



CATHOLIC HEALTH SERVICES

Community Health Needs Assessment

**ST. ANTHONY'S
REHABILITATION HOSPITAL**

October 1, 2016 – September 30, 2019

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I. Executive Summary

Introduction

When Catholic health care began in the United States, it was clear community benefit would be provided. Catholic Health Services (“CHS”) continues its tradition of community healing through rehabilitation and ministry services offered by St. Anthony’s Rehabilitation Hospital (“St. Anthony’s”). CHS is a ministry of the Archdiocese of Miami and is the largest most comprehensive faith-based post-acute provider in the southeast United States. CHS provides a full continuum of healthcare and social services to the southeast Florida community through various controlled entities, including St. Anthony’s.

St. Anthony’s extends mission-driven services into the communities served. Excellence in rehabilitation services goes beyond the walls of the rehabilitation hospital through its outreach to the wider community. St. Anthony’s responds especially to the elderly and those with physical disabilities requiring rehabilitative services due to physical impairments. In addition to charity care and unpaid costs of Medicaid and other government indigent care programs, other services are provided to the community. These are services and programs that would be discontinued if a decision were made on a financial basis alone.

As a mission-driven, faith-based hospital, St. Anthony’s operates according to the directives established by the United States Conference of Catholic Bishops. The *Ethical and Religious Directives for Catholic Health Care Services* articulates the work of Catholic sponsored health care hospitals. These directives define the work of St. Anthony’s. In this document the values and social responsibility of St. Anthony’s include:

- Promoting and defending human dignity
- Caring for the poor
- Contributing to the common good
- Exercising responsible stewardship

By living its mission and values, St. Anthony’s is rooted in the work of nurturing and improving the health and well-being of the people and communities served.

The objective of the community health needs assessment conducted by St. Anthony’s is to identify the most important health needs in the community served by the hospital and to identify ways in which St. Anthony’s can help to address those needs. Due to the nature of a rehabilitation hospital, the focus of the community health needs assessment is defined by St. Anthony’s principal function—the provision of rehabilitation services—within the geographic area served by the organization.

Specifically, St. Anthony’s has defined its community as:

Those individuals who have activity limitations and participation restrictions due to functional impairments.

The following community health needs assessment and analysis focus on the needs of the individuals that fall within that narrowed community.

The assessment contains a description of the community served by St. Anthony's, an analysis of data collected from primary and secondary sources, a summary of identified health needs of the community, as well as a review of current services available in the community to address the health needs. The organization analyzed the priorities to determine which health needs will be integrated into the hospital's strategic planning process to ensure that programs and services closely match the needs of the community.

Key Findings and Themes

In Broward County, 15.5% of the population is over the age of 65. Among those older than 65, many report that their health status is "fair" or "poor". Some of the key issues faced by the community of individuals within Broward County are:

1. Hospitalizations and Re-hospitalizations
2. Injuries from falls
3. Exacerbation of activity limitations

Evidence exists that the health status of the community is largely impacted by insurance coverage, income, available community resources, educational level and health literacy. A review of St. Anthony's data from fiscal year 2015 reveals that out of 531 admissions to the program 228 (43%) fell within three distinct diagnostic categories. The top three diagnoses treated at St. Anthony's in fiscal year 2015 were:

- Stroke: 22.1% of total admissions
- Neurological disorders: 12.4% of total admissions
- Hip Fracture: 8.4% of total admissions

Goals to Facilitate Health Status Improvement

St. Anthony's has established, and operated for many years, programs and services to address the rehabilitation needs of those with activity limitations and participation restrictions due to functional impairments.

The organization makes a significant investment and provides significant uncompensated care through execution of its mission and therefore is already working to meet the community's needs through normal execution of the mission. St. Anthony's does intend to improve its outreach in the areas of education and prevention as described below.

The organization intends to take the following actions to: (1) improve the overall health status of the community and (2) facilitate overall improvement by focusing on narrowing

the health disparities present in the community – within its mission. Below are the three programs St. Anthony’s will undertake to meet the identified community health needs:

1. STEADI Program implementation
2. Health Promotion and Wellness Community Educational Events
3. Neurorehabilitation Follow up Clinic for all patients admitted with neurological diagnoses

STEADI (Stopping Elderly Accidents, Deaths and Injuries), which was created by the CDC, is primarily a tool kit that gives healthcare providers the information and tools they need to assess and address older patients’ fall risk. It includes basic information about falls, case studies, conversation starters, standardized gait and balance assessment tests and educational handouts about fall prevention designed for patients, friend and families. St. Anthony ’s will implement the STEADI as part of the fall prevention program. Additional details are provided in Section V Health Needs of the Community

The organization, through its Board of Directors, management and medical staff, will establish more detailed action plans to accomplish these goals. The implementation strategy will include specific, measurable, action-oriented, realistic and time-bound steps to address the community health needs.

Making the CHNA Widely Available to the Public

The community health needs assessment as well as the organization’s implementation strategy will remain available to the public on the website of CHS, the parent organization of St. Anthony’s. In addition, the assessment report and implementation strategy will be available upon request.

II. Description of CHNA Process

The objective of the community health needs assessment conducted by St. Anthony's is to identify the most important health needs in the community served by the hospital and to identify ways in which St. Anthony's can help to address those needs. Due to the organization's narrowed focus as a rehabilitation hospital, St. Anthony's has defined its community as:

Those individuals who have activity limitations and participation restrictions due to functional impairments.

Oversight

The ultimate oversight of the assessment is provided by the hospital's Board of Directors, with senior management acting on the Board's behalf.

The hospital appointed a Steering Committee comprised of hospital subject matter experts to serve as the project team. Steering Committee members were chosen based on their knowledge, experience, and expertise.

Specifically, members chosen had the following skills:

- Mission/Vision Development – Jill Bond, James A. Ball
- Leadership – James A. Ball, Jill Bond, Pamela Gambardella, Jorge Casauay, Daniel Carney
- Community and Public Health – Jorge T. Casauay, Pock Pierre, Pamela Gambardella
- Community Resources Available – Katrina Emerick, Reayal Fullerton
- Customer Service/Community Served – Reayal Fullerton, Pamela Gambardella
- Financial Compliance/Financial Resources – David M. D'Amico, Michael Spatz

Short biographies of each Steering Committee member can be found in Appendix A. Steering Committee members were specifically chosen to ensure individuals who represent the broad interests of the community were included.

Collaboration

St. Anthony's collaborated with St. Catherine's Rehabilitation Hospitals, the sister facilities within CHS. The facilities collaborated to conduct the assessment under the leadership of James Ball.

Primary Data

The primary data used by St. Anthony's includes survey results from questions asked to healthcare providers in the region as well as survey results from the general community. The organization thought it was important to gather data from multiple sources. Surveys were sent to healthcare providers in the area who are familiar with the scope of services offered by St. Anthony's. The organization placed high value on the opinions of providers and believed that they are well aware of the breadth and depth of the current services offered.

Furthermore, the organization believed that these individuals would have the unique ability to provide input on what services were needed, but may not be available in the community at present. Surveys were provided to current patients, visitors, family members, and guests who came to the facility for various purposes. These surveys provided the organization with a different perspective of what services might be lacking in the broader community.

The general community that was surveyed includes:

- Current patients of St. Anthony's
- Visitors and family members of current patients

The healthcare providers within the community that were surveyed include:

- At each of the top five referring hospitals:
 - Director of Case Management
 - Director of Rehabilitation
 - Utilization Review Physician
- Primary HMOs – Directors of Case Management
- American Parkinson's Disease Association, South Florida Chapter
- National Multiple Sclerosis Society, South Florida Chapter
- American Stroke Association, South Florida Chapter
- National Parkinson's Foundation
- Muscular Dystrophy Association
- Active Medical Staff Physicians
- Allied Health Professionals

These varied individuals who work in the healthcare industry were chosen due to their current exposure to the community at large as well as their hands-on experience assisting persons with disabilities to become aware of and access available community resources to address their activity limitations, both acute and chronic.

St. Anthony's has a Community Liaison who was tasked with distributing many of the surveys. That individual already works directly with healthcare providers around the community as part of the process of identifying and assisting patients in local acute care hospitals who need rehabilitation. The community liaison worked closely with the healthcare professionals surveyed in order to fully understand their thoughts regarding the health needs of the community. This valuable information has been incorporated

into the data results and into the organization's plan to meet some health needs of the community.

Survey results were organized and analyzed in the assessment of community health needs in Section IV, Community Health Survey.

Broad Interests of the Community

The organization surveyed a variety of physicians and healthcare professionals who routinely refer patients to St. Anthony's for post-acute care services. The following individuals were selected based on their position, knowledge of community resources and public health concerns, and knowledge of services currently provided by St. Anthony's.

Those with Expertise in Public Health

The information gathered from the various public health sources, as well as the health professionals who were surveyed (as described below) is how the organization took into account input from those with special knowledge of or expertise in public health.

Director of Case Management

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes. The underlying premise of case management is based on the fact that when an individual reaches their optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support systems, the health care delivery systems and the various reimbursement sources.

Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation. The case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source. Case management services are best offered in a climate that allows direct communication between the case manager, the client, and appropriate service personnel, in order to optimize the outcome for all concerned.

Director of Rehabilitation

The Director of Rehabilitation Services in acute care facilities is an individual who has special skills and training in the rehabilitation fields (physical therapy, occupation therapy, and speech language pathology). These individuals have a unique understanding of the special rehabilitation needs of the patients they serve and the community at large. They are often involved in arranging referrals for services beyond

acute care, and are typically familiar with services available in the area which address activity limitations and participation restrictions.

Utilization Review Physician

Utilization Review Physicians provide analysis of the necessity, appropriateness, and efficiency of medical services, procedures, facilities, and practitioners. In an acute care hospital, this includes review of the appropriateness of admissions, services ordered and provided, and length of stay and discharge practices, on concurrent and retrospective bases. These physicians function in roles similar to case managers, but often review cases on a more systematic, population-based point of view. St. Anthony's values the opinion of these physicians who are closely involved with utilization of healthcare services in the community and population at large.

Organizations Representing Specific Health Conditions

St. Anthony's attempted to survey nonprofit organizations who serve the broad health needs of the community without any response. These organizations provided additional insight into the health needs of the individuals within the community served by St. Anthony's (those individuals with activity limitations and participation restrictions due to functional impairments). St. Anthony's has previously worked with the local chapters of each of these organizations and will continue to reach out for future resources and needs of the community.

American Stroke Association

The mission of the American Stroke Association, which is a division of American Heart Association, is to improve the cardiovascular health of all Americans while reducing deaths from cardiovascular diseases and stroke by 20 percent. With this goal, the association studies the causes of cardiovascular disease and strokes, strategizes ways to address these health issues, and accumulates important data and expertise while working to meet its goals. This organization's insight and expertise is incredibly valuable to St. Anthony's in the analysis and review of community health needs. St. Anthony's worked closely with American Stroke Association, and the other organizations mentioned above, in order to take into account those with expertise in public health.

American Parkinson Disease Association

The mission of the American Parkinson Disease Association is to foster and promote research for the cure and alleviation of Parkinson's disease and its symptoms. The organization promotes the awareness of Parkinson's disease and provides information to persons suffering from Parkinson's disease. The organization also educates the public and medical professionals about programs that benefit those with Parkinson's disease and their families. The organization invests millions of dollars each year into research about the disease and is knowledgeable about the community affected by the disease; therefore information provided by the South Florida Chapter of the Association is considered incredibly valuable information.

In understanding the health needs of those individuals who have activity limitations and participation restrictions due to functional impairments, it was important to St. Anthony's that information provided by the American Parkinson's Disease Association be considered.

National Multiple Sclerosis Society

The National Multiple Sclerosis ("MS") Society mobilizes people and resources to drive research for a cure and to address the challenges of everyone affected by MS. Programs provided by the South Florida Chapter of the National MS Society include providing services to those who are living with multiple sclerosis and their families. The organization has a focus on conducting research to support scientific studies and investigations related to finding the causes of the disease and treatment options. As an organization with a focus on researching MS and serving those who have MS, the organization has valuable information regarding those individuals and their health needs.

Muscular Dystrophy Association

The Muscular Dystrophy Association is dedicated to curing muscular dystrophy, amyotrophic lateral sclerosis ("ALS") and related diseases by funding worldwide research. The association also provides healthcare and support services, advocacy and education. Due to the expertise related to those with ALS, the association was surveyed to provide valuable information about the needs of those with this condition.

Medically Underserved, Low-Income and Minority Populations

The organization has gathered information regarding the medically underserved, low-income, and minority populations, which is set forth in the demographic data provided in the section entitled "Population Characteristics" on page 16 of the report.

