



CATHOLIC HEALTH SERVICES

Community Health Needs Assessment

ST. CATHERINE'S REHABILITATION HOSPITALS

St. Catherine's Rehabilitation Hospital & St. Catherine's West 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. Catherine’s Rehabilitation Hospital and St. Catherine’s West Rehabilitation Hospital (collectively, “St. Catherine’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. Catherine’s.

St. Catherine’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. Catherine’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. Catherine’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. Catherine’s. In this document the values and social responsibility of St. Catherine’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. Catherine’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. Catherine’s is to identify the most important health needs in the community served by the hospitals and to identify ways in which St. Catherine’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. Catherine’s principal function—the provision of rehabilitation services—within the geographic area served by the organization.

Specifically, St. Catherine'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 focuses on the needs of the individuals that fall within that narrowed community.

The assessment contains a description of the community served by St. Catherine'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.

The community health needs assessment assesses the needs in the community which is served by both St. Catherine's Rehabilitation Hospital and St. Catherine's West Rehabilitation Hospital. Both hospital facilities are included in one assessment and report because the state of Florida has granted one hospital license which includes both facilities. The two facilities are approximately 12 miles apart and both serve the rehabilitation needs in Miami-Dade County.

Key Findings and Themes

In Miami-Dade County, 14% of the population is over the age of 65. Among those older than 65, many report their health status as “fair” or “poor”. Some of the key issues faced by the community of individuals within Miami-Dade 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. Catherine’s data from fiscal year 2015 reveals that out of 1,194 admissions to the program, 553 (46%) fell within three distinct diagnostic categories. The top three diagnoses treated at St. Catherine’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. Catherine’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. Catherine’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 its 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. Catherine’s will undertake to meet the identified community health needs:

1. STEADI Fall prevention 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. Catherine's will implement the STEADI as part of the a 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. Catherine'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. Catherine's is to identify the most important health needs in the community served by the hospitals and to identify ways in which St. Catherine's can help to address those needs. Due to the organization's narrowed focus as a rehabilitation hospital, St. Catherine'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, Jaime Gonzalez, Anthony Bencomo, Manish Patel
- Community and Public Health – Jaime Gonzalez, Joi McMillon, Anthony Bencomo
- Community Resources Available – Gloria Hasbun, Yessenia Alonso, Lujana Morales
- Customer Service/Community Served – Jaime Gonzalez, Yessenia Alonso
- 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. Catherine's collaborated with St. Anthony's Rehabilitation Hospital, the sister facility within CHS. The facilities collaborated to conduct the assessment under the leadership of James Ball.

Primary Data

The primary data used by St. Catherine'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. Catherine'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. Catherine's
- Visitors and family members of current patients

The healthcare providers within the community that were surveyed include:

- At each of the top twelve 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.

Each of the St. Catherine's hospitals has Community Liaisons who were tasked with distributing many of the surveys. Those individuals already work directly with healthcare providers around the community as part of the process of identifying and assisting with patients in local acute care hospitals who need rehabilitation. The

community liaisons 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 the 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. Catherine'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. Catherine's.

Those with Expertise in Public Health

The information gathered from various public health sources, as well as the various 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. Catherine'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. Catherine's surveyed nonprofit organizations who serve the broad health needs of the community. These organizations provided additional insight into the health needs of the individuals within the community served by St. Catherine's (those individuals with activity limitations and participation restrictions due to functional impairments). St. Catherine's has close working relationships with the local chapters of each of these organizations.

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. Catherine's in the analysis and review of community health needs. St. Catherine'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.

St. Catherine's surveyed the leadership of the South Florida Chapter of the American Stroke Association in order to gather valuable information about the health needs of the community.

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. Catherine'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.

St. Catherine's surveyed the leadership of this organization in order to incorporate their experience and wealth of knowledge into the analysis of the community 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. The information provided by the leadership of the Muscular Dystrophy Association was used to assess the overall health needs of the community, including those with ALS.

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.

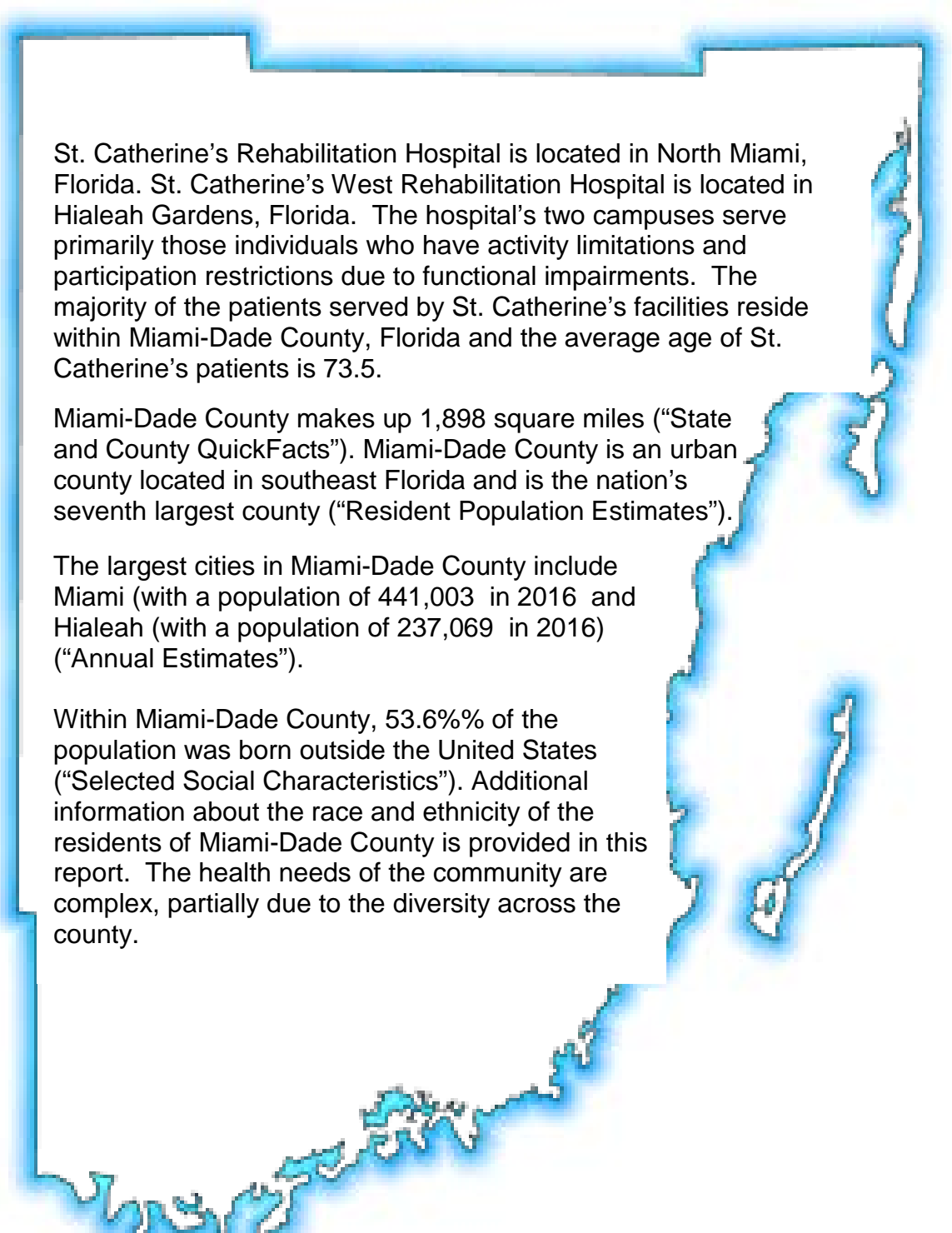
This information was used to provide a general overview of the community served by St. Catherine’s as well as to benchmark the current health status of the community in several key areas.

