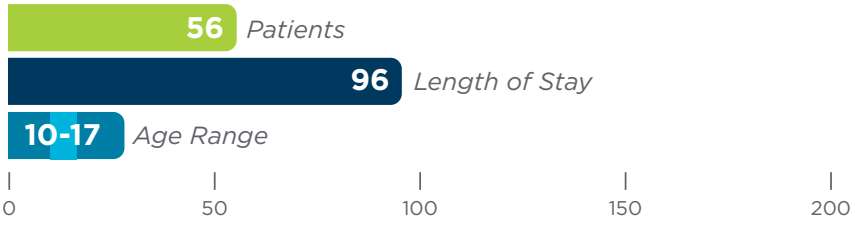
Patients Served by Program

TRUE NORTH PROGRAM



28 Male | 28 Female



RISE PROGRAM



11 Male | 8 Female



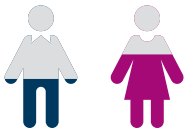
HARBOR PROGRAM



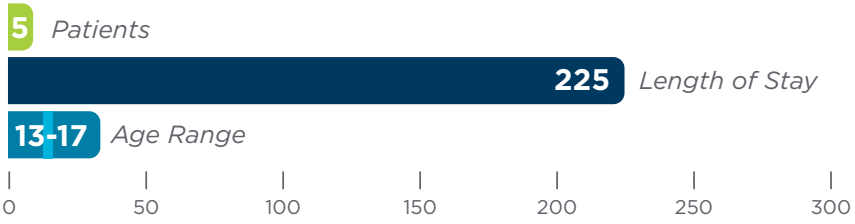
8 Male | 9 Female



JUMP START PROGRAM



2 Male | 3 Female



Nexus Children's Hospital – The Woodlands



61
Employees

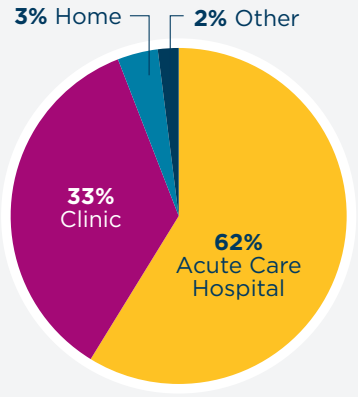
20
Licensed Beds

55
Patients Served

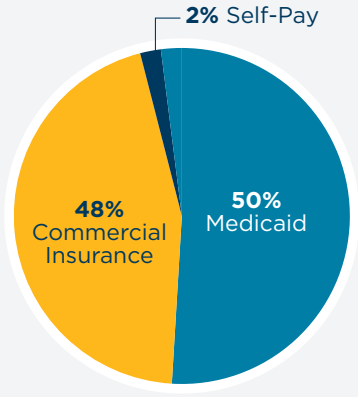
48
Patients Discharged Home

Providers

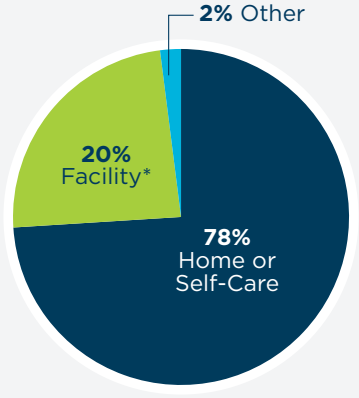
Family Medicine
Nurse Practitioner
Nursing
Occupational Therapy
Physician Assistant
Psychiatry
Recreational Therapy



Admission



Payor Mix



Discharge

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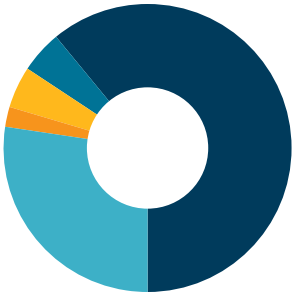


Top 5 Primary Diagnoses

- Prader-Willi Syndrome
- Other Brain Disorders
- Endocrine Disorder (E23.2)
- Morbid Obesity
- Autism Spectrum Disorder