Secondary Data

The secondary data collected to assess community health needs included hospital utilization data, public information provided by the U.S. Census, public information provided by the Centers for Disease Control and Prevention (“CDC”), and health data gathered and provided by the Florida Department of Health, etc.

This information was used to provide a general overview of the community served by St. Anthony’s as well as to benchmark the current health status of the community in several key areas.

Information Gaps

Data provided by community leaders and the local health departments is often focused on the community as a whole and does not always relate to rehabilitation issues. The narrow community served by St. Anthony’s (those who have activity limitations and participation restrictions due to functional impairments) makes information more difficult to obtain and analyze.

In addition, it is perceived that healthcare providers may not completely understand the differences between an inpatient rehabilitation hospital and a skilled nursing facility.

III. Community Description

St. Anthony's Rehabilitation Hospital is located in Lauderdale Lakes, Florida. The hospital serves primarily those individuals who have activity limitations and participation restrictions due to functional impairments. The majority of the patients served by St. Anthony's reside within Broward County, Florida and the average age of St. Anthony's patients is 68.

Broward County makes up 1,231 square miles ("State and County QuickFacts"). Broward County is an urban county located in southeast Florida and is the nation's eighteenth largest county ("Resident Population Estimates").

,The largest cities in Broward County (Population 1,885,223) include Fort Lauderdale (with a population of 178,590), Pembroke Pines (with a population of 162,329), and Hollywood (with a population of 146,526) ("Annual Estimates 2015 ").

Broward County

Population Characteristics

The total population of Broward County and the number of individuals who are older than 65 is depicted in Table 1. Broward County's total population has increased 7.3% from 2010 to 2015. The population over age 65 has increased even more the last few decades.

Table 1: Broward County Population

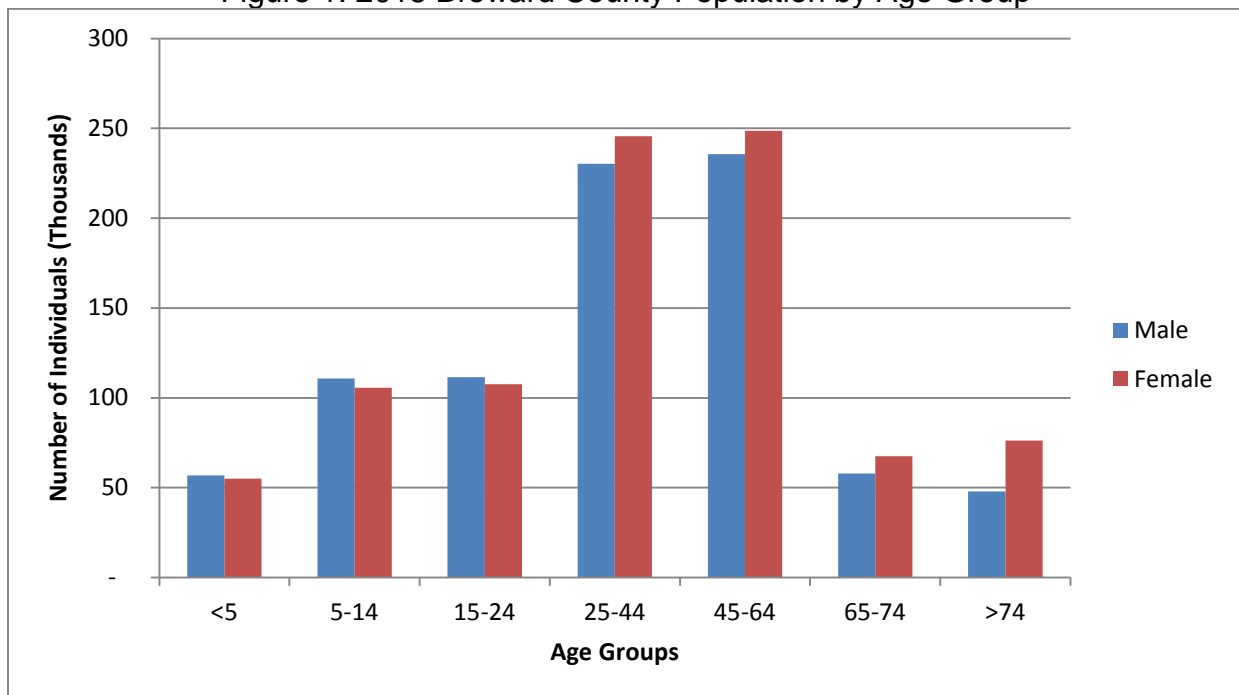
	1990	2000	2010	2015
Number 65+	260,740	261,109	249,424	293,459
Total Population	1,255,488	1,623,018	1,748,066	1,885,223
Increase in Population 65+	16.57%	0.14%	-4.48%	17.65%

Source: "USA Counties, Age, Broward County, Florida."
United States Census Bureau. Web. 25 Oct. 2016.

Age Distribution

In 2015, a majority of the Broward County population was between the ages of 25 and 64 and more than half were women. The elderly population, those aged 65 and older, makes up fourteen percent (same) of the population, among the highest in the nation. Amongst the individuals who are 65 and older, 57 % are women.

Figure 1: 2015 Broward County Population by Age Group

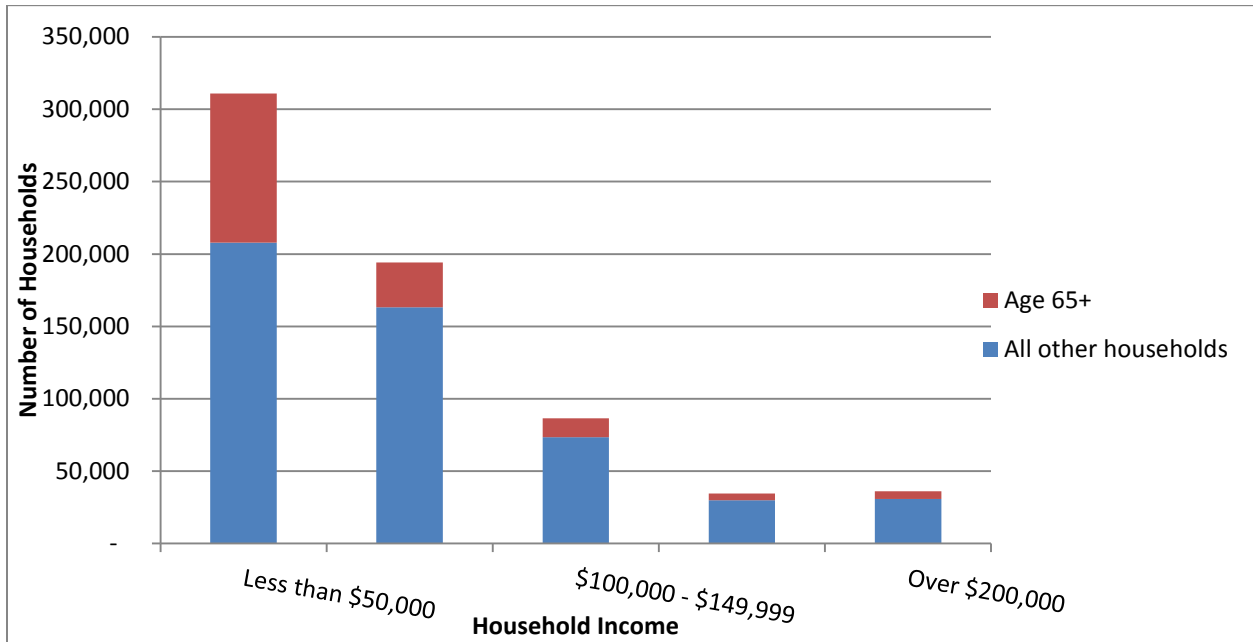


Source: "USA Counties, Age, Broward County, Florida."
United States Census Bureau. Web. 25 Oct. 2016

Income

Evidence exists that income is related directly to health status. Depicted in Figure 2 is the number of households at each income category in Broward County. The median household income in Broward County is \$48,063 ("Income in the Past 12 Months"). Over half of the total households and two-thirds of the elderly households (age 65 and older) have an annual income of less than \$50,000 as shown below.

Figure 2: Household Income in Broward County



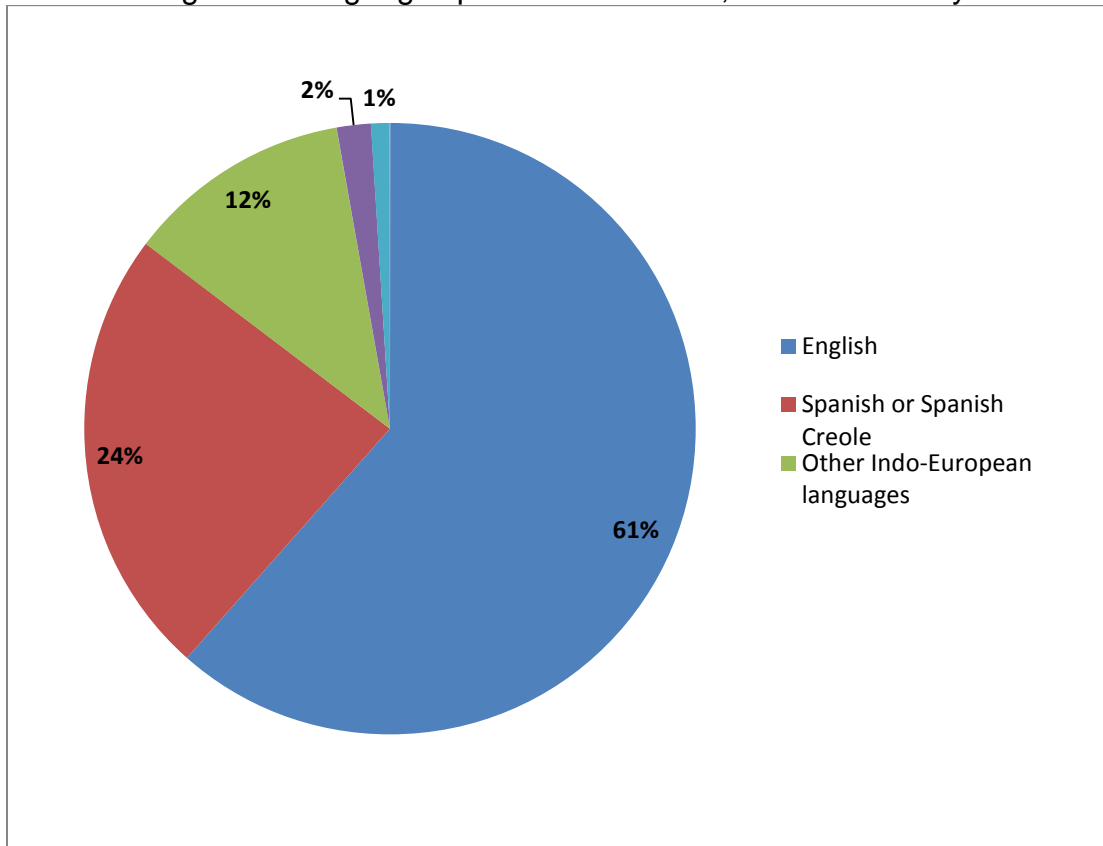
Source: "Age of Householder by Household Income in the Past 12 Months (In 2014 Inflation-Adjusted Dollars), Broward County, Florida." American FactFinder. 2014. United States Census Bureau. Web. 10/25/2016

Language

The health status of a community is affected by the language spoken by the population. Below is information about the languages spoken in the home in Broward County.

24% of households in Broward County speak Spanish or Spanish Creole in the home. An additional 12% of households speak a language other than English or Spanish at home. Figure 3 below depicts the various languages spoken at home.

Figure 3: Language spoken in the home, Broward County

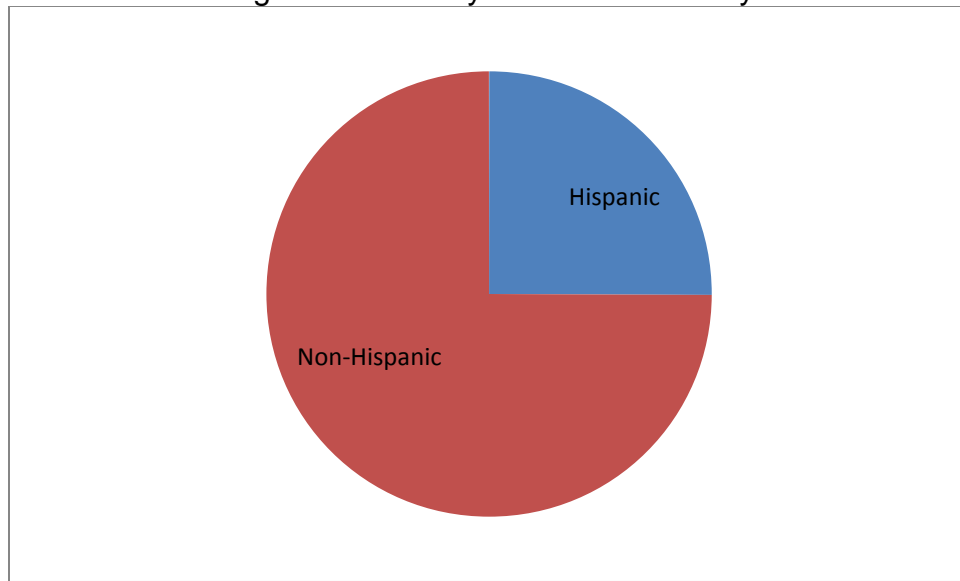


Source: "Language Spoken at Home, 2014 American Community Survey 1-Year Estimates, Broward County, Florida." American FactFinder. 2014. United States Census Bureau. Web. 25 Oct. 2016

Race and Ethnicity

In Broward County, 25% of the population is Hispanic or Latino. This correlates with the fact that 24% of households speak Spanish in the home.