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. Catherine’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. Catherine's Rehabilitation Hospital is located in North Miami, Florida. St. Catherine's West Rehabilitation Hospital is located in Hialeah Gardens, Florida. The hospital's two campuses serve primarily those individuals who have activity limitations and participation restrictions due to functional impairments. The majority of the patients served by St. Catherine's facilities reside within Miami-Dade County, Florida and the average age of St. Catherine's patients is 73.5.

Miami-Dade County makes up 1,898 square miles ("State and County QuickFacts"). Miami-Dade County is an urban county located in southeast Florida and is the nation's seventh largest county ("Resident Population Estimates").

The largest cities in Miami-Dade County include Miami (with a population of 441,003 in 2016 and Hialeah (with a population of 237,069 in 2016) ("Annual Estimates").

Within Miami-Dade County, 53.6%% of the population was born outside the United States ("Selected Social Characteristics"). Additional information about the race and ethnicity of the residents of Miami-Dade County is provided in this report. The health needs of the community are complex, partially due to the diversity across the county.

Population Characteristics

The population of Miami-Dade County and the number of individuals who are older than 65 is depicted in Table 1. Miami-Dade County's total population has increased 11% from 2000 to 2010 and an estimated increase of 14.1% through 2015. The population over age 65 has increased even more over the last few decades.

Table 1: Miami-Dade County Population

	1990	2000	2010	2015
Number 65+	270,806	300,552	352,013	401,642
Total Population	1,937,094	2,253,362	2,496,435	2,693,117

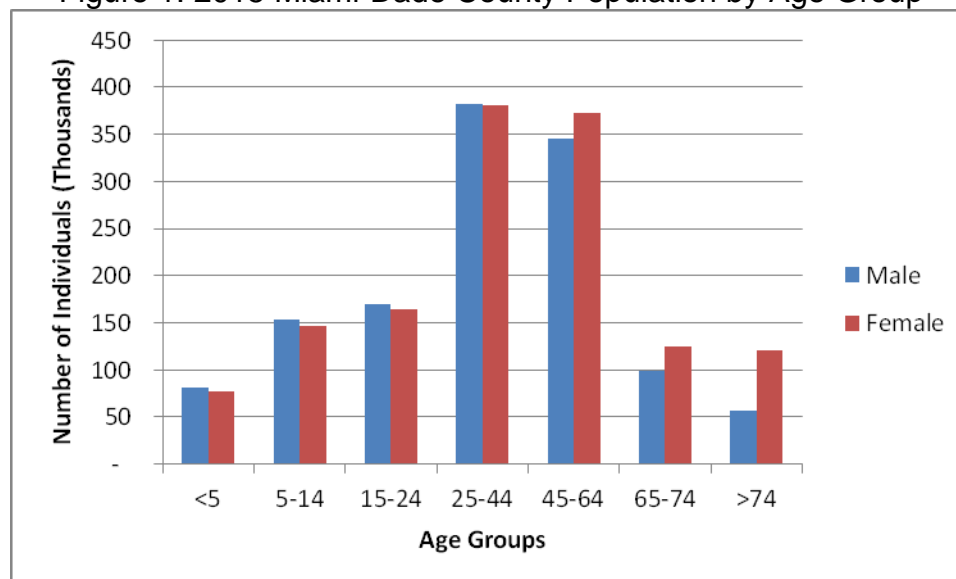
Increase in Population 65+	6.1%	11.0%	17.1%	14.1%
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Source: "USA Counties, Age, Miami-Dade County, Florida."
United States Census Bureau. Web. 25 Oct. 2016.

Age Distribution

In 2015, a majority of the Miami-Dade County population was between the ages of 25 and 64 and more than half were women (as shown in Figure 1). The elderly population, those aged 65 and older, makes up fourteen percent of the population, among the highest in the nation. Amongst the individuals who are 65 and older, 58% are women.