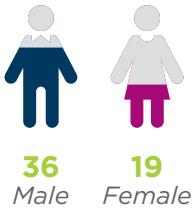


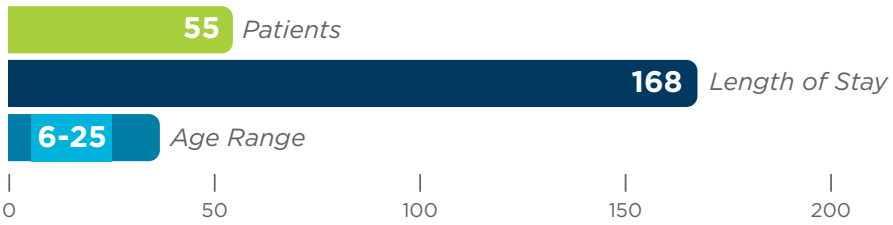
Top 5 Comorbidities

- Obstructive Sleep Apnea
- Excoriation Disorder
- Disruptive Mood Dysregulation
- Hypopituitarism (E23.0)
- Polyphagia / Hyperphagia

Patients Served by Program

JUMP START PROGRAM





Fitbit Study Outcomes

The Jump Start Program tracks patient progress using Fitbit Inspire 3 Health and Fitness Trackers and InBody Scanner technology. The following outcomes reflect preliminary 2025 data from 25 program participants.

20.30%
Decrease in Body Mass Index

20.42%
Decrease in weight

30.06%
Decrease in Body Fat Mass

92.96%
Gain 6-Min Walk Test

18.39%
Decrease in average resting heart rate

Functional Outcomes by Measure

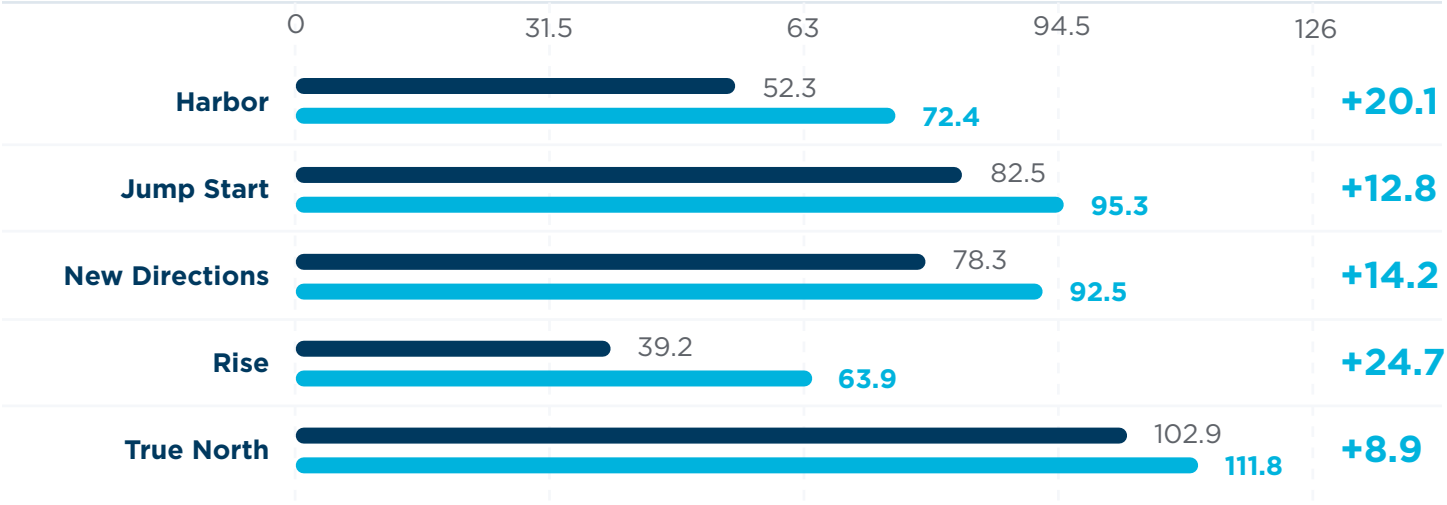
The following charts reflect functional outcomes across all Nexus Children's Hospital programs and locations for 2025. Each measure tracks patient performance at admission and discharge, capturing meaningful change across domains including functional independence, aggression, behavior, physical endurance, and psychiatric symptom burden. All nine outcome measures improved across all programs.

