

2019 QUALITY REPORT



*Where specialized care begins
and hope never ends*

healthbridgecc.com



HEALTH **BRIDGE**
Children's
Hospital



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2019 Statistics

Number of Employees: 110

Number of Licensed Beds: 27

(9 general acute, 17 subacute, 1 SNF)

Number of Inpatients: 91

Average Length of Acute Stay: 25 days

Average Length of Sub Acute Stay: 125 days

Outpatient Visits: 2,771



HealthBridge Children’s Hospital is accredited by DNV-GL’s NIAHO® and is ISO 9001:2008 certified.

WELCOME



Welcome to HealthBridge Children's Hospital, where we've created an environment that feels more like home than a hospital for our young patients and their families.

The multidisciplinary team of medical specialists at HealthBridge Children's Hospital has a passion for helping every child who comes to our facility.

Working with an understanding that hospitals can be a scary and overwhelming place for children – and their families – our medical team places as much attention on caring for emotional challenges and educating parents and family members as it does on addressing medical problems.

While there is no place like home for a child, it is our hope that should you need individualized care for your young loved one or patient, that you turn to HealthBridge Children's Hospital.

ROBERTA CONSOLVER, RN, BSN, MHA

Chief Executive and Clinical Officer
HealthBridge Children's Hospital

MISSION

To return our patients to lives of productivity and meaning.

VISION

To be recognized as the leader in providing specialized pediatric care and facilitating the transition for children and families from the hospital to home and community.