Figure 4: Ethnicity in Broward County

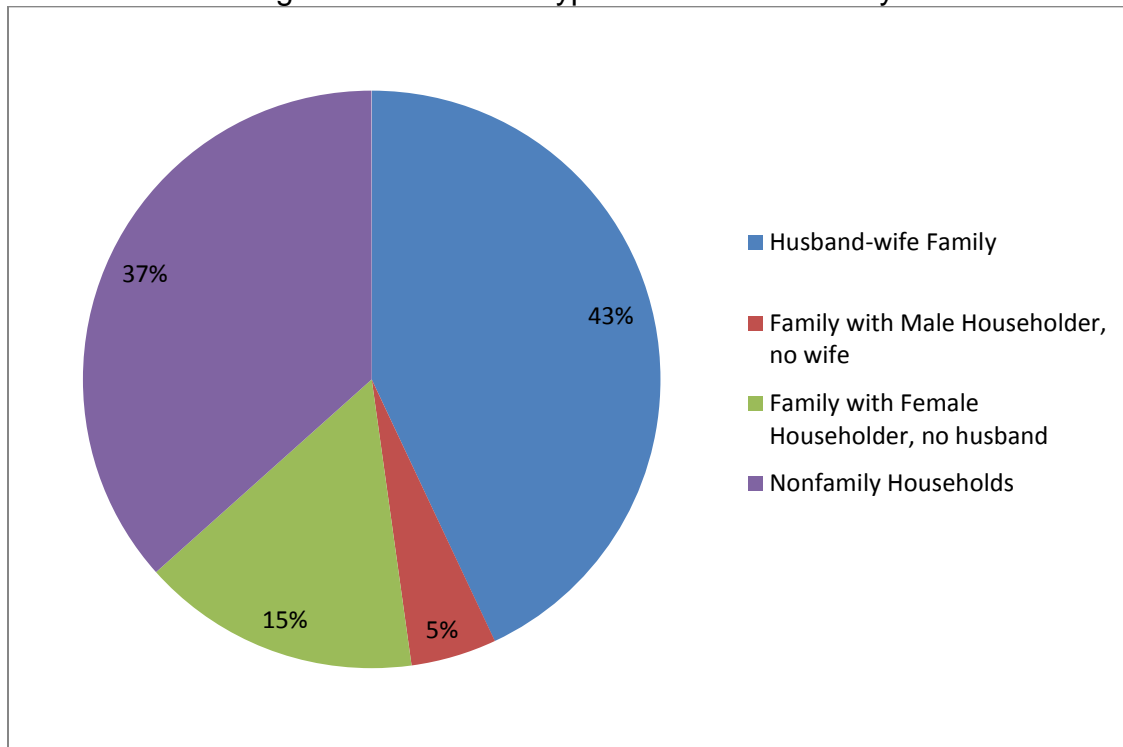


Source: "Profile of General Population and Housing Characteristics: 2014 Demographic Profile Data, Broward County, Florida." American FactFinder. 2014. United States Census Bureau. Web. 25 Oct. 2016

Household Type

In Broward County, 63% of households are families, which consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. Figure 5 below depicts the types of households, with three of the four categories shown in the chart as families: Husband-wife family, Family with Female Householder, and Family with Male Householder. The remaining households are nonfamily households.

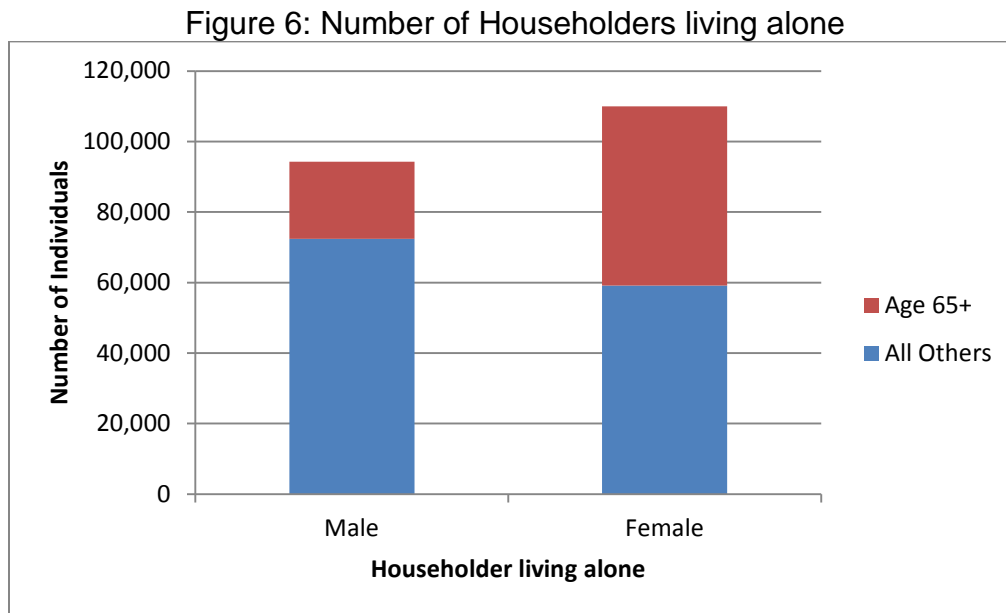
Figure 5: Household types in Broward County



Source: "Profile of General Population and Housing Characteristics: 2014 Demographic Profile Data, Broward County, Florida." American FactFinder. 2014. United States Census Bureau. Web. 25 Oct. 2016

Most of the nonfamily households shown above consist of one householder living alone. This category represents 29% of all households ("Profile of General Population"). For those households where there is only one householder living alone, over one-third of the individuals are over age 65 ("Profile of General Population").

Figure 6 below depicts by gender the portion of those who live alone who are age 65 and older.



Source: "Profile of General Population and Housing Characteristics: 2014 Demographic Profile Data, Broward County, Florida." American FactFinder. 2014. United States Census Bureau. Web 25 Oct. 2016

Health Literacy

According to the Florida Literacy Coalition in their reference guide titled "Literacy and Health", "functional health literacy relates the ability level of an individual to access, understand, and participate in health care for the benefit of the individual and his/her dependents."

The Florida Literacy Coalition has indicated that low levels of education are tied to high health care costs. The Coalition cited studies that found that the states that ranked in the lowest third of educational attainment also ranked the lowest on general health care. Out of all states, Florida ranks 35 in education and 42 in health of the population (Florida Literacy Coalition).

The reference guide provided by the Florida Literacy Coalition provides the following consequences of low health literacy:

- Those individuals with low health literacy incur higher health care costs.
- Those individuals with low health literacy are less likely to comply with prescribed treatment and self-care.
- Individuals with low health literacy are less likely to seek preventative care and therefore are at a much higher risk for hospitalization.
- Those with low health literacy often cannot understand written directions from medicines.

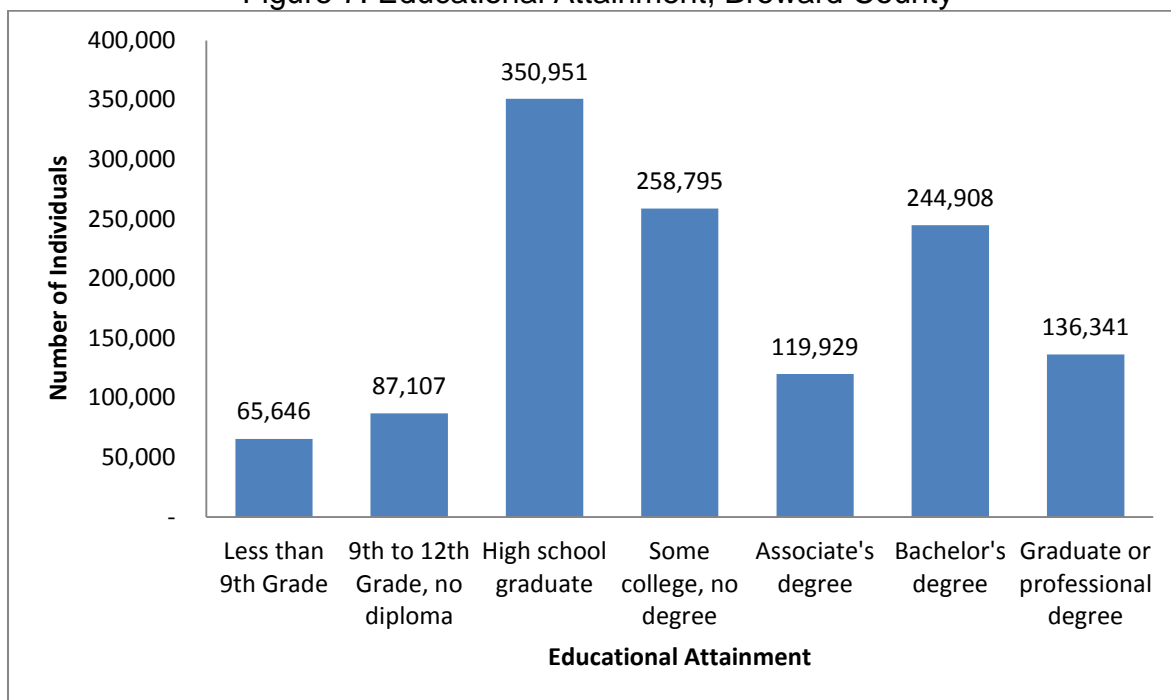
Florida has the third lowest adult literacy level of all states, according to the Florida Literacy Coalition, Inc. Twenty percent of those age 16 and older (more than 2.6 million adults) lack the most basic reading skills according to a report issued in 2009 (Florida Literacy Coalition).

In Broward County, there has been an 8% increase over ten years in the percentage of people who fall in the lowest literacy skill level (“State and County Estimates”).

Education

In Broward County, 87.7% of the adult population has graduated from high school (“Selected Social Characteristics”). Below in Figure 7 is a representation of the education levels of those over age 25 in Broward County.

Figure 7: Educational Attainment, Broward County



Source: "Selected Social Characteristics in the United States, 2010-2014 American Community Survey 5-Year Estimates, Broward County." American FactFinder. 2014. United States Census Bureau. Web. 25 Oct. 2016

Description of St. Anthony's Rehabilitation Hospital

CHS, the parent organization of St. Anthony's, is a ministry of the Archdiocese of Miami and the largest and most comprehensive faith-based post-acute provider in the southeast United States. The organization provides a full continuum of healthcare and social services to the southeast Florida community. CHS serves over 6,000 people on a daily basis with over 7,500 new patients per year and operates 30 facilities in Broward and Miami-Dade counties.



CHS operates three acute medical rehabilitation hospitals in Miami-Dade and Broward Counties. CHS' rehabilitation hospitals provide a broad range of services for patients suffering from any number of acute or chronic illnesses that cause temporary or permanent disability. In calendar year 2015, St. Anthony's was ranked within the top 4% among 800 rehabilitation hospitals in the U.S. by Uniform Data Systems-Medical Rehabilitation. St. Anthony's is accredited by

the Joint Commission, Joint Commission Stroke Certification and The Commission on Accreditation of Rehabilitation Facilities (CARF).

In 2015, 531 patients were treated in inpatient programs at St. Anthony's. Of those, 22.1% of patients were admitted with stroke, 11.6% of patients with a brain injury, 5.7% of patients with a spinal cord injury, 8.4% of patients with a hip fracture, and 12.4% of patients with progressive neuromuscular disorders such as Parkinson's and multiple sclerosis.

Specialty trained rehabilitation professionals, which include physical therapists, occupational therapists, speech therapists, rehabilitation nurses, neuro-psychologists, psychologists, dietitians, respiratory therapists, case managers and other disciplines, work together to develop a plan of care to meet each patient's individual needs. Supervision of the plan of care and its delivery is provided by a physiatrist (doctor of physical medicine).

