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**APPENDIX:**

26 **APPENDIX 1**: Details on Pressure Injury Definition Change
DEMONSTRATING VALUE: Another Year to Compare

FY 2013 – 2019
Increased Government & Strategic Alignment

FY 2020

1. Demonstrated Value through Superior Clinical Outcomes
2. Advocated for Outcome Comparison of Populations with Catastrophic Injuries

**GAO**
- Exemption granted in 2018 expired but was extended in response to COVID-19.
- Continued legislative efforts for exemption based on the demonstration of increased value provided to patients with traumatic injuries.

**CMS**
- Worked to advocate for outcome comparison of populations with catastrophic injuries.
- Prepared for upcoming expansion of the LTCH Quality Reporting Program.

**U.S. News & World Report**
- Provided feedback as U.S. News worked to add quality metrics to the Rehab ranking, including advocating for the importance of all payor data.
- Proposed new specialty ranking for Catastrophic Rehabilitation.
- Collaborated with several hospitals across the country.
- U.S. News postponed changes in order to incorporate this collective feedback.

**GHA**
- Awarded second place in the 2020 Quality and Patient Safety Award for Specialty Hospitals for “Remote patient monitoring to reduce falls and improve patient safety.”
### INPATIENTS SERVED: By Impairment

<table>
<thead>
<tr>
<th>Impairment</th>
<th>FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>276 Spinal Cord Injury</td>
<td>Includes:</td>
</tr>
<tr>
<td>387 Brain Injury</td>
<td>Includes:</td>
</tr>
<tr>
<td>43 Dual</td>
<td></td>
</tr>
<tr>
<td>32 Neuro Paralyzing</td>
<td>Includes multiple trauma and orthopedics</td>
</tr>
<tr>
<td>24 Other</td>
<td></td>
</tr>
<tr>
<td>88 Skin</td>
<td></td>
</tr>
</tbody>
</table>

#### 850 Inpatient Discharges

#### 49,159 Patient Days

**ICU LEVEL OF CARE**

- 184 Direct Admits to ICU
- 343 Encounters Treated in ICU
- 2,016 ICU Patient Days
Expertise in caring for people with severe traumatic injuries leads to superior patient outcomes.

**Traumatic Volume**
At Shepherd Center, 66% of rehabilitation patients have traumatic injuries.

**Clinical Complexity**
Case-Mix Index is a nationally accepted indicator of severity approved by the Centers for Medicare and Medicaid Services (CMS).
Shepherd Center treats patients who have more severe illnesses in addition to their traumatic injuries.

Medical Severity
Severity of Illness (SOI) classifications refer to the extent of physiologic decompensation or organ system loss of function as defined by 3M APR DRG™. The SOI classifications are determined by secondary diagnoses, the patient’s age, and other factors.

The Most Severe Populations
Patients with an overall “Severity of Illness” classification of 3 or 4 are usually characterized by the presence of multiple severe secondary diagnoses. Patients who had an SOI of 3 or 4 made up 75% of the Shepherd Center volume in FY 2020.
Patients with Spinal Cord Injury who are treated at Shepherd Center achieve excellent rehabilitation outcomes.

### Traumatic Volume
Among the patients with spinal cord injury treated at Shepherd Center, 81% have traumatic injuries.

### Discharge to Community
Most patients return home after undergoing rehabilitation at Shepherd Center for spinal cord injuries, including traumatic injuries.

Discharge to Community includes returning to: home with or without planned assistance, a boarding home, a transitional living residence, or an assisted living residence.

---

**OUTCOMES: FY 2020**

- **276** Spinal Cord Injury Discharges
- **81%** Traumatic Injury
- **41** Years Average Patient Age
- **64** Days Average Length of Stay

---

**Discharge to Community**

- **89%** All Spinal Cord Injury
- **90%** Traumatic Spinal Cord Injury
Patients with Brain Injury who are treated at Shepherd Center achieve excellent rehabilitation outcomes.

Traumatic Volume
Among the patients with brain injury treated at Shepherd Center, 80% have traumatic injuries.

Discharge to Community
Most patients return home after undergoing rehabilitation at Shepherd Center for brain injuries, including traumatic injuries.

Discharge to Community includes returning to: home with or without planned assistance, a boarding home, a transitional living residence, or an assisted living residence.
**Outcomes: FY 2020**

Patients who have sustained a Stroke and are treated at Shepherd Center achieve excellent rehabilitation outcomes.