PHYSICIAN LEADERSHIP

Patricia P. Liao, MD

Medical Director

Melanie C. Irwin, MD

Chief of Staff and Medical Director of Rehab Medicine

Justin Pham, MD

Director of Radiology

Behnoosh Afghani, MD

Director of Infection Control

HEALTHBRIDGE CHILDREN'S HOSPITAL CORE VALUES



GENUINE



OWNERSHIP



POSITIVITY



TEAMWORK



INNOVATION

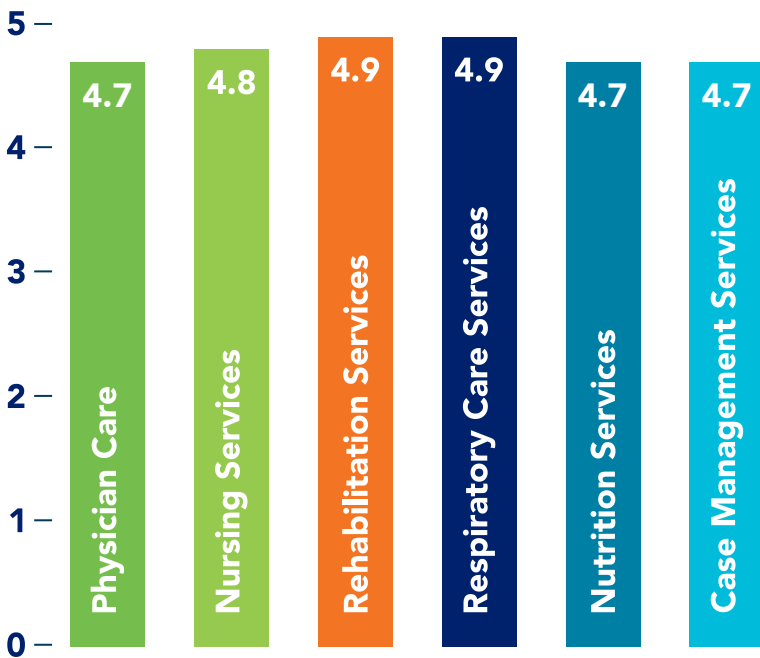


COMPASSION

PATIENT SATISFACTION

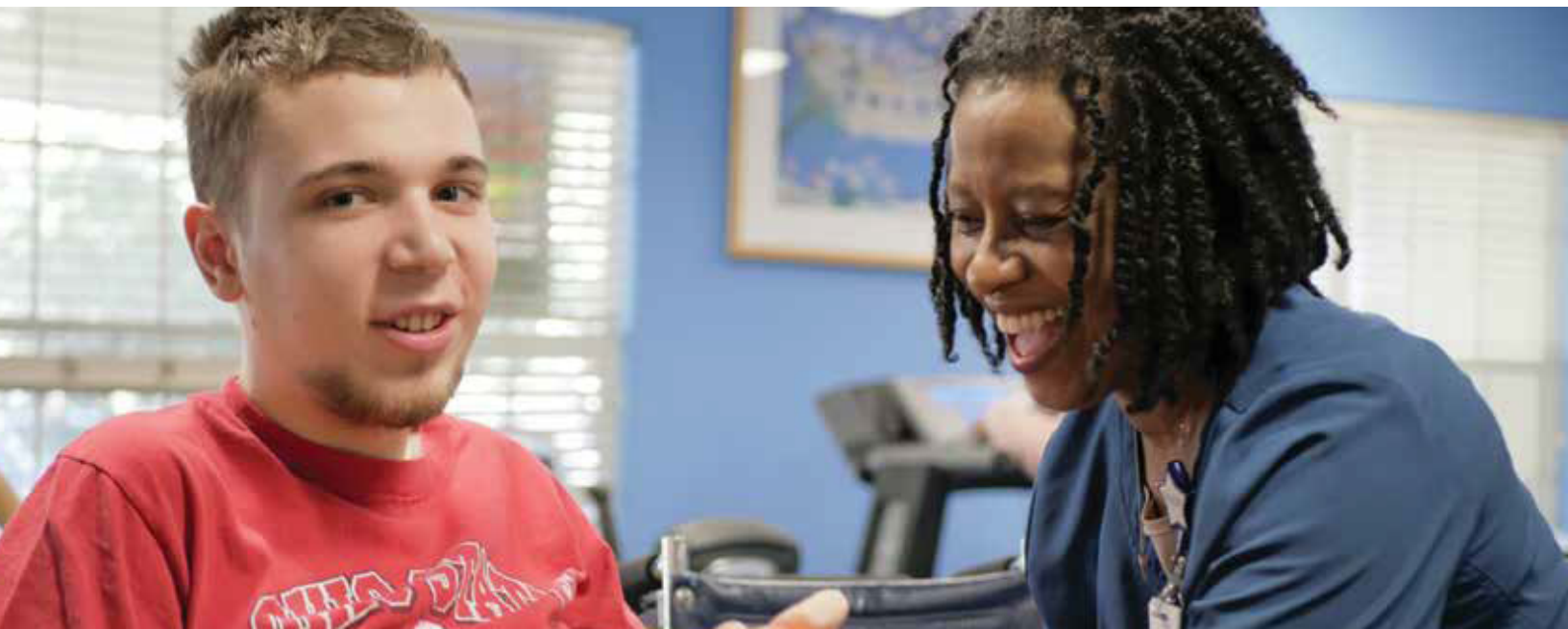
HealthBridge Children's Hospital prides itself on delivering exceptional care and support to our patients and their families. To develop quality initiatives and ensure needs are met, satisfaction surveys are conducted with each patient and his or her family. Scores are based on a 5-point rating scale.

HealthBridge Children's Hospital IP Category Rating



2019
Average Patient Satisfaction Score:
4.8

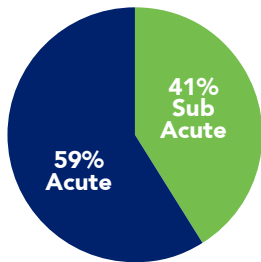
Discharge satisfaction survey return rate **99%**



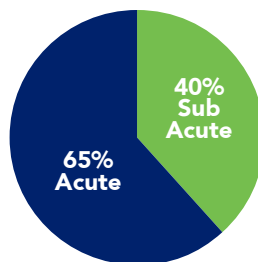


ACHIEVING THE BEST QUALITY OF LIFE

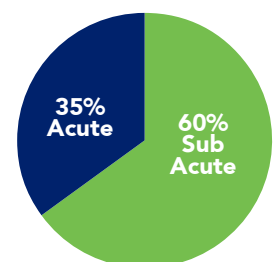
Team members and members of the child’s family participate in developing a complete, individualized plan of care to achieve the best quality of life. The individualized treatment plan addresses the emotional, medical, social, and physical needs of the patient and family members. Team members meet regularly and make plan-of-care adjustments, if needed, after evaluating a child’s progress.