St. Anthony's offers the most innovative technologies inclusive of aquatics, Vital-Stim®, partial body-weight supported gait training, Bioness®, Saeboflex® and Biodex to augment the traditional therapies provided by its therapists.

Throughout the rehabilitation process the patient's personal physician and/or medical specialist is kept informed of the patient's progress and is given recommendations for future medical and/or therapeutic interventions upon discharge.

Family and/or caregiver education and involvement are integral components of the rehabilitation process and facilitate carry-over and maintenance of the functional gains achieved in the hospital.

Structured training sessions with professional staff are scheduled based on patient/family needs. When indicated, a home visit may occur to address the need for structural modifications and to assist on developing compensatory mechanisms for performing home specific activities.

The goal of the rehabilitation programs provided at St. Anthony's is to provide the patient and their family with the skills necessary to rebuild their lives. With comprehensive interdisciplinary rehabilitation, the functional impairments, activity limitations, and participation restrictions associated with injury or disease may be minimized.

Community Served by St. Anthony's

St. Anthony's primarily serves those individuals who have activity limitations and participation restrictions due to functional impairments.

The Centers for Medicare & Medicaid Services (CMS) requires that 60% of the hospital's inpatient population must meet one of 13 medical conditions. This requirement is outlined in 42 CFR § 412.29(b)(2). Because the organization is required to treat these specific conditions, the "community" served by St. Anthony's is restricted to individuals who have activity limitations and participation restrictions due to functional impairments.

The following are the medical conditions treated by St. Anthony's and collectively made up 64.4% (2/3) of the total patient population treated in fiscal year 2015:

- Stroke: 22.1%
- Brain Injury: 11.6%
- Neurological disorders: 12.4%
 - Multiple sclerosis
 - Muscular dystrophy
 - Parkinson's disease
 - Motor neuron diseases
 - Polyneuropathy
- Spinal cord injury: 5.7%
- Amputation: 3.2%
- Hip fracture: 8.4%
- Major multiple trauma: <1%

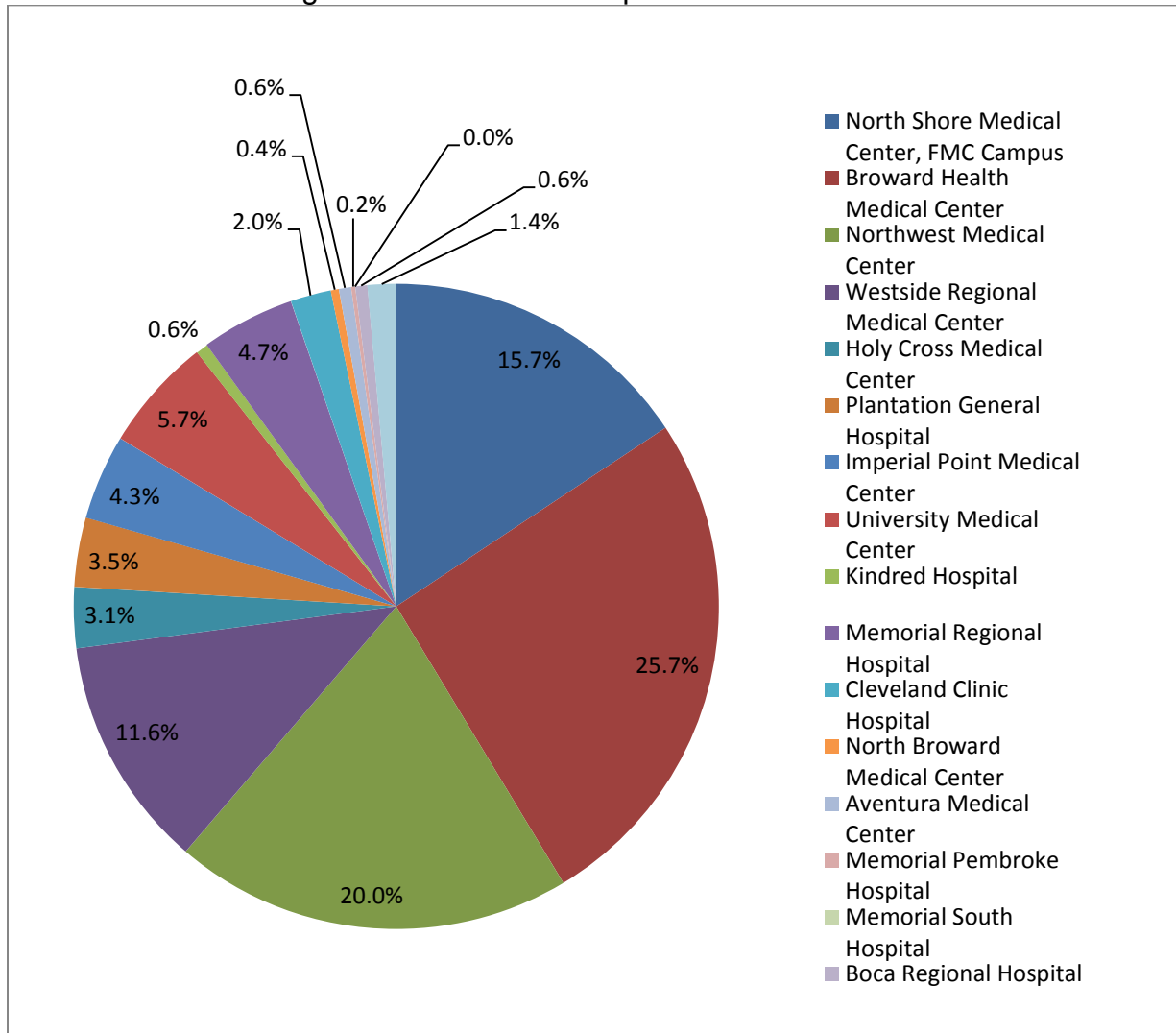
The remaining 35.6% of persons treated include a wide range of diagnoses (e.g. cardiac conditions, pulmonary conditions, cancer, metabolic syndrome, etc.) all of whom had debilitating functional impairments, activity limitations, and participation restrictions.

Referrals to the acute inpatient rehabilitation hospital program are most often generated from an acute care hospital via the physician, family/patient request or via the case management department.

Once a referral is received, a prescreening process is initiated. Whenever possible, an onsite visit is made by the clinical community liaison to the acute care hospital to review the medical records, meet the patient/family and review the patient's status with the current healthcare providers. In lieu of an onsite visit (if not permitted by the acute care hospital), medical records may be reviewed. A comprehensive pre-admission assessment is then completed to validate that the patient requires an intensive level of rehabilitation to be provided in an acute rehabilitation hospital setting by an interdisciplinary team of rehabilitation professionals, along with close medical management by the physician to address current medical conditions and to monitor potential medical risks. The potential patient must be reviewed by the rehabilitation hospital's medical director and approved for admission into the program.

The referral sources (acute care hospitals) as determined by the number of admissions from each for fiscal year 2015 are shown below in Figure 8.

Figure 8: Acute Care Hospital Referral Sources



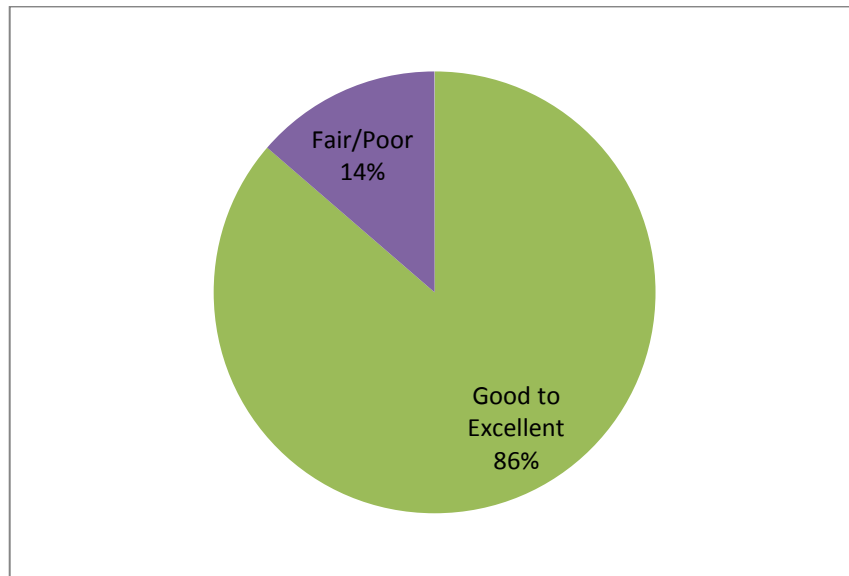
Source: "Admission Referrals" St. Anthony's Hospital Internal Documents, 2015.

There are many health needs within the "community" served by St. Anthony's. Below is a health profile of the community as well as a detailed analysis of the primary medical conditions treated by St. Anthony's.

Community Health Profile

The Broward Regional Health Planning Council conducted a Quality of Life Survey in 2011 to survey the residents of Broward County about their quality of life in relation to health. Participants were asked to describe their health status. Below is a diagram outlining the age groups and characteristics of those individuals who reported a health status of “fair” or “poor”.

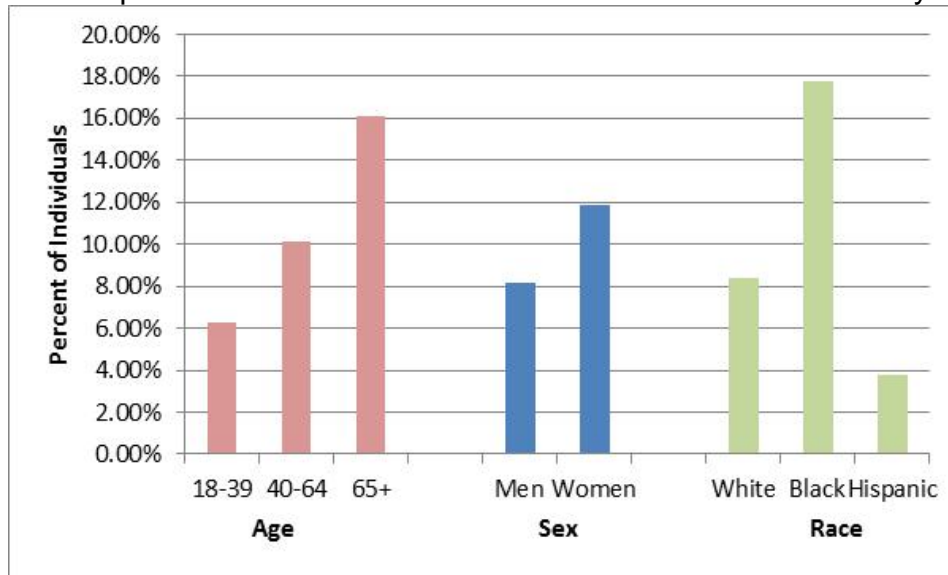
Figure 9: Self-Reported Health Status, Broward County



Source: “Centers for Disease Control and Preventions/Behavioral Risk Factor Surveillance System, 2014 “Percent of Adults who report Fair to Poor Health –Broward County Florida”

Below is a diagram outlining the age groups and characteristics of those individuals who reported a health status of “fair” or “poor”.