**Younger Population**
We specialize in stroke rehabilitation for young adults – those in high school or college, or people raising a family or in midst of their career.

**Discharge to Community**
Most patients return home after undergoing rehabilitation at Shepherd Center for stroke.

Discharge to Community includes returning to: home with or without planned assistance, a boarding home, a transitional living residence, or an assisted living residence.

**Strokes Discharges**

- **142** stroke discharges
- **51 years** average patient age
- **57 days** average length of stay

**Discharge to Community**

- **87%** return home or to planned assistance
Patients who need a ventilator, treated at Shepherd Center, achieve highly favorable ventilator-weaning rates across all injury types.

**Diaphragm Pacing**
- Diaphragm Pacing System (DPS) is designed as an alternative treatment for patients with spinal cord injuries that result in the reliance on a ventilator to breathe.
- The first Shepherd Center patient was implanted in 2006 in an FDA approved trial.
- Shepherd Center played an integral role in the FDA approval and implementation of DPS in June of 2008.
- Since then, our well-respected program has been a model and support for other hospitals that are implementing DPS or in need of education on the system.
- DPS works to condition the diaphragm muscle which has weakened from lack of use due to their injury. In many patients, DPS will allow for natural breathing through the mouth and nose and may result in complete liberation from a mechanical ventilator.

**OUTCOMES: FY 2020**

**FY 2020 Percentage of Ventilator Weaning By Level of Injury**

<table>
<thead>
<tr>
<th>Level of Injury</th>
<th>Total Vent Patients</th>
<th>Patients Weaned</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1-2</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>C3</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>C4</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>C5-C7</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>T1-T12</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>31</td>
<td>28</td>
</tr>
</tbody>
</table>

*Ventilator data is validated annually by David DeRuyter, MD, Medical Director, ICU and Pulmonary Services who oversees the weaning program.*

*Stroke data is withheld due to a low volume of patients on ventilators and inability to draw statistically significant conclusions from the data.*
**PRESSURE INJURY RECONSTRUCTIVE SURGERY**

*Wound dehiscence is the most common surgical complication following pressure injury reconstructive surgery. Patients who get a flap reconstruction for pressure injury (also called flap surgery) at Shepherd achieve better outcome compared to a national study.*

**Pressure injury reconstructive surgical services:**

- The first wound care specialist initiated the program in the early 1980’s and since then this has continued to evolve with medical advancements.
- Services are directed by a plastic surgeon and are supported by specialized staff.
- The Comprehensive Rehab Unit serves patients primarily admitted for reconstructive surgery for pressure injury, however other units are also capable of managing these patients.
- Results show excellent post-surgery care is being provided. This includes post-operative nursing care, patient positioning and specialized equipment selection. Additional therapy interventions are initiated such as specialized transfers and stretch to sit.
- Corrective repair for reconstructive surgery for pressure injury has been ZERO since 2018!

---

**OUTCOMES: FY 2020**

**Wound Dehiscence Rate**

Dehiscence is a partial or total separation of previously approximated wound edges, due to a failure of proper wound healing.

<table>
<thead>
<tr>
<th></th>
<th>National Study*</th>
<th>FY 2020</th>
<th>FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>n=276</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Dehiscence</td>
<td>31.2%</td>
<td>19.8%</td>
<td>16.5%</td>
</tr>
</tbody>
</table>

PATIENT EXPERIENCE: Inpatients

Inpatients treated at Shepherd Center rate their care and experience better than patients treated at other facilities across the nation.

Shepherd Center’s Overall Rating of Care exceeds the national average.

Patients rated their overall care as 92.5 out of 100, demonstrating exceptional medical and rehabilitation care for patients and families.

Patients treated at Shepherd Center are more Likely to Recommend the facility to others, when compared to the national average.

Patients scored Shepherd Center 94.6 out of 100 when asked if they would recommend us to their friends and family.

OUTCOMES: FY 2020

Overall Rating of Care

- Nation’s Mean Score: 92.3
- Shepherd Mean Score: 92.5

“Shepherd is one of a kind – a special place full of positive, exceptional caregivers. I have nothing but praise for the center and am grateful for their care.”

Likelihood of Recommending Facility

- Nation’s Mean Score: 92.2
- Shepherd Mean Score: 94.6

“I do recommend the Shepherd Center to everyone! Thank you for all you do!”