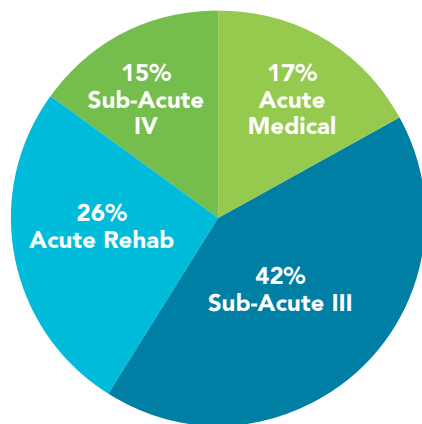
Admissions



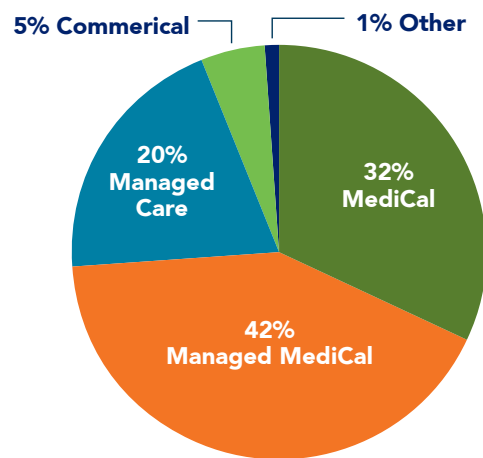
Male Demographics



Female Demographics



Admission Based on Level Of Care



Payor Mix

ENVIRONMENT THAT PROMOTES RECOVERY

We understand and recognize that a child’s family and environment play an important role in the recovery process and attainment of goals. The rehab team encourages families to participate in their child’s care and development of treatment plans.

Discharge Destination

YEAR	HOME	SHORT TERM/ HOSPITAL	SCHEDULED PROCEDURE	SKILLED NURSING FACILITY	OTHER
2019	56 (70%)	15 (18%)	8 (10%)	1 (1%)	1 (1%)
2018	68 (60%)	30 (26%)	5 (4%)	2 (2%)	9 (8%)
2017	71 (56%)	38 (30%)	3 (2%)	7 (6%)	7 (6%)
2016	70 (68%)	14 (13%)	2 (2%)	3 (3%)	15 (14%)
2015	69 (54%)	34 (26%)	2 (1%)	5 (4%)	19 (15%)

Note: Sometimes patients leave HealthBridge 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.



INFECTION CONTROL

Hand Hygiene

HealthBridge Children’s Hospital follows the Centers for Disease Control (CDC) Guidelines for hand hygiene in health care settings. Performing hand hygiene can decrease the amount of bacterial burden on the hands and is the number one way to prevent the spread of infections.

Central Line, Catheter & Ventilator Management

A central line is a catheter (tube) that doctors often place in a large vein in the neck, chest, or groin to give medication or fluids or to collect blood for medical tests. Central lines are different from IVs because these lines access a major vein that is close to the heart and may remain in place for weeks or months. Central lines also have greater potential to cause serious infections.

Central-Line Associated Bloodstream Infection (CLABSI)

A CLABSI is a serious infection that occurs when germs (usually bacteria or viruses) enter the bloodstream through the central line. Health care providers must follow a strict protocol when inserting a central line, as well as use stringent infection control practices each time they check the line or change the dressing.

HealthBridge Children’s Hospital 2018 Central Line Utilization Rate

HealthBridge Children’s Hospital’s central line utilization ratio is lower than the expected utilization ratio based on National Health & Safety Network (NHSN) pooled mean for pediatric rehabilitation facilities.



Catheter-Associated Urinary Tract Infection (CAUTI)

A urinary tract infection (UTI) is an infection involving any part of the urinary system, including the urethra, bladder, ureters, and kidneys. Many UTIs acquired in the hospital are associated with a urinary catheter, a tube inserted into the bladder through the urethra to drain urine. The most important risk factor for developing a CAUTI is prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed.

HealthBridge Children’s Hospital 2018 Urinary Catheter Utilization Rate

HealthBridge Children’s Hospital’s urinary catheter utilization ratio is lower than the expected utilization ratio based on National Health & Safety Network (NHSN) pooled mean for pediatric rehabilitation facilities.