● Admission | ● Discharge

WeeFIM II

Functional Independence Measure for Children · Score 18–126 · Higher = more independent

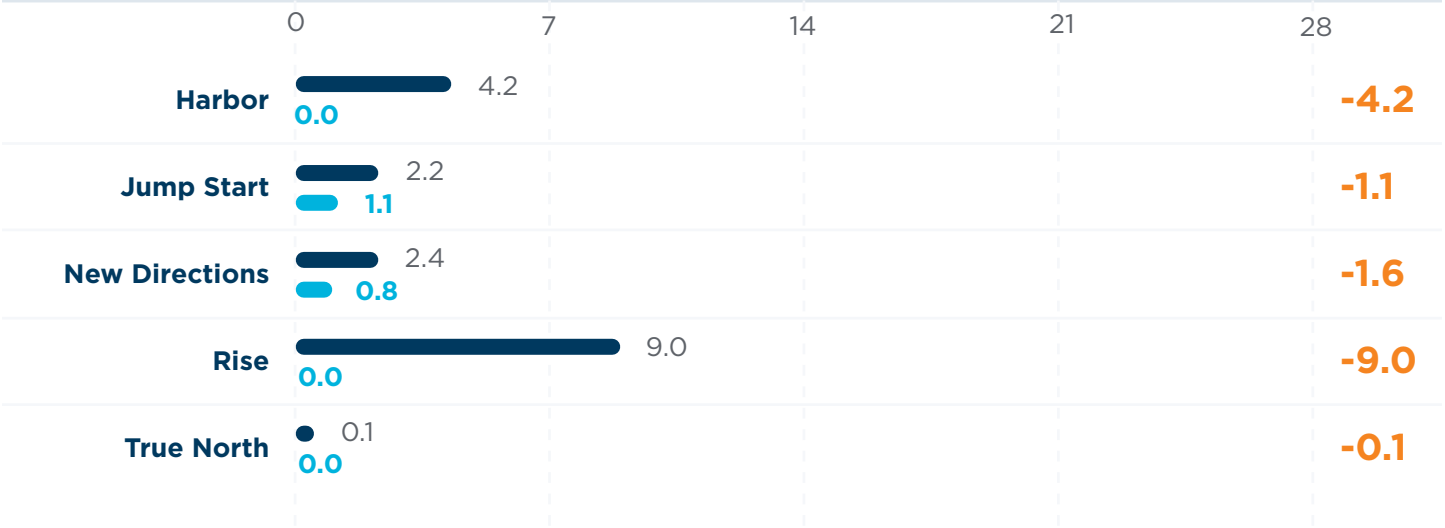
Measures how much assistance a child needs for everyday tasks across self-care, mobility, and cognition. Gains reflect a child becoming more capable of functioning independently, and serve as the primary lens for evaluating rehabilitation progress.



MOAS

Modified Overt Aggression Scale · Score 0–28 · Lower = less aggression

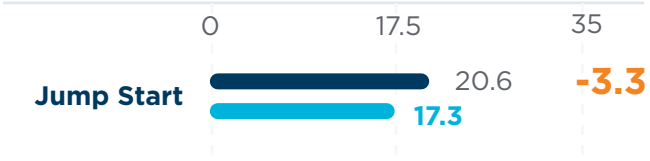
Tracks frequency and severity of verbal, physical, and self-directed aggression. Reductions indicate a child is safer in community settings and less likely to require emergency intervention or a higher level of care.



ABS

Agitated Behavior Scale · Score 14–70
Above 21 = clinically significant · Lower = better

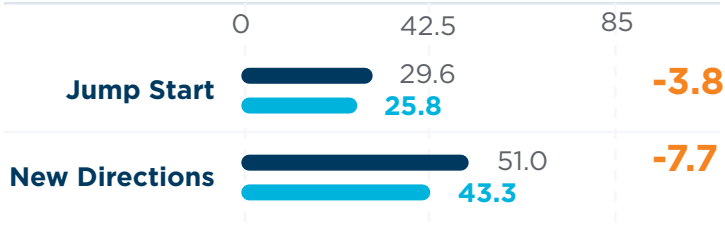
Captures agitation common after acquired brain injury (distractibility, impulsivity, and emotional lability). Improvement signals neurological stabilization and readiness for return to home.