*Nation reflects Press Ganey’s “All Hospital Custom” benchmark for like facilities using the rehabilitation survey in FY 2020.*
**OUTPATIENTS SERVED: Shepherd Center Clinics**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Total Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple Sclerosis Institute</strong></td>
<td>10,414</td>
</tr>
<tr>
<td><strong>Pain Institute</strong></td>
<td>6,498</td>
</tr>
<tr>
<td><strong>Beyond Therapy</strong></td>
<td>5,388</td>
</tr>
<tr>
<td><strong>Multi-Specialty Clinic</strong></td>
<td>4,281</td>
</tr>
<tr>
<td><strong>Complex Concussion Clinic</strong></td>
<td>3,783</td>
</tr>
<tr>
<td><strong>Seating Clinic</strong></td>
<td>2,912</td>
</tr>
<tr>
<td><strong>Urology Clinic</strong></td>
<td>1,619</td>
</tr>
<tr>
<td><strong>Assistive Technology Clinic</strong></td>
<td>1,326</td>
</tr>
<tr>
<td><strong>Wound Clinic</strong></td>
<td>771</td>
</tr>
<tr>
<td><strong>Driving Clinic</strong></td>
<td>542</td>
</tr>
<tr>
<td><strong>Upper Extremity Clinic</strong></td>
<td>156</td>
</tr>
<tr>
<td><strong>Vision Clinic</strong></td>
<td>127</td>
</tr>
</tbody>
</table>

FY 2020 Total Visits: 37,817
OUTPATIENTS SERVED: Shepherd Center Day Programs

Extending the Continuum of Care with Day Programs
Many patients with complex injuries need to continue their recovery and rehabilitation, but no longer require the around-the-clock care of an inpatient hospital setting. Shepherd Center’s Day Programs enable these patients to continue their recovery and rehabilitation.

Providing Single-Service Outpatient Therapies and Treatments
In addition to providing this comprehensive care in the Day Program, these four departments also provide additional outpatient services to patients who are not participating in the Day Programs.
Patients who receive services in our outpatient clinics rate their care and experience highly. Patients treated in Shepherd Center’s outpatient clinics rate their likelihood to recommend us to their friends and family as a 98.5 out of 100, demonstrating the extraordinary care that our patients receive.

“It is clear that everyone here really cares about me making improvements and getting better.”

### OUTCOMES: FY 2020

**Likelihood of Recommending Facility**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCI Post Acute (n=12)</td>
<td>87.5</td>
</tr>
<tr>
<td>Specialty Clinic (n=38)</td>
<td>96.7</td>
</tr>
<tr>
<td>ABI Post Acute (n=191)</td>
<td>97.8</td>
</tr>
<tr>
<td>Seating Clinic (n=260)</td>
<td>97.8</td>
</tr>
<tr>
<td>Assistive Technology Clinic (n=23)</td>
<td>97.8</td>
</tr>
<tr>
<td>Pain Institute (n=147)</td>
<td>98.5</td>
</tr>
<tr>
<td>Complex Concussion Clinic (n=325)</td>
<td>98.9</td>
</tr>
<tr>
<td>Driving Clinic (n=26)</td>
<td>99.0</td>
</tr>
<tr>
<td>SHARE Military Initiative (n=55)</td>
<td>99.1</td>
</tr>
<tr>
<td>Multispecialty Clinic (n=48)</td>
<td>99.5</td>
</tr>
<tr>
<td>Multiple Sclerosis Clinic (n=293)</td>
<td>99.5</td>
</tr>
<tr>
<td>Beyond Therapy (n=12)</td>
<td>100.0</td>
</tr>
<tr>
<td>All Clinics/Outpatient Areas</td>
<td>98.5</td>
</tr>
</tbody>
</table>

Shepherd Center Organizational Quality and Patient Safety: FY 2020 Performance Report
OVERALL HARM COUNT: Hospital Acquired Conditions