PEDIATRIC PULMONARY MEDICINE

At HealthBridge Children’s Hospital, we offer a Pediatric Pulmonary Medicine Program for children who are chronically ill, physically fragile, or traumatically injured. Our program provides care to children who require short-term tracheostomy/ventilator management, as well as those with long-term tracheostomy/ventilator dependencies who will return home.

Patients are placed on a portable ventilator and may receive therapies in one of our facility’s living or therapy areas. As our children improve, they may receive Bi-level Positive Airway Pressure (BiPAP) or Continuous Positive Airway Pressure (CPAP) as other forms of ventilation.

Our program is overseen by a pediatric pulmonologist who works closely with on-site therapists. This program is staffed 24 hours a day by a licensed respiratory therapist.

Tracheostomy & Ventilator Days

TOTAL INPATIENT DAYS	TRACH DAYS	VENTILATOR DAYS
1,674	475	180

REHABILITATION

The unique licensing of our facility enables our rehabilitation team to develop individualized treatment plans that meet the specific needs of each child. This means that we are able to provide an acute rehabilitation level of care (15 hours per week) for those children who are ready for intensive inpatient rehabilitation. Conversely, we are also able to provide a lower intensity intervention for those children with significant physical or medical limitation who are not yet able to tolerate acute rehabilitation programming.

HealthBridge Children’s Hospital has devoted itself to implementing evidence-based assessment tools and interventions in a concerted effort to enhance the competency our staff, collect meaningful outcome data, and increase the efficiency of our care delivery. We also utilize a number of discipline and disability specific assessment tools to closely monitor a patient’s rate of recovery throughout the course of their admission. The patient’s physician determines frequency and duration of treatment with input from our physical therapists.

100% of our rehab staff is WeeFIM-II certified. WeeFIM is a measurement tool used to evaluate functional improvement in activities of daily living.

Physical Therapy

Our Physical Therapy treatment focuses on the mobility of the child through direct one-on-one therapy and parent/caregiver education for carryover between therapy sessions. Patients undergo a comprehensive assessment prior to beginning therapy to determine a treatment plan based on their unique needs. Progress is monitored and goals are updated and modified as needed.

Occupational Therapy

Concentrating on functional independence in areas of daily living and progression of age-appropriate developmental skills in a child’s home, community, and school environments, patients in this program undergo a comprehensive assessment prior to beginning therapy to determine a treatment plan based on their unique needs.

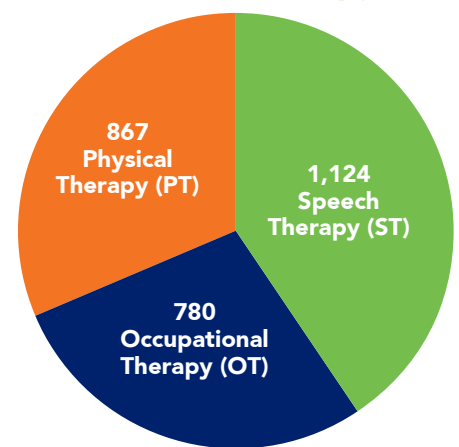
Speech & Language Therapy

Speech Language Pathology services address swallowing disorders in children as well as cognitive communication and social communication deficits that limit age appropriate interaction for home or school. The program utilizes formal assessments, behavioral observations, parental reports, medical history, and background information about the child to determine the severity of the speech and/or language problem and/or swallowing deficits.

Our speech-language pathologists establish appropriate goals, then design and implement individualized treatment plans. The child’s response and progress is carefully monitored on an ongoing basis with timely and appropriate modifications as needed.



Number of Outpatient Visits Per Therapy



PEDIATRIC BRAIN INJURY CONTINUUM

Our Brain Injury Rehabilitation Continuum of Care Program is designed for any patient who has experienced a traumatic or acquired brain injury. As children progress through the stages of brain injury recovery, they may require a broad range of specialized services to meet their individual needs. As a result, many children will receive a combination of services provided in each of the following inpatient programs: Brain Injury Responsiveness, Brain Injury Rehabilitation, and Home and School Re-Entry.