Figure 1: 2015 Miami-Dade County Population by Age Group



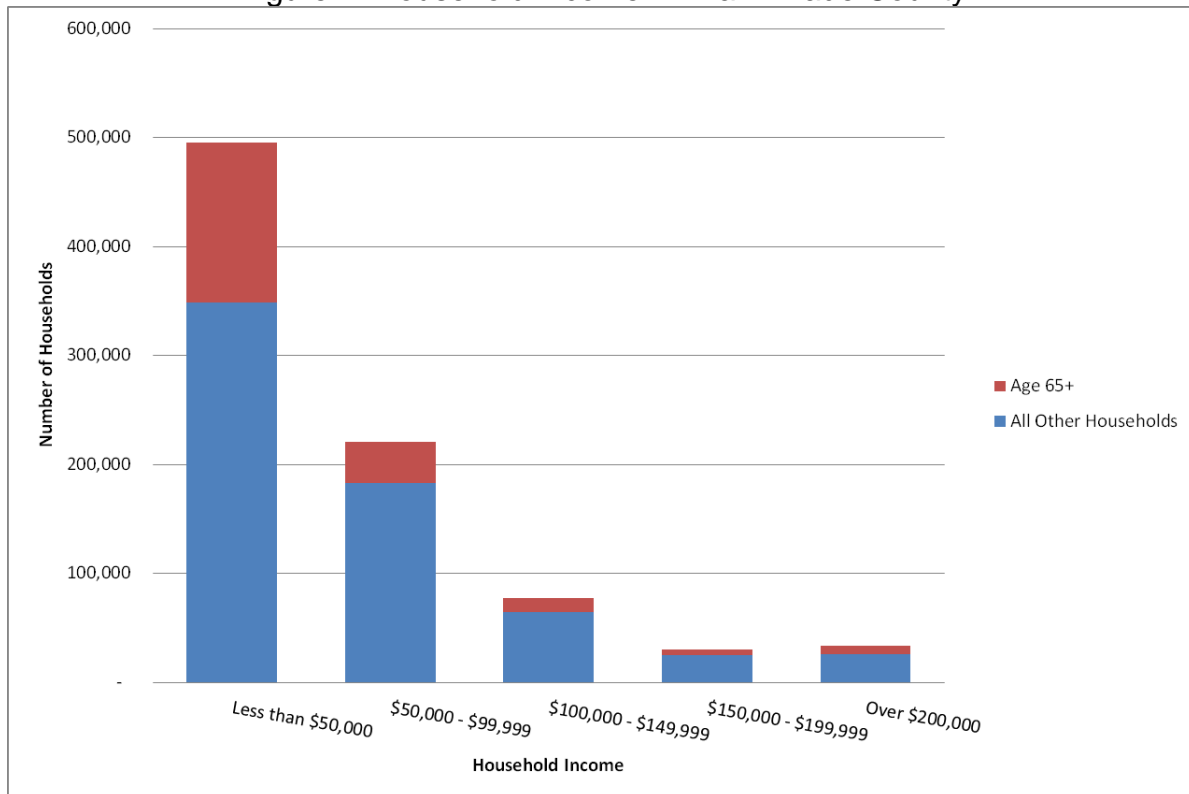
Source: "USA Counties, Age, Miami-Dade County, Florida."
United States Census Bureau. Web. 25 Oct. 2016.

Income

Evidence exists that income is related directly to health status. Below is a snapshot of the income levels of households in Miami-Dade County and heat maps which show the correlation between income and preventable hospitalizations in the county.

Depicted in Figure 2 is the number of households at each income category in Miami-Dade County. The median household income in Miami-Dade County is \$43,099 ("State and County QuickFacts"). Over half of the total households and 70%% of the elderly households (age 65 and older) have an annual income of less than \$50,000 ("State and County QuickFacts").

Figure 2: Household Income in Miami-Dade County



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

Figure 3: Median Household Income and Preventable Hospitalizations No new update

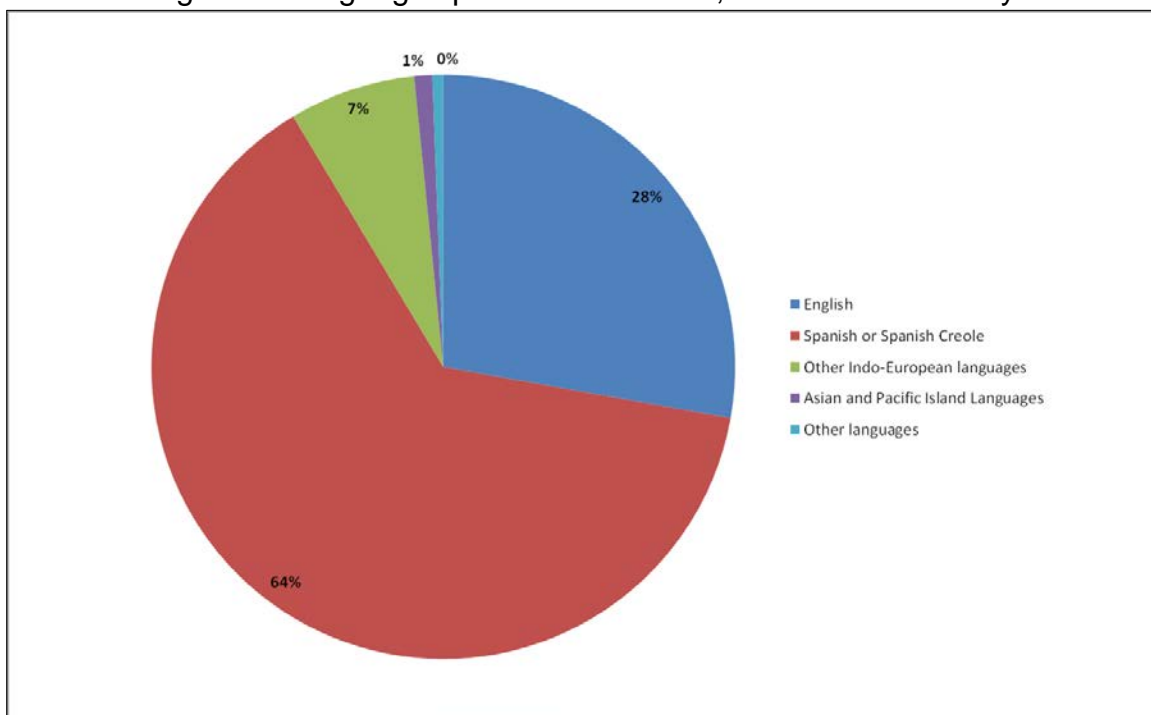


Language

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 Miami-Dade County.

Almost two-thirds of the households in Miami-Dade County (64%) speak Spanish or Spanish Creole in the home. Only 28% of the population speaks English at home. Figure 4 below depicts the various languages spoken in the home.