220
Total number of Harms in FY 2020

FY 2020 - 1 in 6 Patients Unintentionally Harmed

Note: one patient may have had more than one hospital acquired condition

FY 2020 Number of Harms by Type

<table>
<thead>
<tr>
<th>Condition</th>
<th>FY 2020</th>
<th>Comparison to FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI</td>
<td>9</td>
<td>↓</td>
</tr>
<tr>
<td>MRSA BACTEREMIA</td>
<td>0</td>
<td>↓</td>
</tr>
<tr>
<td>CAUTI</td>
<td>29</td>
<td>↑</td>
</tr>
<tr>
<td>ADE: BLOOD GLUCOSE</td>
<td>0</td>
<td>→</td>
</tr>
<tr>
<td>ADE: INR</td>
<td>0</td>
<td>→</td>
</tr>
<tr>
<td>ADE: OPIOID REVERSAL</td>
<td>0</td>
<td>→</td>
</tr>
<tr>
<td>PRESSURE INJURY</td>
<td>165*</td>
<td></td>
</tr>
<tr>
<td>FALLS WITH INJURY</td>
<td>16</td>
<td>↑</td>
</tr>
<tr>
<td>CLABSI</td>
<td>1</td>
<td>↑</td>
</tr>
</tbody>
</table>

*Pressure injury harm has been redefined, to establish a more relevant and accurate metric. FY20 will be the baseline year with the new metric. For more information, see the appendix.
CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)

FY 2020 FOCUS

Maintain established best practices while expanding focus to all bladder programs for additional insights.

Align orders in new EHR to existing UTI Guidelines

Analyze efficacy and adherence to CAUTI Diagnostic and Treatment guidelines

Expand focus to include Urinary Tract Infections across all bladder programs

OUTCOMES: FY 2020

CAUTI Rate per 1,000 Foley Days

<table>
<thead>
<tr>
<th>Year</th>
<th>CAUTI Rate per 1,000 Foley Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2017</td>
<td>3.50</td>
</tr>
<tr>
<td>FY 2018</td>
<td>2.52</td>
</tr>
<tr>
<td>FY 2019</td>
<td>2.71</td>
</tr>
<tr>
<td>FY 2020</td>
<td>2.36</td>
</tr>
</tbody>
</table>

32% REDUCTION

UTI Rate Across Bladder Programs

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 2020</th>
<th>COUNT</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI</td>
<td></td>
<td></td>
<td>2.36</td>
</tr>
<tr>
<td>Infections per 1,000 Foley Days</td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Non-CAUTI Symptomatic UTI</td>
<td></td>
<td>116</td>
<td>3.16</td>
</tr>
<tr>
<td>Infections per 1,000 Patient (Non-Foley) Days</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Definition: Non-CAUTI Symptomatic UTI is a urinary tract infection in a patient without a foley catheter, who has symptoms that align with the CDC definition for a CAUTI.
Reviewed adherence to UTI guidelines

Investigated potential relationship between bladder pressures and CAUTI

Updated the order for a Urinalysis with Reflex Culture to require a Shepherd specific indication be documented

Presented physician adherence to UTI guidelines at OPPE

Changed lab practices to reflex UA according to the Shepherd Center guidelines

Validated susceptibility rates for all 3 empiric antibiotics from UTI guidelines

Began investigating recurrent UTIs

Highlighted the proper procedures in “Mindful Minute” newsletter
**CLOSTRIDIOIDES DIFFICILE INFECTION (CDI)**

**FY 2020 FOCUS**

*Continued effort to evaluate every test for adherence to testing guidelines for Clostridioides difficile infection (CDI).*

**OUTCOMES: FY 2020**

- **Inpatient CDI Count and Rate per 1,000 Patient Days**
  - FY 2018: 24 CDI cases, 0.51 CDI Rate
  - FY 2019: 12 CDI cases, 0.25 CDI Rate
  - FY 2020: 9 CDI cases, 0.18 CDI Rate

  **65% REDUCTION**

**“Good Catch” Measures to Prevent Over-Reporting CDI: FY 2020**

- **Day 1-3 Testing:** 2 positive cases determined **Community Acquired**
  - Testing on the first three days of admission is encouraged after the first instance of a loose or liquid stool.
- **2-Step Testing:** 10 false positives detected
  - The diagnostic testing method includes two tests, which when combined, increase sensitivity and prevent false positives.