Figure 10: Self-Reported Health Status is “Fair” or “Poor” – Broward County



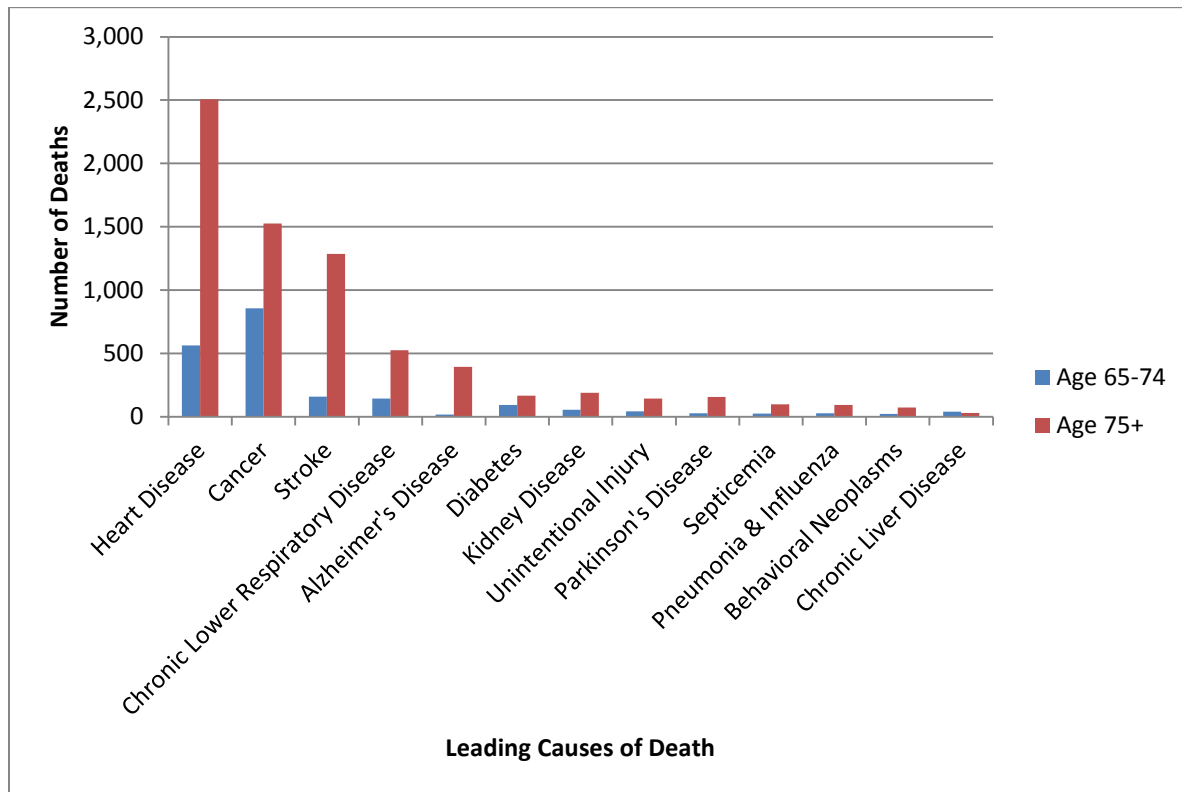
Source: “Quality of Life Survey.” Broward Regional Health Planning Council, 2011, Web, 25 Oct. 2016..

As shown above in Figure 10, women report a fair or poor health status more than men. It also should be noted that there is a very strong correlation between age and fair/poor health status.

The council also surveyed community leaders about the quality of health in the community. Within the community leaders surveyed, 23% thought that elders (65 years or older) had the most difficulty in obtaining health care services (“Quality of Life Survey”).

Figure 11 below shows the top ten leading causes of death amongst those 65 and over.

Figure 11: Leading Causes of Deaths by Age Group – Broward County



Source: "Major Causes of Death for 2014." Broward County, Florida." Florida Charts. Florida Department of Health. Web. 07 Oct. 2016.

Stroke

Stroke was the fifth leading cause of death in Florida between 2009 and 2011 ("2011 Florida Department of Health, Bureau of Vital Statistics"). For individuals in Florida older than 65 years old, it was the fourth leading cause of death ("2011 Florida Department of Health, Bureau of Vital Statistics"). The risk of having a stroke varies with race and ethnicity. African Americans' risk of having a first stroke is nearly twice that of Caucasians (Stroke Facts). Hispanic Americans' risk of stroke falls between that of Caucasians and African Americans (Stroke Facts).

Strokes increase with age. In 2009, 66% of the people hospitalized for stroke were over age 65 which has decreased in the last two decades from 76% in 1989 (Hospitalizations for Stroke). Below is a diagram showing the characteristics of individuals who are hospitalized for strokes in the United States.

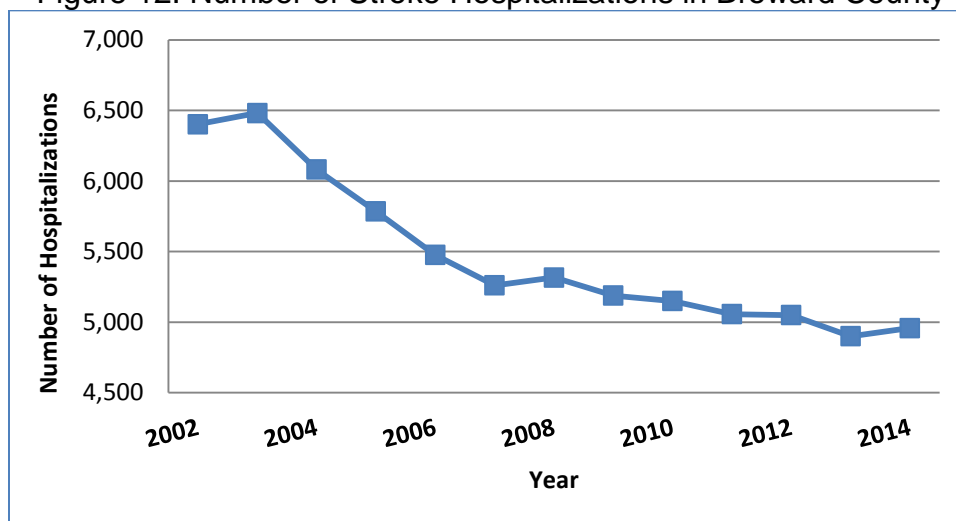
Table 2: Number and characteristics of hospitalizations for stroke – United States

	1989	1999	2009
Total stroke hospitalizations	795,000	961,000	971,000
Average age of hospital inpatients (years)	71	71	70
Proportion by sex			
Male	43%	45%	48%
Female	57%	55%	52%
Proportion by age group			
Under 65 years	24%	27%	34%
65 years and over	76%	73%	66%
Proportion with comorbidities			
Diabetes	18%	23%	23%
Hypertension	37%	55%	58%
Atrial fibrillation	10%	12%	12%
At least one of the above comorbidities	65%	91%	94%

Source: *Hospitalization for Stroke in U.S. Hospitals, 1989-2009*. Centers for Disease Control and Prevention May 2012. Web. 09 Oct. 2016.

In Broward County, there were 794 deaths from stroke (Stroke Age-Adjusted Death Rate) and 5,132 hospitalizations (Age-Adjusted Hospitalizations from Stroke). The number of stroke hospitalizations in Broward County has significantly decreased – from 2002 to 2011 hospitalizations decreased by 21% (Age-Adjusted Hospitalizations from Stroke). Figure 12 below shows total stroke hospitalizations in Broward County.

Figure 12: Number of Stroke Hospitalizations in Broward County



Source: "Age-adjusted Hospitalizations from Stroke." Broward County, Florida. Florida Charts. Florida Department of Health. Web. 25 Oct. 2016.

22.1% of St. Anthony's patients had strokes at the time of admission during fiscal year 2015. St. Anthony's was awarded the Stroke Certification by The Joint Commission in 2015. Many of the local hospitals who provide referrals to St. Anthony's are stroke certified by The Joint Commission (e.g., Florida Medical Center, Northwest Medical Center, and Broward General Medical Center).

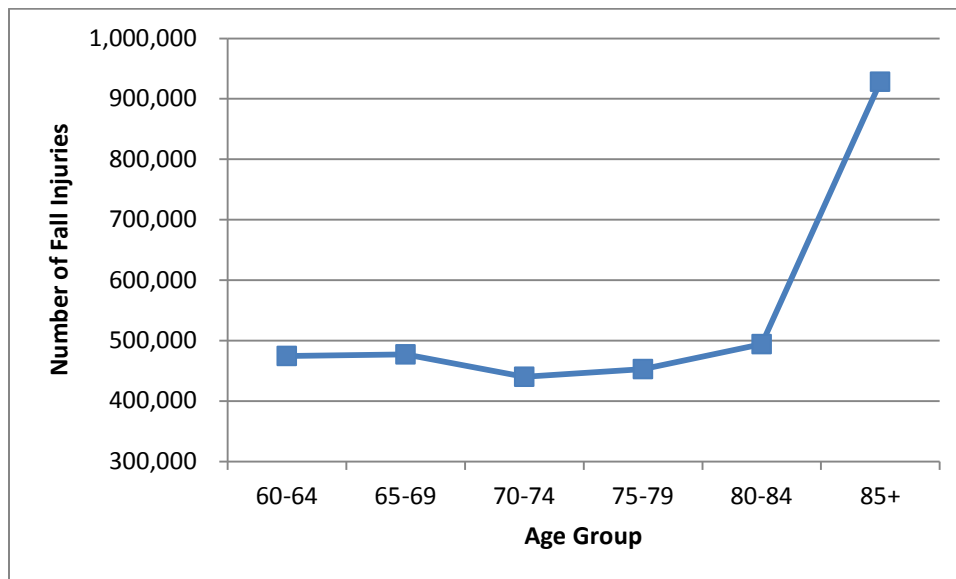
Falls

According to the CDC, one in every three adults age 65 and older falls each year (Falls Among Older Adults). Falls can cause moderate to severe injuries, such as hip fractures and head injuries, or can result in death. Hip fractures and head injuries are two of the top conditions of which St. Anthony's patients have.

According to the Florida Department of Health, in Broward County, there were 334 deaths from unintentional falls from 2013 – 2015 (Florida Charts).

In nonfatal falls, the number of falls increases dramatically with age. The number of nonfatal fall injuries for individuals age 85 and older is 96% higher than for individuals age 60-64, as shown in Figure 13 below.

Figure 13: Number of Nonfatal Fall Injuries ages 60 and older – United States



Source: "Unintentional All Injury Causes Nonfatal Injuries and Rates per 100,000." Centers for Disease Control and Prevention. Web. 25 Oct. 2016.

Falls are such an important health issue that the Florida Department of Health's Office of Injury Prevention has established a five year strategic plan that includes the goal to focus more attention on fall-related injury prevention.

Of all the types of injuries incurred by those who fall, hip fractures and traumatic brain injuries are the most frequent.

Hip Fractures

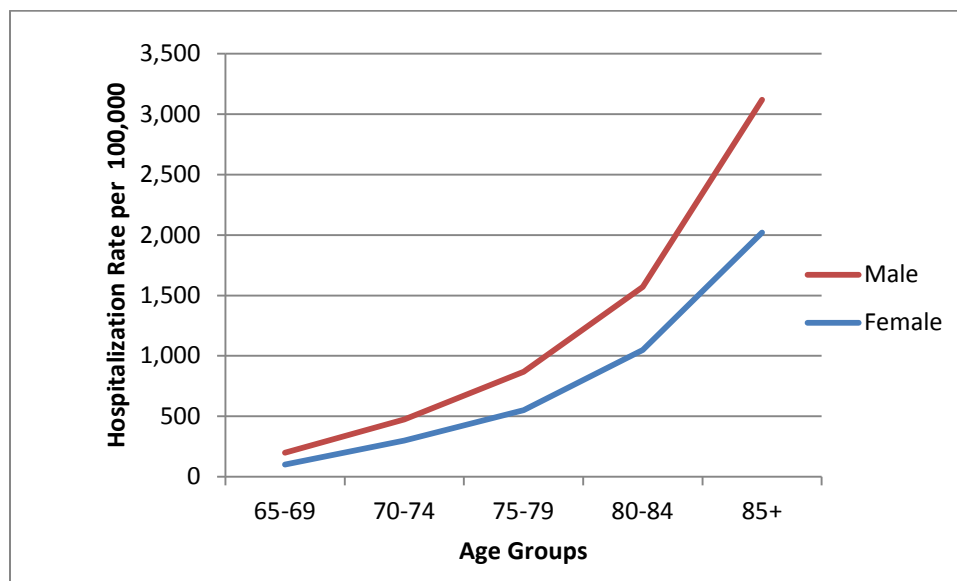
Hip fractures are serious fall injuries that often result in long-term functional impairment (Hip Fractures Among Older Adults). Women sustain $\frac{3}{4}$ of all hip fractures (Hip Fractures Among Older Adults), which is linked to the prevalence of osteoporosis in women. The National Osteoporosis Foundation estimates that one in two women over age 50 have osteoporosis, compared to one in four men (What is Osteoporosis?).

A 2009 study published in The Journal of the American Medical Association found that for adults 65 and older who fracture a hip, 20-30% will die within 12 months (Slear). One reason that hip fractures can be serious is that many of those who suffer from a hip fracture have other medical conditions at the time. Lynn Beattie, Vice President of Injury Prevention for the Center for Healthy Aging, said:

“Most older adults have at least one chronic condition, such as diabetes or heart problems. Many have two. Then they fall and break a hip. Their whole system is thrown into a tizzy.”

In 2012, 720.4 per 100,000 females and 362.2 per 100,000 males in Florida were hospitalized for a hip fracture (Florida Injury Facts). In Broward County, age-adjusted rate/100,000 population of non-fatal hip fracture related hospitalizations among senior residents is 612.6-706.8 (combined for both men and women). The total number of hospitalizations for both (senior) men and women is lower in Broward County compared to the state (Florida Injury Facts).