Figure 4: Language spoken in the home, Miami-Dade County

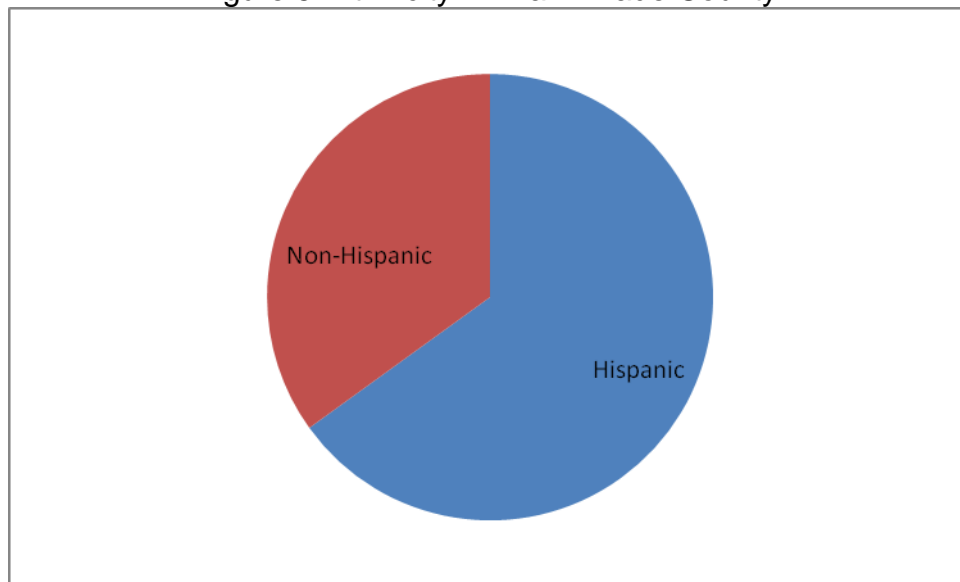


Source: "Language Spoken at Home, 2014 American Community Survey 1-Year Estimates, Miami-Dade County, Florida." American FactFinder. 2014. United States Census Bureau. Web.25 Oct. 2016

Race and Ethnicity

In Miami-Dade County, 65% of the population is Hispanic or Latino as shown in Figure 5 below. This correlates with the fact that 64% of the population speaks Spanish in the home.

Figure 5: Ethnicity in Miami-Dade County

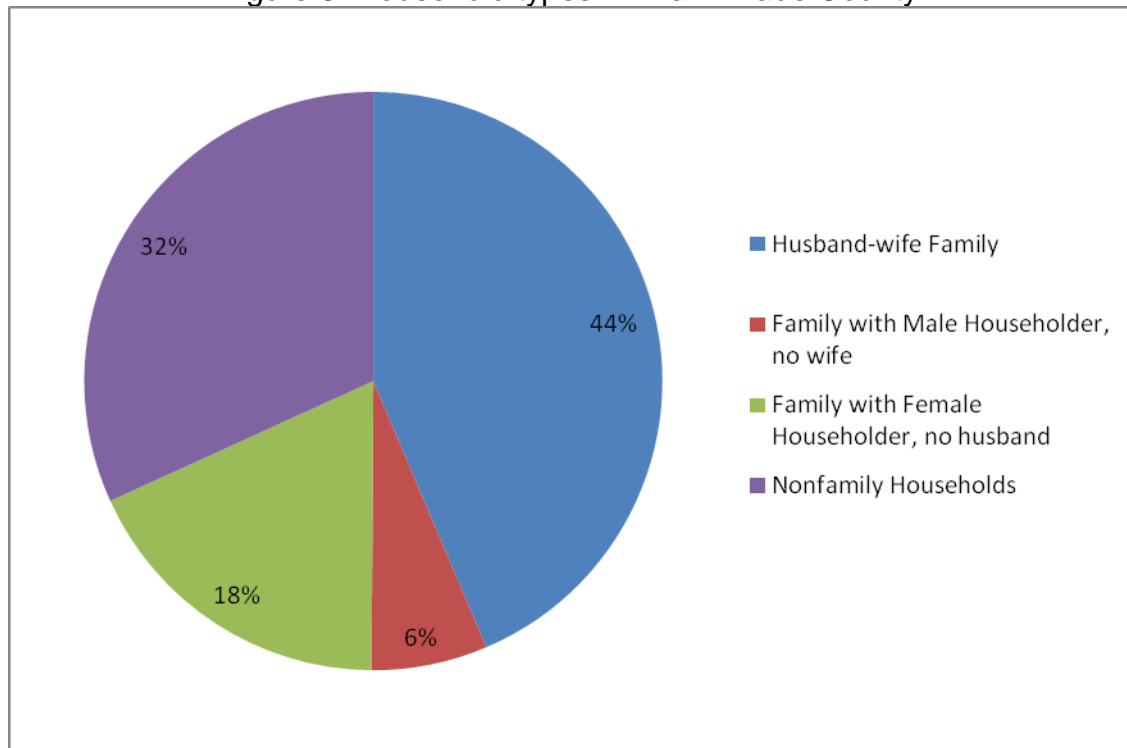


Source: "Profile of General Population and Housing Characteristics: 2014 Demographic Profile Data, Miami-Dade County, Florida." American FactFinder. 2014. United States Census Bureau. Web. 25 Oct. 2016

Household Type

In Miami-Dade County, 68% 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 6 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.

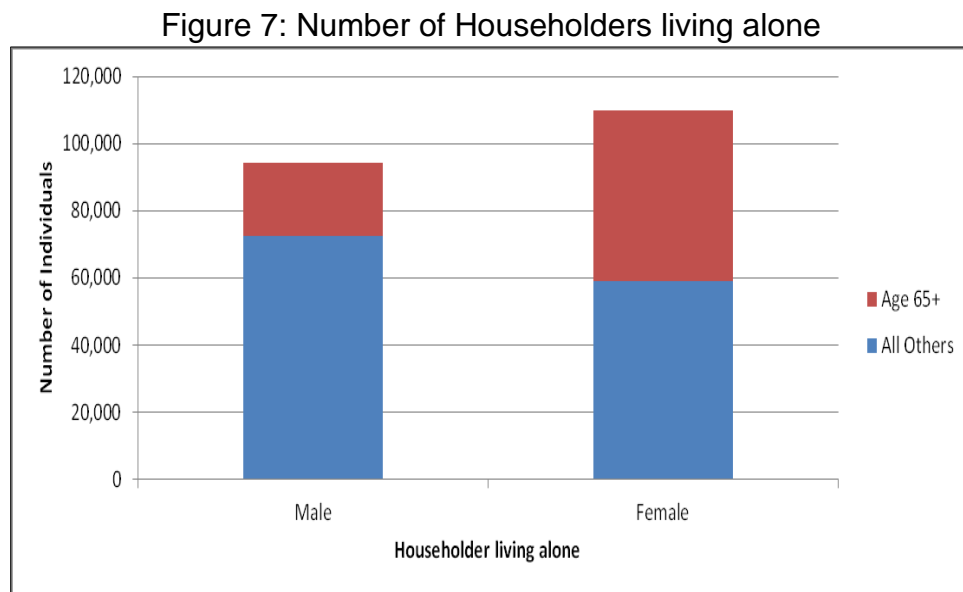
Figure 6: Household types in Miami-Dade County



Source: "Profile of General Population and Housing Characteristics: 2014 Demographic Profile Data, Miami-Dade 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 24% 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 7 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, Miami-Dade 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.