**Improved the ordering process for testing and isolation to reduce errors**

**Streamlined communication methods for positive CDI results**

**Continued promoting best practices for isolation**
FY 2020 MILESTONES: Driving Down CDI

- **With EHR Go-Live,** embedded three screening questions within the order for C. diff test
- **Linked orders for enhanced contact precautions to C. diff test order in EHR**
- **Began review of C. diff orders to validate accuracy of answers to screening questions**
- **Improved ability for physician to find the correct C. diff order set in EHR to order test and isolation**
- **Lab began proactively alerting the Pharmacy to any positive C. diff tests**
- **Presented results of C. diff order review by physician at OPPE**
- **Made Rectal Tubes available in all supply pyxis locations**
- **Presented successful reduction in CDI at SHS (Society of Health Systems) Process Improvement Conference**
- **Highlight appropriate PPE in "Mindful Minute" newsletter**
**READMISSIONS**

**FY 2020 FOCUS**

*Increase support for both patients and family members to improve outcomes and prevent readmissions.*

**OUTCOMES: FY 2020**

**30-Day Readmission Rate**

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>5.0%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

**Transition Support Program (TSP)**

**By the Numbers**

- **1 out of 3**
  - Inpatient, Day Program, or Outpatient discharges followed by TSP

- **280**
  - Clients Served by TSP in FY 2020

- **100%**
  - Client Satisfaction for “Would you recommend TSP”?

*(n=38 Patients Surveyed to Date)*
**FY 2020 MILESTONES: Driving Down Readmissions**

- **2019**
  - APR: Transition Support Program (TSP) documents in the same EHR, allowing other disciplines to review TSP records.
  - JUN: Improved reporting process to ensure all Medicare, Medicaid, and Medicaid Pending receive referrals for TSP.
  - JUL: The capability to view records of former SC patients readmitted within 30 days to another Epic facility has improved accuracy of utilization review.

- **2020**
  - JAN: NIDLIIR grant approved for One-to-One Peer Support for families of patients with ABI.
  - FEB: Curriculum development begins for NIDLIIR grant 5-Class series aimed to diminish ABI caregiver burnout: “Getting There”.
  - MAR: First cohort of families/caregivers completed the “Getting There” series.
  - FEB: Offered a Life Skills Therapy session to all TSP clients to assess the patient’s needs at home.

- **2020**
  - JAN: Added 2 TSP members to the DME Committee.
  - FEB: Hired a 3rd RN Case Manager for TSP Team to increase medical capabilities.
  - MAR: TSP began following nearly 100% of hospital discharges to accommodate for the closure of Day Program and Outpatient Programs.
FALLS

FY 2020 FOCUS
Reduce unassisted falls & revitalize key awareness initiatives center wide.

Assigning appropriate beds per patient diagnosis. Procurement & redistribution of narrow gap beds for brain injury patients to prevent falls from bed.

Implementation of Seatbelt alarm throughout the stay for ABI/TBI/CVA patients in ABI units.

Revitalize key awareness initiatives center wide to prevent fall, including anti tip bars, safety over privacy, seat belt alarms & restraint champions.

OUTCOMES: FY 2020

Severity of Falls with injury (per CMS definition) | FY 2019 | FY 2020
--- | --- | ---
MAJOR INJURY (Includes bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma) | 0 | 0
INJURY (EXCEPT MAJOR) (Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.) | 12 | 16

Fall Rate per 1,000 Patient Days

| | FY 2019 | FY 2020 |
--- | --- | ---
Total Falls | 93 | 113 |
Assisted Falls | 33 | 34 |
Unassisted Falls | 60 | 79 |
FY 2020 MILESTONES: Driving Down Falls

- **Narrow gap beds (Phase 1)** - Stickers applied on all existing beds per ABI/SCI guidelines
- **New process of pharmacist sign off on all incident reports** to review impact of medication on fall
- **Hardwired New High Fall Risk signage after a fall**
- **Restraint marking Champions instituted for proper application of locked belts**
- **Narrow gap beds (Phase 2)** - New beds procured and allocated all narrow beds in center to satisfy ABI bed requirements
- **Hardwired practice of having seat belt alarm for ABI/TBI/CVA patients through the entire stay on ABI units**
- **Presented “Reducing falls through patient monitoring system” at 2020 SHS (Society for Health Systems) Process Improvement Conference**
FY 2020 FOCUS

Change measurement system to improve data accuracy and introduce patient and staff centered initiatives to reduce pressure injuries.