Figure 14: Hip Fracture Hospitalizations in Florida, 2015)



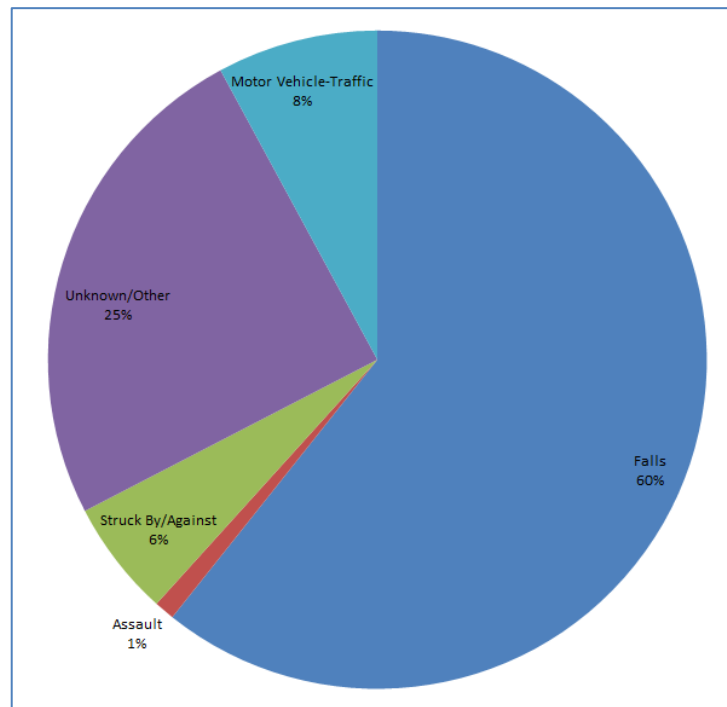
Source: Florida Injury Facts: Hip Fractures Hospitalizations Ages 65+ (2015)

10.4 percent of St. Anthony's patients had hip fractures at the time of admission.

Traumatic Brain Injury

Not all brain injuries are caused by falls; however falls are the leading cause of traumatic brain injury (Help Seniors Live Better). For those individuals age 65 and older, 60% of traumatic brain injuries are caused by falls (“Traumatic Brain Injury in the United States”). Figure 15 below shows the causes of traumatic brain injury among adults 65 years and older.

Figure 15: Causes of Traumatic Brain Injury, Adults 65 Years and Older



Source: “Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2010-2014.” Centers for Disease Control and Prevention. 2014. Web. 25 Oct. 2016.

Traumatic brain injury contributes each year to a substantial number of deaths and cases of permanent disability. The CDC estimates that there are over 237,000 traumatic brain injuries each year in adults over age 65 (“Traumatic Brain Injury in the United States”). Of those injuries amongst individuals 65 and older, 6% of traumatic brain injuries result in death (“Traumatic Brain Injury in the United States”).

10% of St. Anthony’s patients had traumatic brain injury.

Access to Health Care

Rehabilitation Beds

Broward County has 305 rehabilitation beds. St. Anthony's represents 8.5% of the available rehabilitation beds in the county.

Table 3: Number of Rehabilitation Hospital Beds in Broward County by Facility

Facility Name	# Rehab Beds
Broward Health North	30
Healthsouth Sunrise Rehab Hospital	126
Holy Cross Hospital, Inc.	48
Memorial Regional Hospital	6
Memorial Regional Hospital South	69
St. Anthony's Rehabilitation Hospital	26
TOTAL	305

Source: "Hospital Beds and Services List." Florida Agency for Health Care Administration, July 2015, Print.

There are 2,331 rehabilitation beds across the state of Florida. Broward County has 13% of the rehabilitation beds in Florida ("Hospital Beds and Services List").

While the services available at the other rehabilitation hospitals in Broward County may be similar to the rehabilitation services provided by St. Anthony's, there are many characteristics of the organization which make St. Anthony's markedly different from the other rehabilitation hospitals and which greatly affect the overall patient experience and outcomes. For example:

- St. Anthony's is part of a faith based organization functioning within its mission to provide care and services to the most vulnerable and needy in the community.
- St. Anthony's (together with sister facilities St. Catherine's Rehabilitation Hospital and St. Catherine's West Rehabilitation Hospital) are the only rehabilitation hospitals that are an integral part of a comprehensive post-acute care system, inclusive of skilled nursing facilities, long-term care facilities, home health, assisted living, hospice, and a CMS approved community-based organization providing care transition services.
- St. Anthony's provides a substantial amount of charitable care to those in need regardless of the intensity of their service needs.
- St. Anthony's accepts patients with the highest of acuity levels and offers each person the opportunity to minimize activity limitations/participation restrictions and return to the least restrictive community based environment.
- St. Anthony's provides primarily private rooms to enhance privacy and minimize distraction to promote a tranquil, healing environment.

- St. Anthony's offers a post-graduate residency training program in geriatric physical therapy credentialed by the American Physical Therapy Association. Currently, St. Anthony's has board certified physical therapy geriatric specialists on its staff.
- St. Anthony's offers indoor, climate controlled aquatic rehabilitation programs for both inpatients and outpatients.
- St. Anthony's offers hospital-based wound care centers.

The rehabilitation programs at St. Anthony's have consistently been ranked in the top 3-7% of rehabilitation hospitals for the last 5 years as ranked by Uniform Data Systems for Medical Rehabilitation. . Rankings are based on a "Program Evaluation Model" (PEM) that considers functional improvement of patients served, discharge setting of patients served, and the number of patients served who return to acute care facilities.

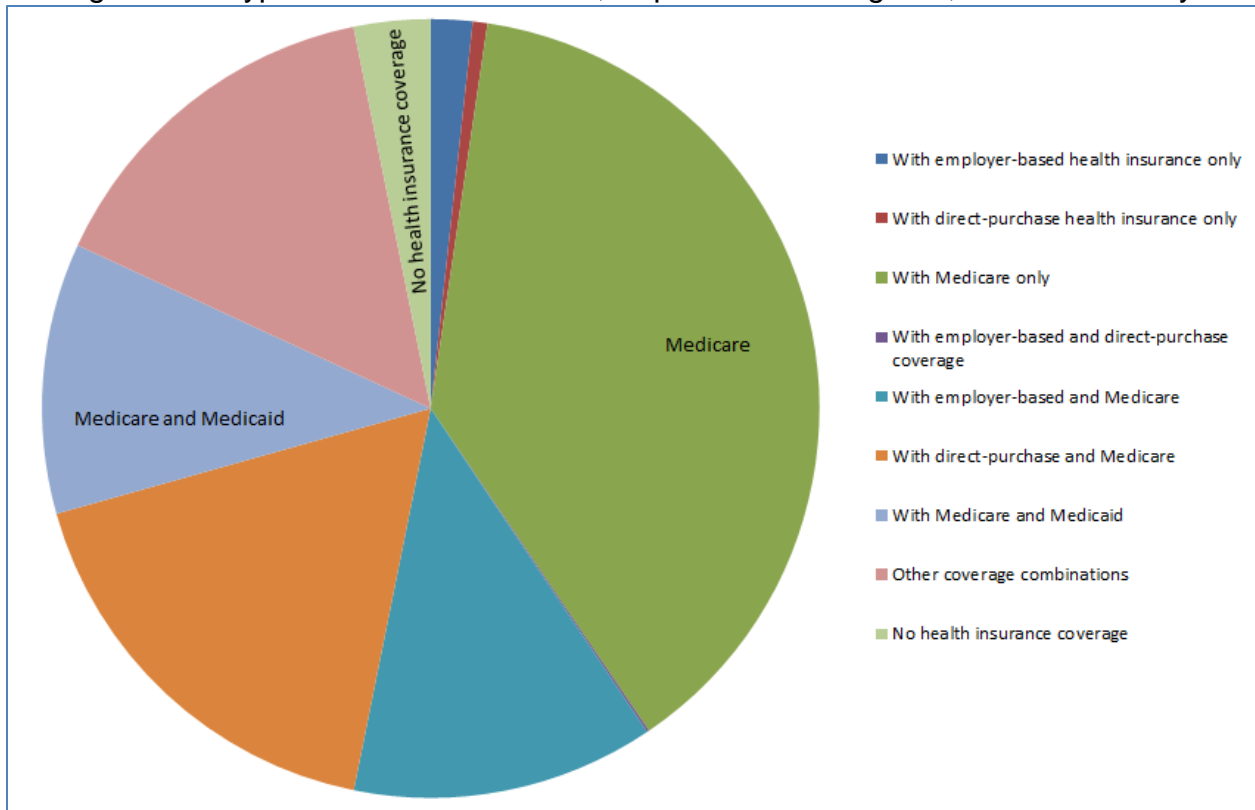
	2010	2011	2012	2013	2014	2015
PEM Percentile	88%	93%	93%	97%	93%	96%

Insurance

There are 50 million people nationwide without insurance. The percentage of uninsured tends to decrease by age. In 2015, 96.82% of adults age 65 and older had some form of insurance in Broward County ("Types of Health Insurance Coverage by Age").

3.18% of individuals over age 65 were uninsured in 2015 in Broward County ("Types of Health Insurance Coverage by Age"). Figure 16 below shows the health insurance coverage of the elderly population in Broward County.

Figure: 16: Types of Health Insurance, Population over Age 65, Broward County



Source: "Types of Health Insurance Coverage by Age. Broward County, Florida." American FactFinder. 2015 American Community Survey 1-Year Estimates . United States Census Bureau. Web. 25 Oct. 2016.

In Broward County in 2015, over 79.5% of the population over age 65 was enrolled in Medicare and/or Medicaid. However not all of the Medicare options offer equal coverage. For participants enrolled in Medicare Part C, or Medicare Advantage, coverage options and associated copays and premiums can be very different.

In Broward County, 50% of Medicare-eligible individuals are enrolled in Medicare Advantage plans. This information is important to assessing the community health needs because often times the Medicare Advantage insurers will not consistently direct patients to a rehabilitation facility. Candidates are often directed to sub-acute nursing homes which provide different services, and therefore access to rehabilitation is restricted.

IV. Community Health Survey

As part of the assessment process, residents of Broward County as well as healthcare providers who practice in South Florida were solicited for their perspectives on the health status of the county. The Steering Committee as well as the Community Liaisons distributed surveys to evaluate specific health issues related to rehabilitation in order to analyze health needs in Broward County. Survey data was collected in December 2012 and January 2013.

Methodology

Surveys were distributed face-to-face to the Director of Case Management, Director of Rehabilitation, and Utilization Review Physicians at each of the top referring hospitals. Some of the surveys were completed immediately and some were mailed back to the organization upon completion by the provider.

In addition, representatives from the hospitals met with leadership of the South Florida chapters of the following nonprofit organizations:

- American Parkinson's Disease Association
- National Multiple Sclerosis Society
- American Stroke Association
- National Parkinson's Foundation
- Muscular Dystrophy Association

A representative from St. Anthony's contacted the local chapters of these associations for survey without success.

The receptionist at St. Anthony's distributed surveys as well to friends and family of current patients and these were collected at the lobby of the facilities.

Community liaisons distributed surveys to local hospitals and physicians.

Self-administered questionnaires typically are better than interviews when questions offer multiple-choice responses and do not offer many open-ended questions. They provide a quick reliable way to capture information from respondents and allow for the survey data to be aggregated efficient.

Survey Results

Access to healthcare

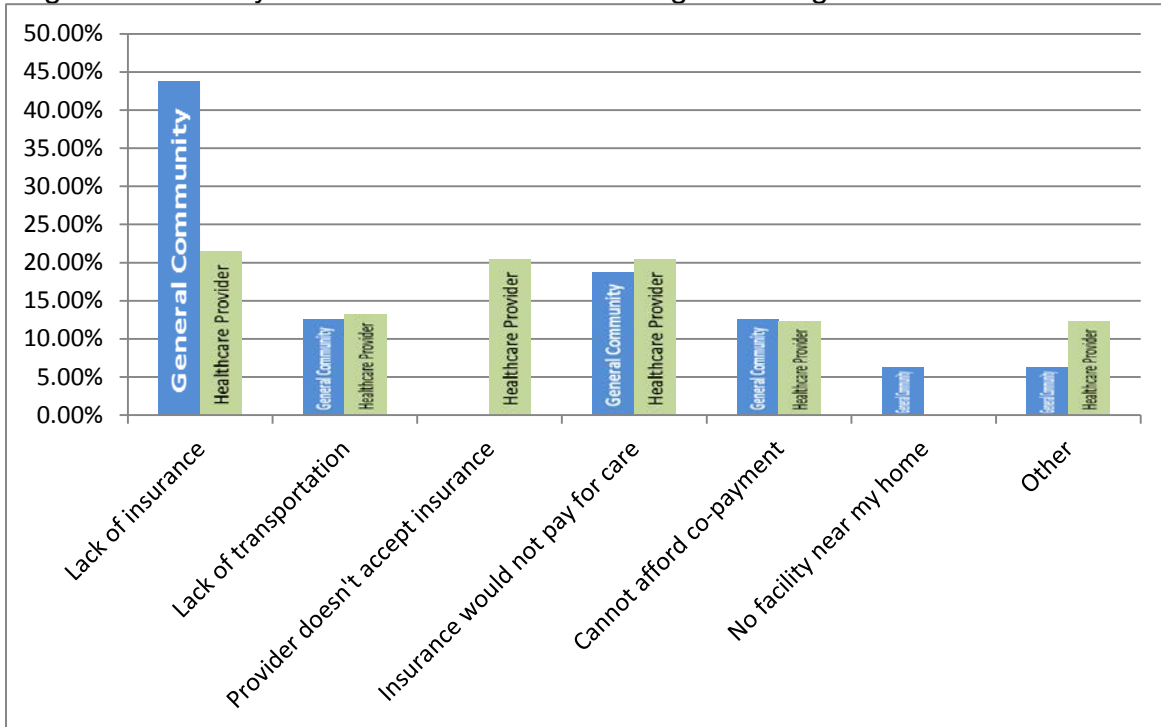
More than half of the individuals from the general community self-reported having problems getting rehabilitation services in the past year. Similarly, healthcare providers noted that there are many barriers in referring patients to a rehabilitation provider.