Our program is designed for any patient who has experienced an injury to the central nervous system (CNS) including:

Traumatic Brain Injuries

- » Motor vehicle/ATV accident
- » Falls
- » Gunshot wound/penetration wound
- » Non-accidental head trauma

Acquired Brain Injuries

- » Cardiac arrest
- » Drug overdose/poisoning
- » Stroke
- » Drowning/asphyxia
- » Neoplasms/brain tumor
- » Prematurity
- » Encephalitis
- » Epilepsy
- » Meningitis

Brain Injury Responsiveness Program

Designed for children and adolescents who continue to exhibit altered arousal and/or limited ability to interact with their environment and are not yet or inconsistently following commands (*Unresponsive Wakefulness Syndrome/Minimally Conscious State*).

- » Determine the level of consciousness and monitor using evidence-based measures
- » Evaluate for barriers to recovery of consciousness
- » Normalize sleep wake cycle
- » Improve alertness during the day
- » Initiate sensory stimulation treatments
- » Initiate a medically appropriate rehabilitation program

Brain Injury Rehabilitation Program

- » Designed for recovery from acute confusion and/or post-traumatic amnesia (PTA) and beyond.
- » Provide orienting information to promote increased environmental awareness
- » Creation of a "Memory Log"
- » Management of behavioral agitation
- » Intensive multidisciplinary rehabilitation

Home and School Re-Entry Program

Designed to support children and their families as they navigate the transition from hospital back into their home, school, and community environments.

- » Neuropsychological evaluation during admission
- » Enrollment in home-bound educational services while hospitalized (when appropriate)
- » Work with families and schools to develop an individualized plan for academic re-entry
- » Provide families with information about special education supports through school
- » Support family in identifying and scheduling relevant follow-up and outpatient appointments
- » Coordination with insurance to obtain necessary discharge prescriptions and home equipment

Continuous Goals Throughout the Brain Injury Continuum of Care Programs

- » Inclusion of rehabilitation and child life services
- » Receipt of neuropsychological services
- » Respiratory therapy, tracheostomy, and ventilator management
- » Optimization of medication and respiratory needs
- » Prevention of secondary complications
- » Trial for assistive technology for communication
- » Determine long-term care needs (e.g., school and home plans post discharge)
- » Education, training, and support for families and caregivers
- » Spasticity management



MEASUREMENT OUTCOMES

The Functional Independence Measure (WeeFIM) for children is a simple-to-administer scale for assessing independence across three domains in children. WeeFIM was based on a conceptual framework by the World Health Organization (1980) of pathology, impairment, disability, and handicap. It is useful in assessing functional independence in children aged 6 months to 7 years. It can be used for children with developmental disabilities aged 6 months to 21 years.

WeeFIM is a benchmarked outcomes management system that provides a method of evaluating outcomes for patients, groups of patients (population-based), and overall medical rehabilitation/habilitation programs. The seven-level ordinal scale instrument that measures a child's consistent performance in essential daily functional skills. Three main domains (self-care, mobility, and cognition) are assessed by interviewing or by observing a child's performance of a task to criterion standards.