Baseline Definition: Hospital Acquired Pressure Injury

- Captures every new or worsened hospital acquired pressure injury on the patient’s body
- Capture ALL stages of hospital acquired pressure injury (Stage 1,2,3,4, Deep tissue injury & Unstageable)
- Capture ALL stages of hospital acquired pressure injury during the entire length of stay

Baseline Outcomes: FY 2020

Hospital-Acquired Pressure Injuries

Rate per 1,000 pt Days

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000 pt Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2020</td>
<td>3.35</td>
</tr>
</tbody>
</table>

Create and leverage Epic reports and Wound Ostomy Continence Nurse (WOCN) validation to establish new baseline

Trialed new patient and staff centered support surfaces initiatives, including TOTO, Hercules, and A.I.M.

Started new draw sheet system (Comfort Glide) to reduce shear/friction injuries

*CMS Definition: Hospital Acquired Pressure Injury stage 2, 3, 4 present on discharge*
FY 2020 Milestones: Driving Down Pressure Injury

- **2019**
  - **APR**: Started work with Epic team to design report for extraction of hospital acquired pressure injuries directly from EHR
  - **JUN**: Promote visibility of Skin Champions with badge buddies and making their names visible on Shepherd intranet
  - **JUL**: Validated an Epic report as new data source and created process for extraction & WOCN validation

- **2020**
  - **AUG**: Started trial of Hercules patient positioning system and performed cost/benefit analysis
  - **SEP**: Completed trial for TOTO automated patient turning system and obtained rental contract for 10 beds
  - **OCT**: Purchased 10 Hercules patient positioning systems
COST OF UNINTENTIONAL HARM: *Summary*

<table>
<thead>
<tr>
<th>FY 2020 Cost* of Harms</th>
<th>Total Harms</th>
<th>Total Charges</th>
<th>Avg. Charges per Harm</th>
<th>Supplies/ Nutrition</th>
<th>Pharmacy</th>
<th>Nursing Care</th>
<th>Laboratory</th>
<th>Radiology</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Injury</td>
<td>165</td>
<td>$801,170</td>
<td>$4,856</td>
<td>90%</td>
<td>3%</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Diff</td>
<td>9</td>
<td>$88,416</td>
<td>$9,824</td>
<td>50%</td>
<td>46%</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td>29</td>
<td>$57,688</td>
<td>$1,989</td>
<td>6%</td>
<td>71%</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLABSI</td>
<td>1</td>
<td>$24,860</td>
<td>$24,860</td>
<td>13%</td>
<td>53%</td>
<td>21%</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>16</td>
<td>$16,584</td>
<td>$1,037</td>
<td>7%</td>
<td>17%</td>
<td>77%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA Bacteremia</td>
<td>0</td>
<td>–</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td>220</td>
<td>$988,718</td>
<td>$774,375</td>
<td>$117,483</td>
<td>$55,696</td>
<td>$25,185</td>
<td>$12,711</td>
<td>$3,004</td>
<td></td>
</tr>
</tbody>
</table>

*Cost is based on total charges to the patient, directly related to treating the harm event

- Due to the high volume of Pressure Injuries and the expensive interventions required, Pressure Injuries accounted for 81% of total cost. *(Reminder: the definition for the Pressure Injury harm changed for FY 2020.)*

- The medications required to treat *Clostridioides difficile* infections (CDI) coupled with the cost of isolation materials make CDI the second highest in average cost per harm.

- CLABSI has the highest cost per harm, with most of the cost coming from Pharmacy due to the expensive antibiotics used to treat a blood stream infection.
APPENDIX 1: Details on Pressure Injury Definition Change

► OLD: FY2019 PRESSURE INJURY WITH HARM METRIC:
(defined by GHA/HIIN)

Number of patients with a new or worsened hospital acquired pressure injury stage 3, 4, or unstageable upon discharge.

► NEW: FY2020 NEW PRESSURE INJURY METRIC (BASELINE):
1. Capture every hospital acquired pressure injury on the patient's body
   Rationale: Counting the number of patients discharged with harm does not represent the true magnitude of harm.

2. Capture ALL stages of hospital acquired pressure injury
   Rationale: When looking at stage 1, 2, 3, 4 & unstageable, the root cause for a stage 1 is as important as that of any other stage. Not capturing a stage 1 and implementing timely interventions for prevention and treatment of stage 1 can lead to worsening of the wound and result in higher numbers of stage 3, 4 & unstageable.

3. Capture ALL stages of hospital acquired pressure injury during the entire length of stay
   Rationale: Only counting harms of a certain stage upon discharges as per GHA/HIIN definition does not give the true picture of the quality of care during the entire patient stay.