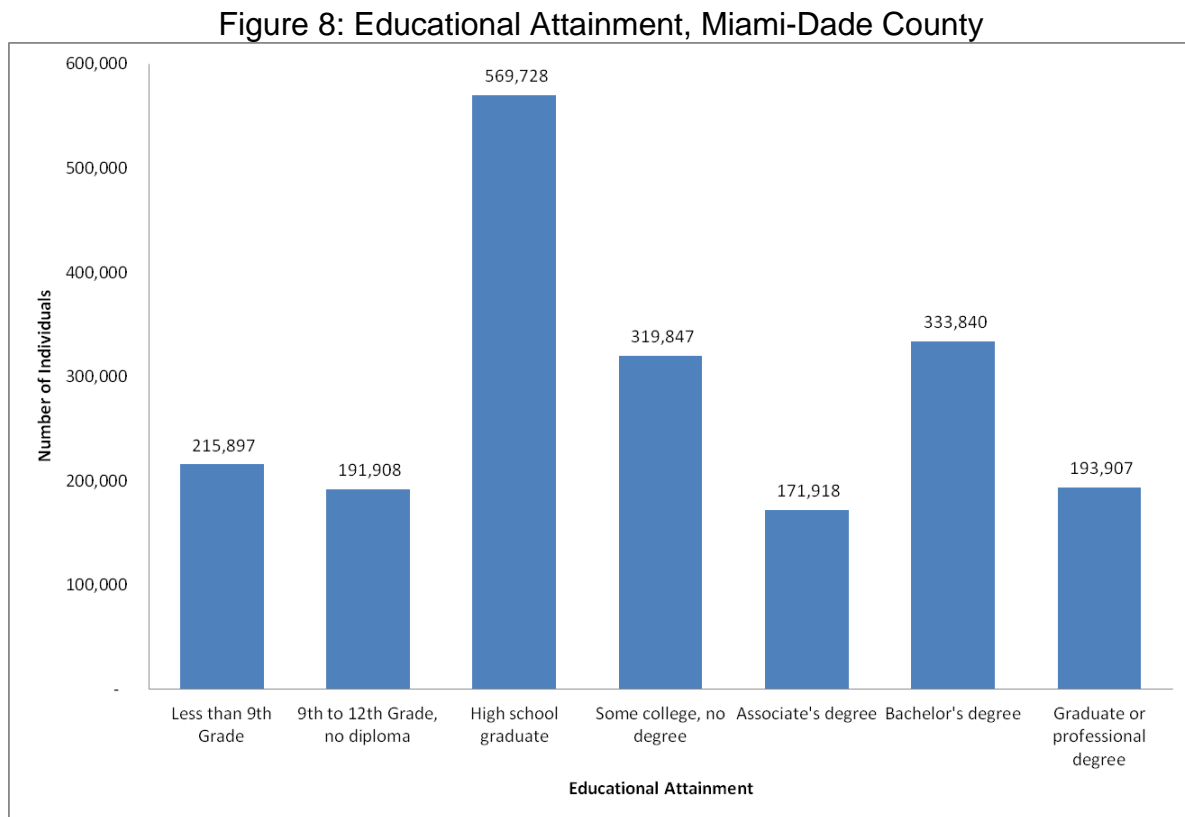
- Those with low health literacy often cannot understand written directions from medicines.

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 Miami-Dade County, there has been a 52% increase over ten years in the percentage of people who fall in the lowest literacy skill level (Florida Literacy Coalition). This is the highest increase across the state of those who fall within the lowest literacy skill level.

Education

In Miami-Dade County, 80% of the adult population has graduated from high school ("Selected Social Characteristics"). Below in Figure 8 is a representation of the education levels of those over age 25 in Miami-Dade County.



Source: "Selected Social Characteristics in the United States, 2010-2014 American Community Survey 5-Year Estimates, Miami-Dade County." American FactFinder. 2014. United States Census Bureau. Web. 07 Oct. 2016.

Description of St. Catherine's Rehabilitation Hospital and St. Catherine's West Rehabilitation Hospital

CHS, the parent organization of St. Catherine's, is a ministry of the Archdiocese of Miami and is 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. Catherine's Rehabilitation Hospital and St. Catherine's West Rehabilitation Hospital were ranked in the top 9% (collectively) among 800 rehabilitation hospitals in the U.S. by Uniform Data

Systems-Medical Rehabilitation. St. Catherine's facilities are accredited by the Joint Commission and The Commission on Accreditation of Rehabilitation Facilities (CARF).

In 2015, 1194 patients were treated in inpatient programs at St. Catherine's. Of those, 231 patients were admitted with stroke, 154 patients with a brain injury, 58 patients with a spinal cord injury, 141 patients with a hip fracture, 15 patients with amputation, 27 patients with major multiple trauma, and 141 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. Catherine's offers the most innovative evidence-based technologies inclusive of aquatics, Vital-Stim®, body-weight supported gait training, Bioness® and Saebo-flex® 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 in developing compensatory mechanisms for performing home specific activities.

The goal of the rehabilitation programs provided at St. Catherine'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. Catherine's

St. Catherine's 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. Catherine's is restricted to individuals who have functional limitations resulting in activity limitations and participation restrictions.

The following are some of the common medical conditions treated by St. Catherine's and collectively made up 66.6% (2/3) of the total patient population treated in fiscal year 2015:

- Stroke: 19.4%
- Brain Injury: 12.9%
- Neurological disorders: 11.8%
 - Multiple sclerosis
 - Muscular dystrophy
 - Parkinson's disease
 - Motor neuron diseases
 - Polyneuropathy
- Spinal cord injury: 4.9%
- Amputation: 1.3%
- Hip fracture: 14.1%
- Major multiple trauma: <1%

The other 33.3% of patients treated include a wide variety of diagnoses (e.g., cardiac conditions, pulmonary conditions, cancer, metabolic syndrome, etc.) all of whom had debilitating functional impairments, activity limitations, and participation restrictions.