fig.1 WeeFIM Diagnosis Outcomes

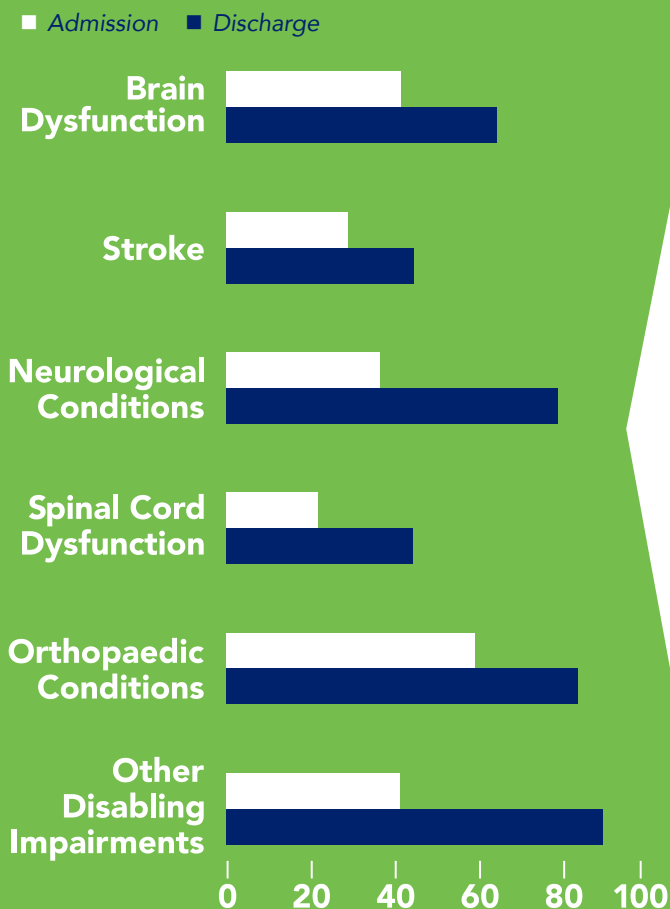


fig.2 WeeFIM Diagnosis

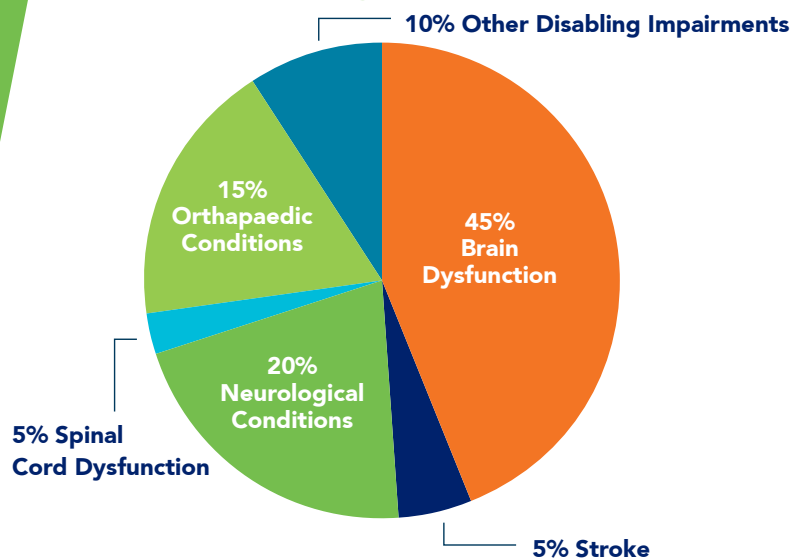
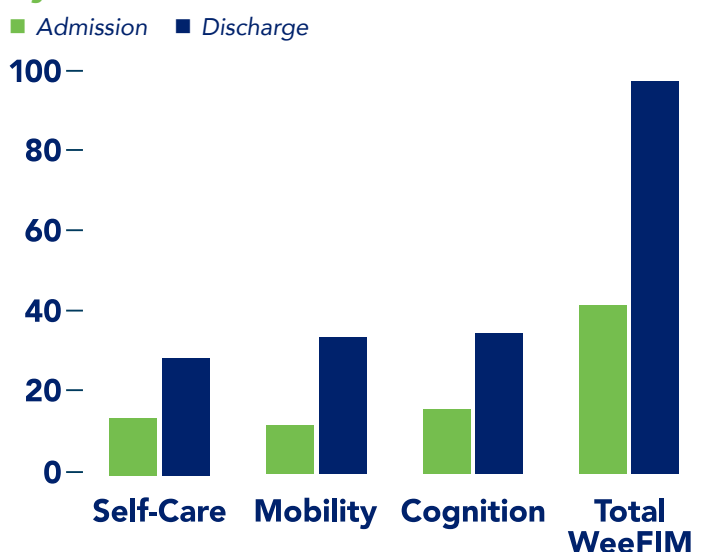


fig.3 WeeFIM Assessment & Outcomes by Domain



Figures 1 and 3: Change in WeeFIM Ratings from Admission to Discharge as assessed by Wilcoxon Signed Ranks Test for dependent, non-normally distributed, ordinal data. * $p > .01$





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Main: 714.289.2400
Admissions: 888.306.5121
Fax: 714.464.1886

393 S. Tustin Street
Orange, California 92866
healthbridgecc.com