DBC-2

Developmental Behavior Checklist · Score 0–170
Lower = better

Measures breadth and severity of behavioral and emotional problems. Tracks reduction in overall burden across settings, not just in treatment.



ABC-2

Aberrant Behavior Checklist · Score 0–174 · Lower = better

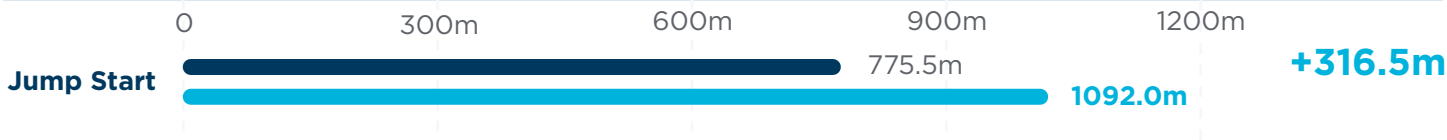
Measures maladaptive behaviors (irritability, hyperactivity, stereotypy, and others) most likely to restrict participation in family life, school, and community. Reduction signals durable, observable behavioral change.



6MWT

6-Minute Walk Test · Distance in meters · Higher = better endurance

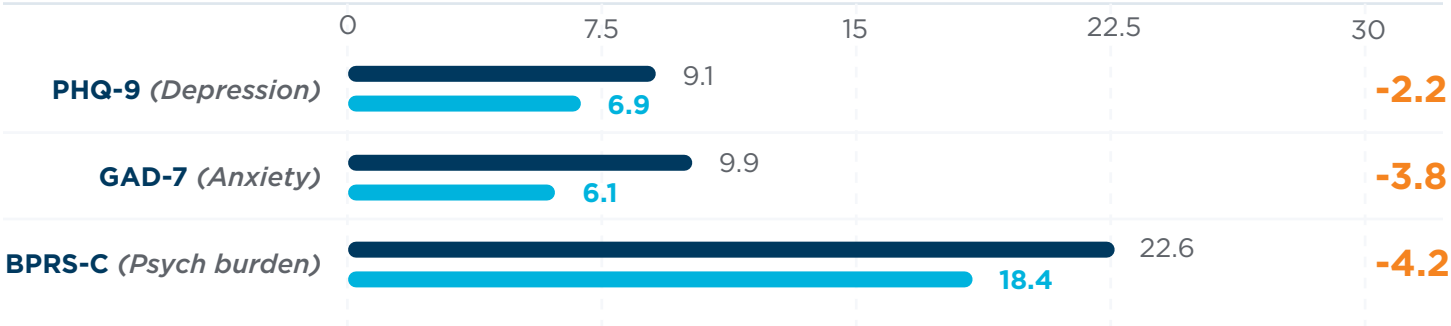
Measures how far a patient can walk in six minutes, serving as a reliable proxy for functional physical capacity. Gains reflect recovery of the stamina needed for independent daily activity.



PHQ-9 | GAD-7 | BPRS-C

Depression, anxiety, and psychiatric burden · Lower = better

These three instruments capture the psychiatric symptom load at admission and discharge. The PHQ-9 measures depression, the GAD-7 measures anxiety, and the BPRS-C measures broader psychiatric burden including thought disturbance and emotional withdrawal. Together, they indicate whether patients are stable enough to transition safely home.





Meet a Nexus Champion.

BRADY PADGETT

New Directions Program

> "Brady may still face challenges, but now he knows he's not facing them alone..."

ANGELA PADGETT, Patient's Mother

When Brady Padgett arrived at Nexus Children's Hospital, his family was exhausted and out of options. Adopted at age five after early trauma and neglect, Brady had already endured years of instability, countless medication trials, and repeated hospitalizations. Despite his parents' unwavering advocacy, most facilities turned him away. His co-occurring diagnoses — autism, epilepsy, ADHD, PTSD, severe anxiety, and disruptive mood dysregulation disorder — rendered his case one of the most complex the doctors in Georgia had seen.