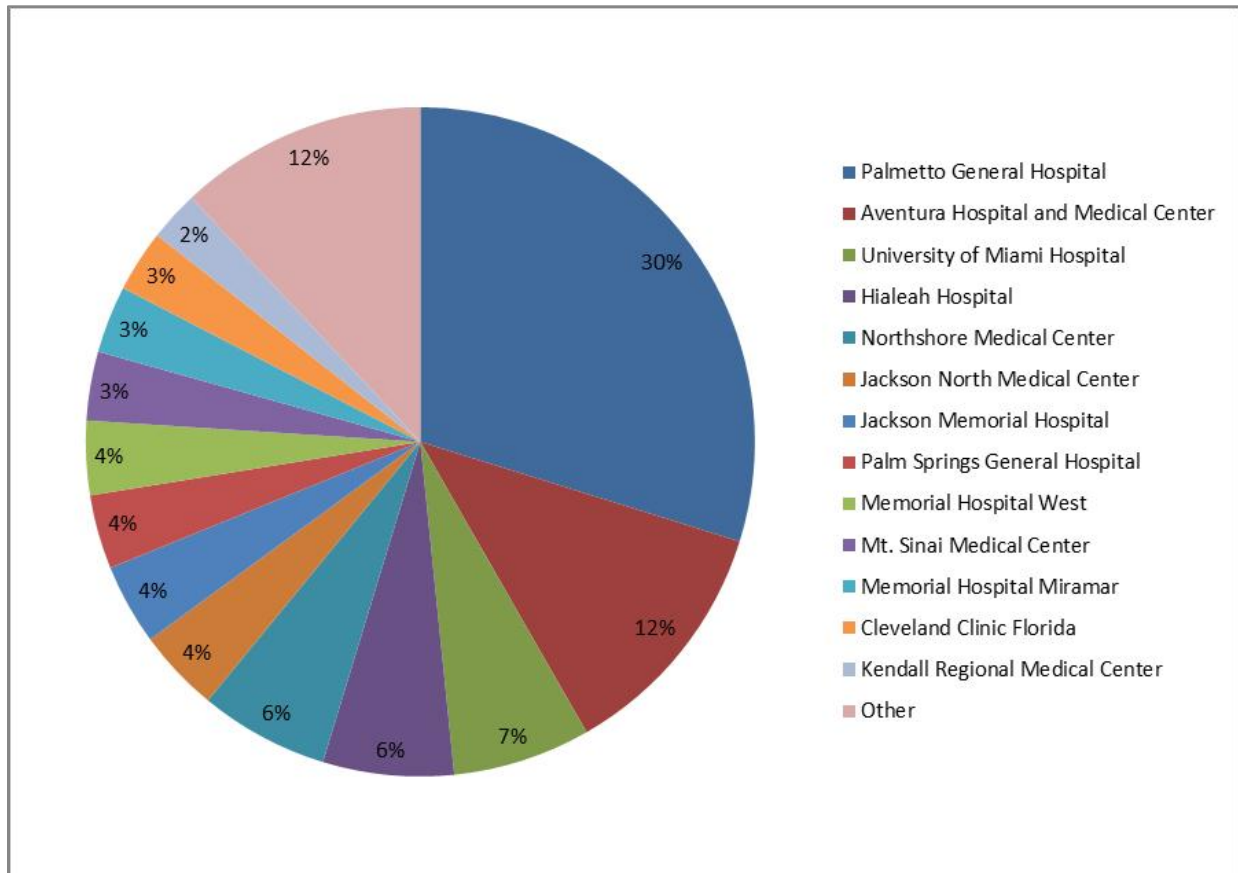
Referrals to the acute inpatient rehabilitation hospital program are most often generated from an acute care hospital via the physician, family/patient request or via the case management department in those facilities.

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 2012 are shown below in Figure 9.

Figure 9: Acute Care Hospital Referral Sources

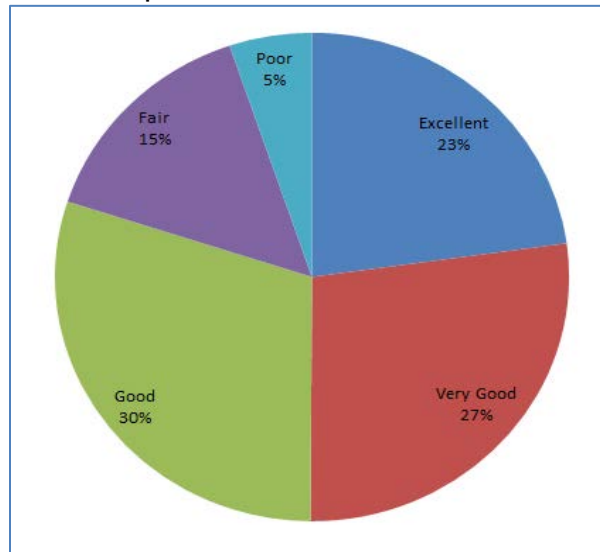


There are many health needs within the “community” served by St. Catherine’s. Below is a health profile of the community as well as a detailed analysis of the most common medical conditions treated by St. Catherine’s.

Community Health Profile

The Health Council of South Florida sponsored a Community Health Survey in 2006 to survey the residents of Miami-Dade County about their quality of life in relation to health. Participants were asked to describe their health status. Below are the results of the survey regarding self-reported health status.