<i>Do you experience barriers in referring your patients to a rehabilitation provider (either inpatient or outpatient)?</i>	Yes	96.0%
	No	4.0%

<i>In the past 12 months have you had problems getting inpatient or outpatient physical rehabilitation services?</i>	Yes	79.3%
	No	20.7%

For those individuals who responded that they had experienced barriers to receiving rehabilitation services or referring patients to rehabilitation providers, respondents were asked to indicate the reason that rehabilitation was not available.

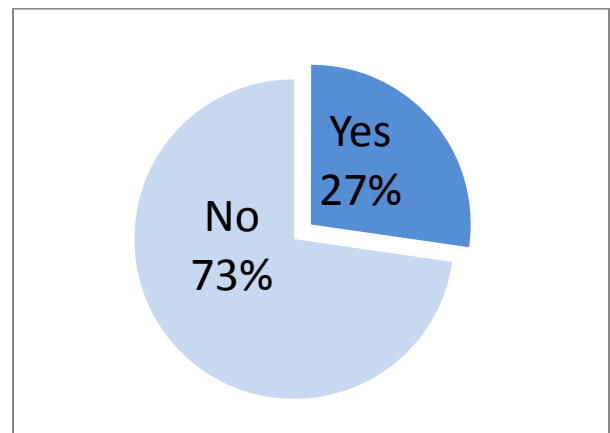
Figure 14: Survey results: Barriers to Receiving/Referring Rehabilitation Services

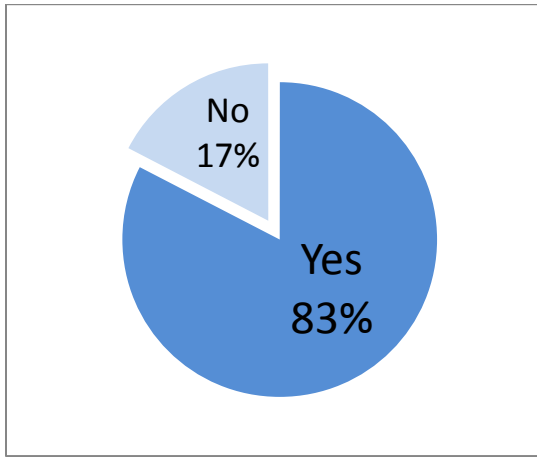


Rehabilitation Services

Some questions in the survey were designed to capture specific information about rehabilitation activities in order to determine health needs of the community related to rehabilitation. Some of the survey results are presented below.

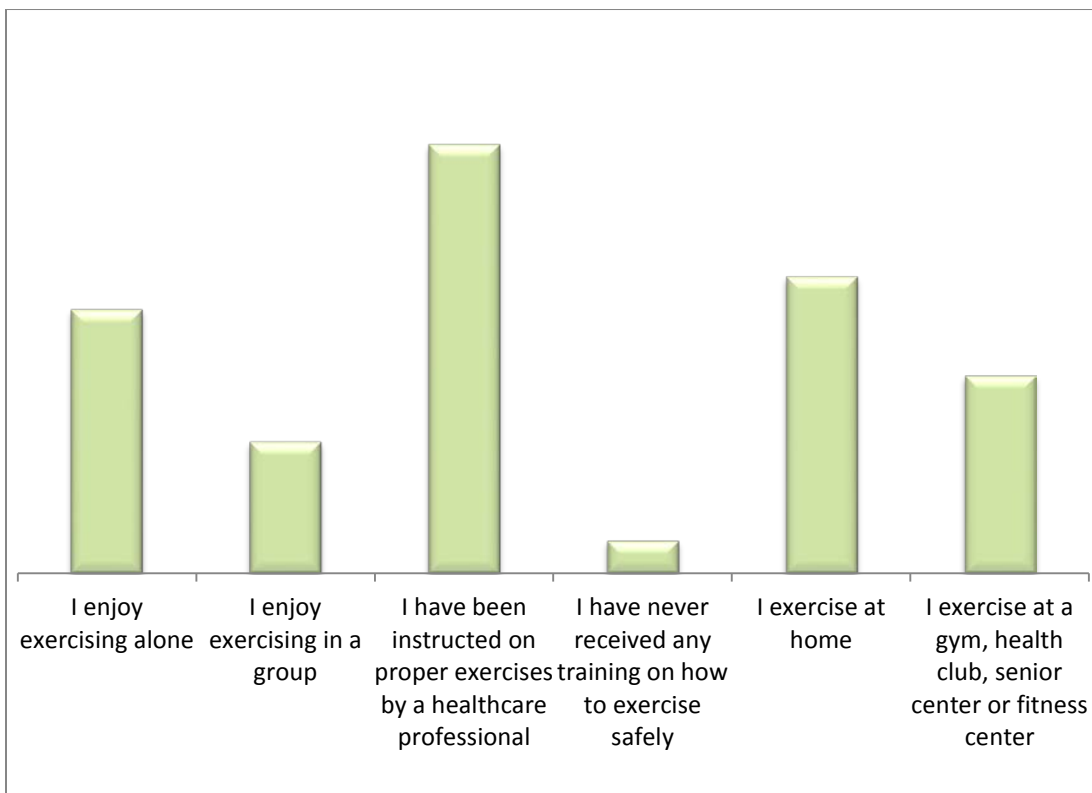
If you are physically unable to leave your home, did you receive rehabilitation services from a home health provider?





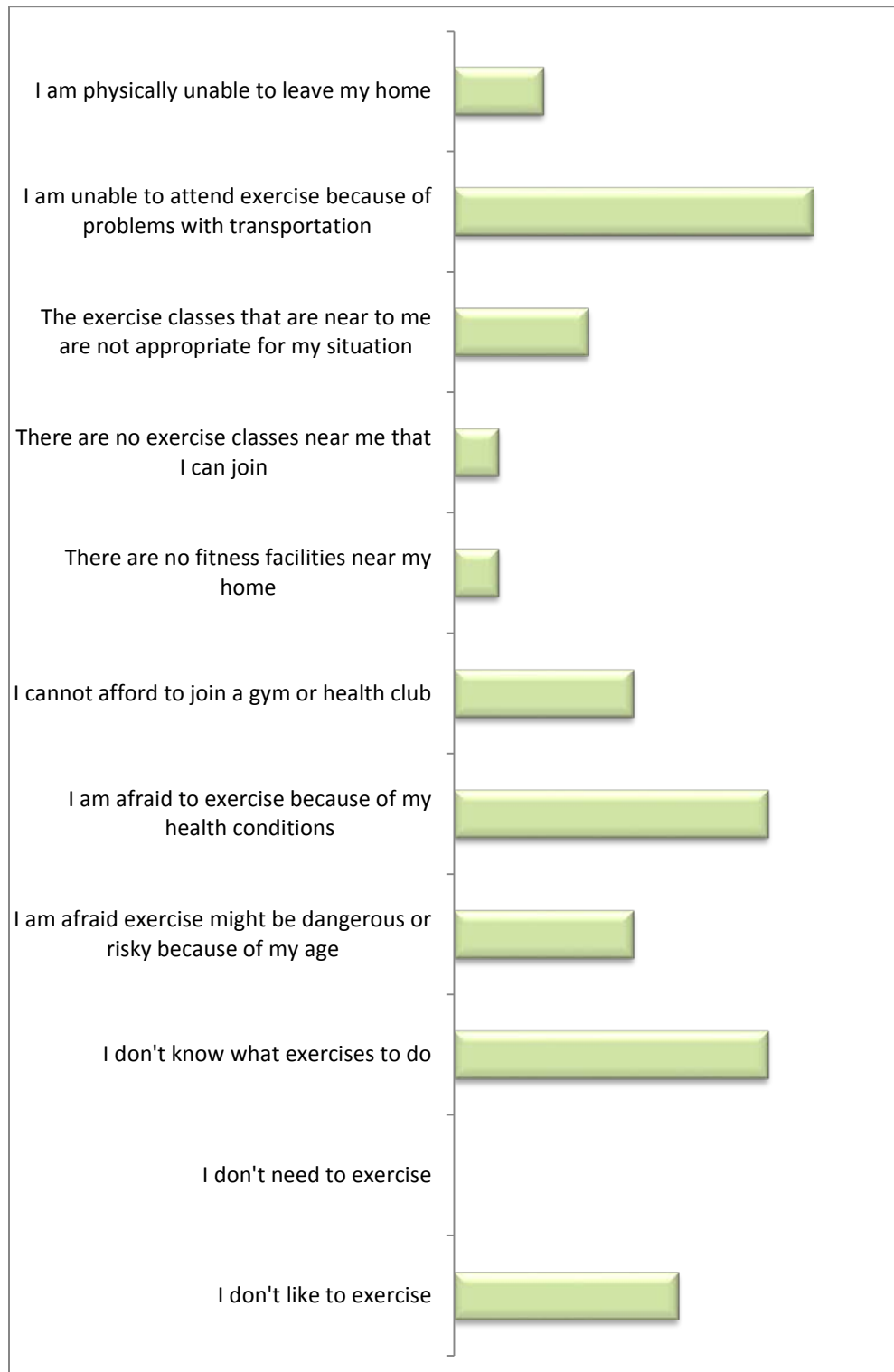
Do you participate in any regular physical exercise or activity?

For those who participate in regular physical exercise or activity, respondents were asked to “check all that apply” from the following choices:



For those who do not participate in regular physical exercise or activity, respondents were asked to finish the sentence below – respondents were instructed to check all that apply.

I do not exercise regularly because...



All individuals who participated in the survey distributed to the general community were asked to answer the question below regarding rehabilitation conditions. There were 40 responses to the survey overall.

In the past 12 months, have you or anyone in your household had any of the following (fill in all that apply):

Number of responses	Condition
11	A fall or near fall, or difficulty with balance
8	A decline in the ability to care for yourself
4	A fracture (broken bone)
3	Increased difficulty with speech, communication, or swallowing
12	Increased difficulty with walking

Observations

The question displayed above which indicates that 29% of respondents had a family member experience a fall during the year is very much indicative of the need for additional fall prevention programs and services in the community.

The CDC has developed a toolkit for organizations to use if they intend to implement a fall prevention program. The CDC used incredible resources to pull together the STEADI toolkit for providers because fall prevention is an ongoing health need within the community, especially targeted for the elderly population.

In addition, the organization has recognized the need to develop a geriatric fitness program to encourage regular physical activity and to provide professional guidance as to exercises that are appropriate given various ages, conditions, and ability levels. There is still a large percentage of respondents who did not participate in regular exercise and the reasons for not participating are largely addressable through a fitness program.

V. Health Needs of the Community

Root Causes of Community Health Issues

The root causes of strokes and fractures include pre-existing conditions such as hypertension, high cholesterol, heart disease, diabetes, obesity, or osteoporosis; impairments such as poor strength, poor aerobic capacity, poor vision, or poor balance; and other factors such as unsafe living environments and poor social support systems (Stroke Facts).

According to the CDC, heart disease and stroke, the principal components of cardiovascular disease, are the first and third leading causes of death in the United States, accounting for nearly 40 percent of all deaths (*State Heart Disease*). Even though scientific studies have demonstrated that adherence to clinical guidelines is associated with a decrease in death, many patients do not receive the recommended health care to prevent and control heart disease and stroke. To address this problem, several nonprofit organizations have developed guideline-based tools for heart disease and stroke care and prevention that have demonstrated health care quality improvement (*State Heart Disease*).