"Before Nexus, it felt like every door was closing," recalled his mother, Angela. "We were honest about his challenges, but people didn't want to help. He was overmedicated, seizing, and constantly being rejected. It was heartbreaking."

At first, Brady's days at Nexus were marked by violent outbursts, self-injurious behaviors, and frequent seizures. In past placements, those behaviors were met with sedation and seclusion. At Nexus, they were met with consistency, compassion, and clinical expertise. A team of physicians, nurse practitioners, behavioral health specialists, and therapists collaborated to stabilize his medications, manage his seizures, and introduce structure into his daily routine. For the first time, his family felt included in every decision and supported by a team that believed in Brady's potential.

"They treated Brady like a person, not a problem," Angela said. **"When he left Nexus, he was clean, healthy, smiling, and understood what was happening. He felt cared for."**

The change was gradual but undeniable. Brady began participating in therapy groups, sustaining attention for longer periods, and learning healthier ways to manage his frustration. Staff celebrated his milestones, from birthdays to small breakthroughs in behavior. His care team ensured he left not only with a treatment plan but also with confidence — the kind that came from seeing himself succeed in ways no one thought possible.

Discharge day brought a moment his parents will never forget. Instead of being rushed out by security, as they had experienced elsewhere, Brady walked down a hallway lined with cheering staff — doctors, nurses, therapists, and techs all standing together to honor his progress. He left with gifts, smiles, and the knowledge that he was part of a community that truly saw him.

Back home, Brady has continued to make strides. For the first time in more than three years, he returned to school and was recently accepted into a full-time ABA program. His seizure activity is controlled, and his aggressive behaviors have decreased. Most importantly, his family no longer feels alone in the journey. Even after discharge, Nexus clinicians stayed connected — a sign, Angela said, that their investment went beyond the walls of the hospital.

"Brady may still face challenges, but now he knows he's not facing them alone," Angela shared. "He has a team, he has a community, and he has hope."

Champion highlights.

Andy Sandoval | *Jump Start Program*



Andy Sandoval arrived at Nexus after a broken leg left him bedridden in a facility that didn't understand Prader-Willi syndrome, causing him to lose nearly all muscle tone and gain significant weight. **Nexus's interdisciplinary team addressed every layer of his complexity: rehab restored his mobility from zero steps to walking with a walker, respiratory care eliminated his need for a trach, and structured nutrition helped him lose enough weight to return home to his mother's care. By discharge, Andy could transfer independently, bathe himself, use the restroom on his own, and on his last day, climbed into a police car for a ride around the block because he'd earned it.**

Diagnoses / Conditions:

Prader-Willi Syndrome, obesity, respiratory failure, behavioral dysregulation, and scoliosis

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Janova Washington | *Rise Program*



At just two years old, Janova Washington was in a car accident that flipped the vehicle three times, fractured her skull, and required five and a half hours of brain surgery. She arrived at Nexus unable to walk, talk, or eat, with post-traumatic seizures, sprained cervical ligaments, and a traumatic subarachnoid hemorrhage. **The interdisciplinary team rebuilt her from the ground up: speech therapy cleared her for oral eating, physical and occupational therapy restored her mobility, and the team equipped her caregiver with everything needed to continue her recovery at home. By the time she left, Janova was walking, starting to run, remembering the people she loved, and coming back, in her family's words, to her normal self.**

Diagnoses / Conditions:

Traumatic brain injury, skull fractures, seizures, and mobility challenges

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Abbigail Ligue | *True North Program*



Abbi entered foster care as a teenager after significant family trauma and went through five residential placements before Nexus. She struggled with poor self-image, skipped school, and had been hospitalized multiple times. **Nexus's interdisciplinary team supported her from hospital-level care through residential treatment. When she walked out of therapy and pushed people away, her team stayed consistent. After nine months, Abbi took ownership of her treatment plan and rewrote it in her own words.** By discharge, she was confident, hadn't missed a day of school, and was planning to become a police officer and open to adoption and a family.

Diagnoses / Conditions:

Attention-deficit/hyperactivity disorder, oppositional defiant disorder, disruptive mood dysregulation disorder, post-traumatic stress disorder

Care that goes beyond clinical.

Nexus Health Systems is a safe and efficient discharge option for complex cases requiring medical and behavioral management.

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