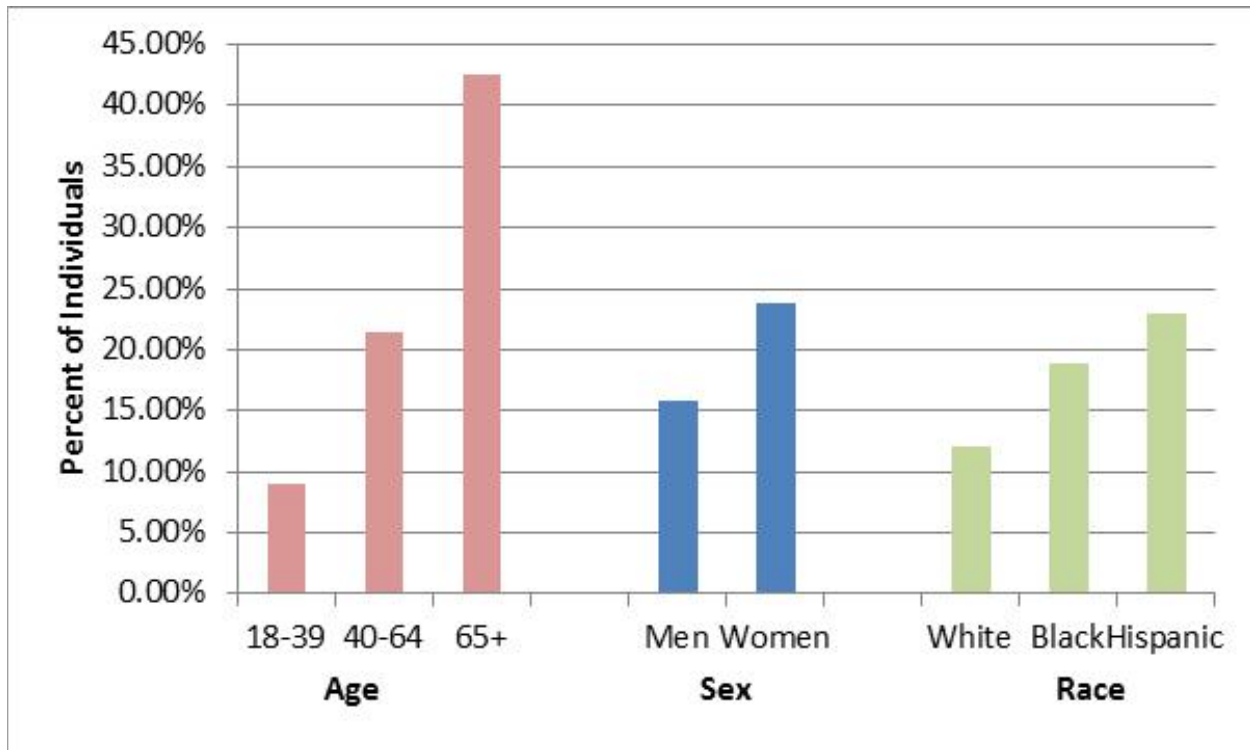
Figure 10: Self-Reported Health Status, Miami-Dade County



Source: "2014 PRC Community Health Survey, Living Healthy, Living Longer in Miami-Dade County, Florida." Health Council of South Florida, 2014, Print.

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

Figure 11: Self-Reported Health Status is “Fair” or “Poor” – Miami-Dade County

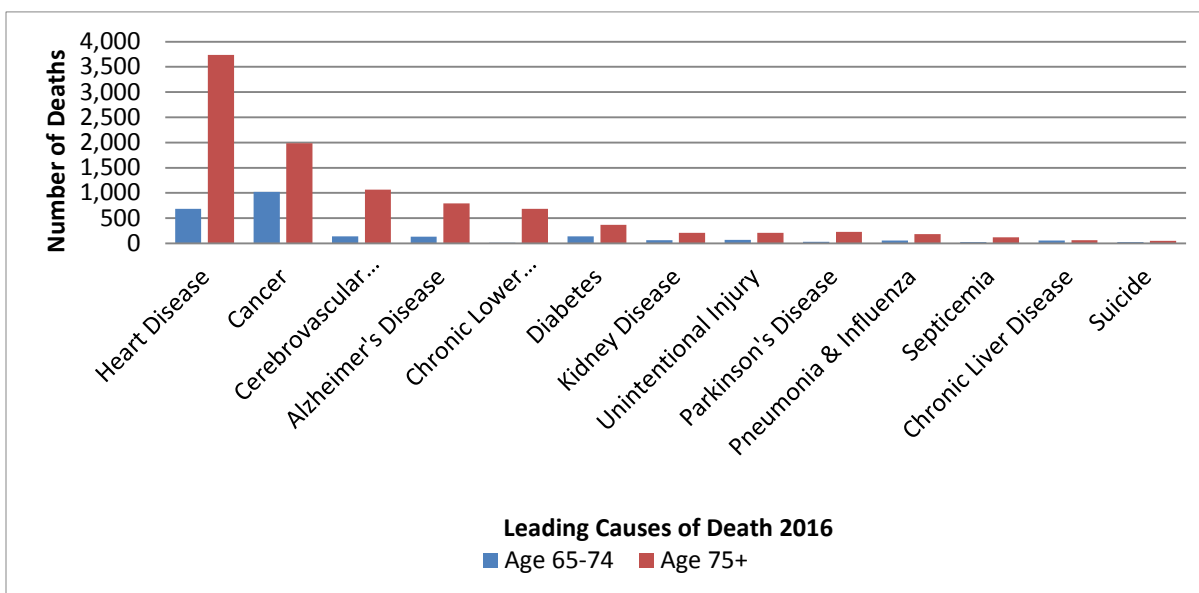


Source: “2014 PRC Community Health Survey, Living Healthy, Living Longer in Miami-Dade County, Florida.” Health Council of South Florida, 2014, Print.

As shown above in Figure 11, women report 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.

Figure 12 below shows the top ten leading causes of death amongst those 65 and over.

Figure 12: Leading Causes of Deaths by Age Group – Miami-Dade County



Source: "Resident Deaths by Year by 50 Leading Rank able Causes of Death."
Miami-Dade County, Florida." Florida Charts. Florida Department of Health.
07 Oct. 2016.

Stroke

Stroke was the fifth leading cause of death in Florida between 2007 and 2009 ("2009 Florida Mortality Atlas"). For individuals in Florida older than 65 years old, it was the fourth leading cause of death ("2009 Florida Mortality Atlas"). 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 (Hospitalization 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 No new update