The CDC also states that falls are a serious threat to the health and wellbeing of older patients. One out of three people 65 and older falls each year, and over two million are treated in emergency departments annually for fall injuries (*About CDC's STEADI*). Healthcare providers play an important role in caring for older adults and can help reduce these devastating injuries. Fall/fracture prevention should be an integral part of clinical practice.

Therefore the organization's strategies for addressing community needs will focus on evidence-based treatment of the underlying impairments as well as evidence-based health promotion/wellness programs intended to reduce modifiable risk factors (both intrinsic and extrinsic) that can lead to stroke or falls/fracture.

How Health Needs Are Prioritized

Health needs were prioritized by reviewing the organization's strategy and capacity, reviewing priorities identified in the community survey, and by taking into account local and national priorities.

When prioritizing the health needs, St. Anthony's looked closely at the organizational strategy, strengths, resources and capacity. As a rehabilitation hospital, the strengths and expertise lie within the realm of maintaining and restoring, when needed, physical function to minimize activity limitations and participation restrictions. Therefore it was important to incorporate those strengths into the needs that the organization will intend to address.

The survey data revealed that a large percentage of those surveyed reported issues with falls and balance and many reported resulting fractures. This information supports the need for programs to address these avoidable injuries. Implementation of programs to address these functional deficits before injury occurs will result in better health in the community.

Nationally there is a strong focus on reducing readmissions to acute care following a recent hospitalization as well as reducing falls and their consequences. Programs to address functional impairments and issues which can be offered to the general population will help in minimizing those readmissions that may occur due to falls, or balance issues with resulting injury. Programs that address general health, wellness, and preventative measures may help reduce the incidence of stroke, falls, hospitalizations, re-hospitalizations, as well as the activity limitations and participation restrictions that might result from a stroke or fall.

Health Needs Identified

The health needs that have been identified by St. Anthony's as being within the organization's capacity and expertise are as follows:

1. Hospitalizations and subsequent re-hospitalizations are among the costliest consequences of any illness or injury. It is through community-based educational programs, care transitions, and preventative services that St. Anthony's hopes to reduce the need for costly admissions by preventing future strokes, fractures, and brain injuries. The organization's plan will also attempt to address reducing re-admissions to acute care by enhancing follow up services, care transitions, and preventative education for patients, caregivers, and the community at large.
2. The cost and consequences of falls have been described in detail within this assessment. They are inherently linked to hospitalizations, disability, and death. Given the impact falls and subsequent injuries have on activity limitations and participation restrictions in the community, reducing falls and related complications is foremost among St. Anthony's goals. St. Anthony's will address this need through evidence-based fall prevention programs and community fall risk reduction programs (STEADI).
3. Disability resulting from catastrophic illness or injury, such as stroke, results in a higher prevalence of activity limitations and participation restrictions by those impacted by these life-changing medical conditions. Stroke is a leading cause of disability, as well as one of the primary diagnosis treated by St. Anthony's. Other neurological illnesses/injuries also rank high among disabling conditions and those treated by St. Anthony's. The organization will address this community need by expanding follow-up services to those impacted by these conditions, as well as offering educational services to facilitate independence, health promotion, and wellness.
4. Access to rehabilitation services was identified as a community need based on survey results. The organization will expand services by offering a wider array of

outpatient follow-up and prevention services. The organization will also address this need by working closely with Medicare Advantage and commercial providers to provide further education regarding appropriate triage of post-acute care services in an effort to improve community health and quality of life and minimize the impact of re-hospitalization.

St. Anthony's Current Programs to Address Health Needs

As an organization, St. Anthony's has aggressively approached the issue of re-admissions to acute care while a patient is in the rehabilitation hospital. Interventions have been put into practice that have helped to reduce the percentage of re-admissions to acute care but the results are highly variable and the lower re-admission rates which have been periodically achieved are not sustainable from month to month.

CHS, the parent organization of St. Anthony's, has been approved by CMS to be a community based health care transition provider. This program has the goal of preventing readmissions to acute care hospitals. St. Anthony's will be a collaborating partner in this program by promoting patient and family education, providing support from healthcare professionals and providing guidance to appropriate resources. The programs which will be initiated as part of this Community Health Needs Assessment will be available to these individuals when identified as an appropriate intervention.

Falls and related post-fall injuries are treated by the organization when an individual suffers an injury and therefore the issue is typically addressed *after* an injury. However, the organization addresses fall prevention currently by offering the following services:

- A limited osteoporosis/fracture prevention clinic
- Participation in the National Falls Prevention Day (first day of Fall each year)
- A robust and active internship program for students in nursing, physical therapy, occupational therapy, and speech-language pathology
- A post-graduate residency training program in geriatric physical therapy
- A variety of fall risk reduction strategies intended for the inpatient population

The organization currently treats patients who have suffered from strokes by providing world-class rehabilitation techniques. However, the organization typically uses most resources toward the treatment of a patient *after* a stroke and while the patients utilize acute rehabilitation services. Some of the current programs in place to address the needs of individuals who have suffered a stroke or other neurological impairment include:

- Provision of evidence-based, modern technologically advanced interventions (Bioness[®], Saebo-Flex[®], body-weight supported treadmill training, aquatic rehabilitation)
- A robust and active internship program for students in nursing, physical therapy, occupational therapy, and speech-language pathology.

- A post-graduate residency training program in geriatric physical therapy
- Support groups for patients and caregivers affected by stroke.
- Organization support for professional development, advancement of clinical skills for employees, and participation in internal and external clinical research projects.

The organization has had continuing dialog with many of the HMO's providing health insurance to the population on Medicare Advantage plans. Historically there has been a reluctance to authorize acute rehabilitation except in the case of catastrophic injury or illness. Very often the decision to authorize is based on age rather than medical condition.

Authorization for the skilled nursing facilities and/or outpatient services has become more difficult as well. Data which supports positive functional outcomes with a reduction in the readmissions to acute care following a post-acute care stay in the rehabilitation or skilled nursing facility has been outlined and shared with the HMOs to heighten awareness of the positive benefit both to the patient as well as to the insurance carrier.

It is St. Anthony's intention to continue to provide this type of information and education to the HMO's to improve access for their participants.

Other Community Resources to Address Health Needs

The organization is aware that other rehabilitation providers may be providing educational sessions and programs to the community. However St. Anthony's has identified an on-going need for such programs and therefore intends to develop new programs to address these needs.

Programs to Continue

St. Anthony's has adopted the STEADI program that has been created and endorsed by the CDC. "STEADI" is the acronym for *Stopping Elderly Accidents, Deaths, and Injuries Program*. This program was developed in early 2016 by the CDC to encourage health care providers to continue to address the need of fall prevention.

Based on the survey results and identified health needs of the community, St. Anthony's plans to implement this program beginning in its fiscal year starting October 1, 2016. The program involves using a tool kit which is based on a simple algorithm in order to treat older adults who are at risk of falling or may have fallen in the past. The toolkit provides basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests. The toolkit also provides instructional videos and educational handouts in order to educate the patients who will participate in the program. These materials have been designed by experts at the CDC to specifically educate patients and their families with the ultimate goal of fall prevention.

In addition to the adoption of the STEADI program, St. Anthony's will provide to the community fall and fracture prevention clinics. These clinics will be held in conjunction with health promotion and wellness educational events. The events will be hosted by health care professionals who will provide seminars and educational materials to address topics of interest in the community regarding health promotion.

Existing educational seminars that are provided in partnership with a community based acute care hospital and their physicians will be expanded to include independent living facilities and assisted living facilities within the community in order to reach a broad group of individuals. Topics to be discussed will include, but not be limited to:

- Early signs and symptoms of stroke
- High Blood Pressure "Prevention and Management"
- Diabetes
- Osteoarthritis, "Prevention and complications"
- Good nutrition in the elderly
- Depression in the Elderly
- Dehydration and the prevention of complications
- Flu and the importance of immunization

Finally, the organization will manage a neurorehabilitation follow-up clinic for all patients admitted to St. Anthony's with neurological diagnoses in order to offer follow-up visits with a physician. The clinic will schedule 3-month, 6-month, and 12-month follow-ups with both a physician and physical therapist to address ongoing needs of the patient. In addition, a formal re-assessment will be conducted by the physician to identify additional medical or therapy needs. The purpose of this clinic will be to provide comprehensive follow-up for former inpatients regarding the ongoing management of their activity limitations and participation restrictions. Since recovery from neurological insult or injury often results in months, years, or even a lifetime of management; the clinic will address ongoing and new issues that may present after patients have been discharged from our acute rehabilitation services.

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Appendix A: Descriptions and Qualifications of Steering Committee Members

James A. Ball, PT, MA is a graduate of the University of Southern California and holds a Master's Degree in Physical Therapy. He has more than 30 years of experience as a clinician, manager, administrator, and executive leadership. He has served several technical advisory panels for CMS, has been President of the Florida Physical Therapy Association, and is a former member of the Board of Directors for the American Physical Therapy Association. Mr. Ball has been Chief Operating Officer of Catholic Health Services for 12 years. He is currently on the Board of Directors of the South Florida Hospital & Healthcare Association and Palmetto Medical Center.

Sister Jill Bond, MLS, MA has worked in health care for over twenty years as a Board Certified Chaplain and Director of Pastoral & Spiritual Care Services at acute care hospitals, long term care facilities, and rehabilitation hospitals. Her education includes a Master's Degree in Library and Information Sciences and a Master's Degree in Pastoral Health Care Ministry. She has been the Vice President of Mission Advancement with Catholic Health Services since 2001.

David M. D'Amico, BS, CPA has over twenty-five years of experience in accounting and finance specializing in the healthcare industry. He has served as a Chief Financial Officer and Vice President of Finance in a variety of organizations and healthcare systems and was a senior manager with the Big Four Public Accounting firm KPM Peat Marwick. Mr. D'Amico is a graduate of Syracuse University and is a Certified Public Accountant.

Michael Spatz, MBA, CPA possesses a Master in Business Administration degree and is a Certified Public Account licensed in the State of Florida. He has 30 years of experience in healthcare finance.

Pamela Gambardella, Administrator and Executive Director, has 20 years' experience as a healthcare professional in a skilled nursing and acute rehabilitation setting. Her background includes clinical work as an occupational therapist, PPS coordinator in an acute rehabilitation hospital setting, and clinical reviewer for admission appropriateness to the acute rehabilitation hospital. Pam is presently the Executive Director for the CHS North Campus, Administrator of St. Anthony's Rehabilitation Hospital and Nursing Home Administrator of St. John's Nursing Center. Pam is actively involved in community events, Health Care Associations and an advocate for the Health Care Industry.

Dr. Daniel Carney, DO is Board Certified in Physical Medicine and Rehabilitation and also received a Subspecialty in Spinal Cord Injury from the American Board of Physical Medicine and Rehabilitation in 2002. He has been the Medical Director of St. Anthony's Rehabilitation Hospital and Nursing Center since 2003.

Jorge Casauay, PT, DPT, GCS holds a Doctorate degree in physical therapy from University of South Florida. He is a board certified geriatric clinical specialist and has more than 20 years of clinical and leadership experience as a physical therapist in a skilled nursing and acute rehabilitation setting. Jorge is presently the Assistant Hospital Administrator and Director of Rehabilitation Services for the CHS North Campus.

Rock Pierre, RN, ARNP, MSN, CPSO, CRRN, WCC is currently the Director of Nursing at St. Anthony's Rehabilitation Hospital. He has been a registered nurse since 1994 and has been involved with CHS since 2001. In addition to a Master of Science in Nursing (MSN) from South University, Rock has also received his certification as an *Advanced Registered Nurse Practitioner (ARNP)*. Rock is an active member of the local chapter of the Association of Rehabilitation Nurses (BARN/Broward Association of Rehabilitation Nurses) and the Association for Professionals in Infection Control & Epidemiology (APIC).

Katrina Emerick, M.S., CCC-SLP has almost 10 years of experience as a Speech-Language Pathologist. She has worked in various settings including acute care hospitals, rehabilitation hospitals, skilled nursing facilities, schools, outpatient clinics, home health and birth-3 years early intervention. Katrina has been a Clinical Community Liaison for almost 3 years with CHS where she has worked closely with hospital case managers to learn about community resources to assist her patient and family member's transition from the post-acute rehab setting to their home. She also participates in networking events to learn about community needs and available resources so she can be a strong advocate for her patients and families.

Reoyal G. Fullerton, RN, CRRN, CM has been in nursing since 2007. His clinical experience has been in pediatrics, inpatient rehabilitation and mental health. He has been involved in case management since 2014 and is very knowledgeable of community resources as well as the many unmet needs of the community and clients served. Reoyal is an active member of the Broward Association of Rehabilitation Nurses (BARN) and the American Nurses Association (ANA).