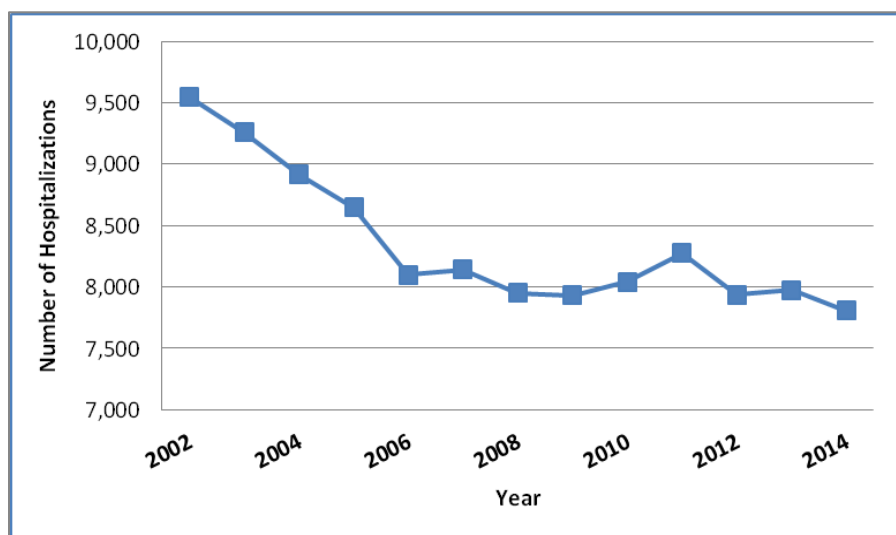
	1989	1999	2009
Total stroke hospitalizations	795,000	961,000	971,000
Average age of hospital inpatients (years)	71	71	70
Proportion by sex			
Male	43%	45%	48%
Female	57%	55%	52%
Proportion by age group			
Under 65 years	24%	27%	34%
65 years and over	76%	73%	66%
Proportion with comorbidities			
Diabetes	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. .26 Oct. 2016.

In Miami-Dade County, there were 2,516 deaths from stroke (Stroke Age-Adjusted Death Rate) and 8,273 hospitalizations in 2011 (Age-Adjusted Hospitalizations from Stroke). The number of stroke hospitalizations in Miami-Dade County has significantly decreased – from 2002 to 2011 hospitalizations decreased by 13% (Age-Adjusted Hospitalizations from Stroke).

Figure 13 below shows total stroke hospitalizations in Miami-Dade County.

Figure 13: Number of Stroke Hospitalizations in Miami-Dade County



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

Almost 16% (15.9%) of St. Catherine's patients had strokes at the time of admission during fiscal year 2012. Many of the local hospitals who provide referrals to St. Catherine's are stroke certified by The Joint Commission (e.g., North Shore Medical Center, Hialeah Hospital).

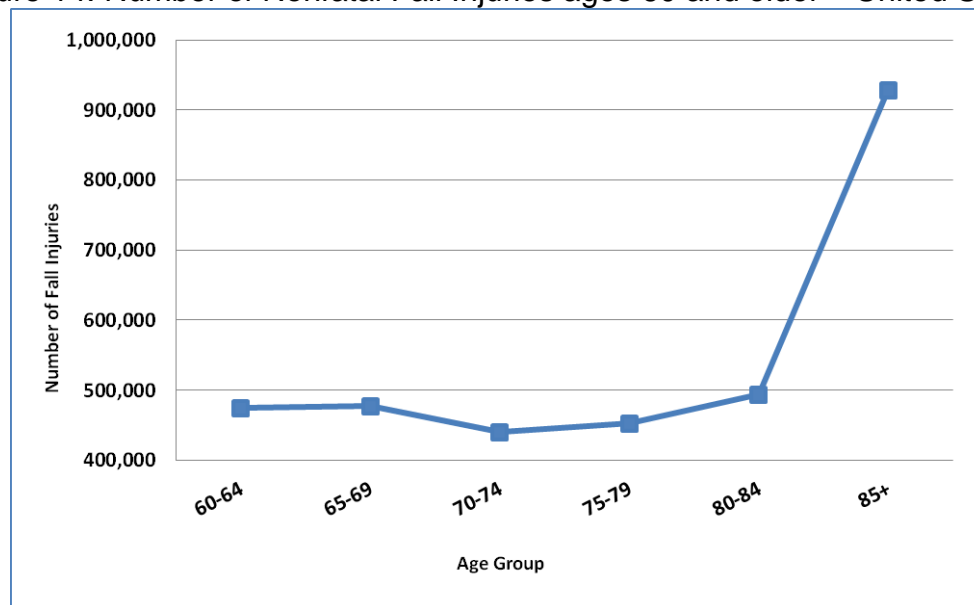
Falls

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. Catherine's patients have.

According to the Florida Department of Health, in Miami-Dade County, there were 423 deaths from unintentional falls from 2009 – 2011 (Unintentional Falls Deaths).

In nonfatal falls, the number of falls increases dramatically with age. The number of nonfatal fall injuries for individuals age 85 and older is 95%% higher than for individuals age 60-64, as shown in Figure 14 below.

Figure 14: 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. 28Oct. 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

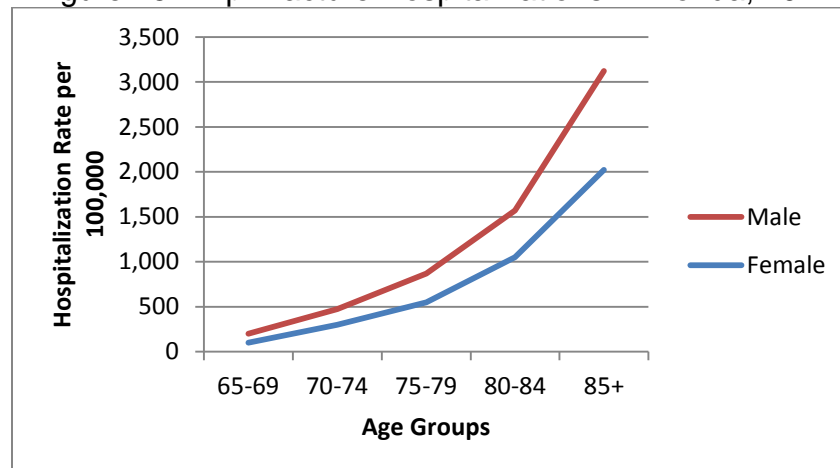
Hip fractures are serious fall injuries that often result in long-term functional impairment (Hip Fractures Among Older Adults). Women sustain $\frac{3}{4}$ of all hip fractures (Hip Fractures Among Older Adults), which is linked to the prevalence of osteoporosis in women. The National Osteoporosis Foundation 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.”

Between 2007 and 2009, 824.5 per 100,000 females age 65 and older were hospitalized for hip fracture, which is higher than the Florida average of 791.4 per 100,000. Between 2007 and 2009, 275.3 per 100,000 males age 65 and older were hospitalized for hip fracture, which is higher than the Florida average of 263.5 per 100,000 (Miami-Dade County Community Health Report Card).

Figure 15: Hip Fracture Hospitalizations in Florida, 2014



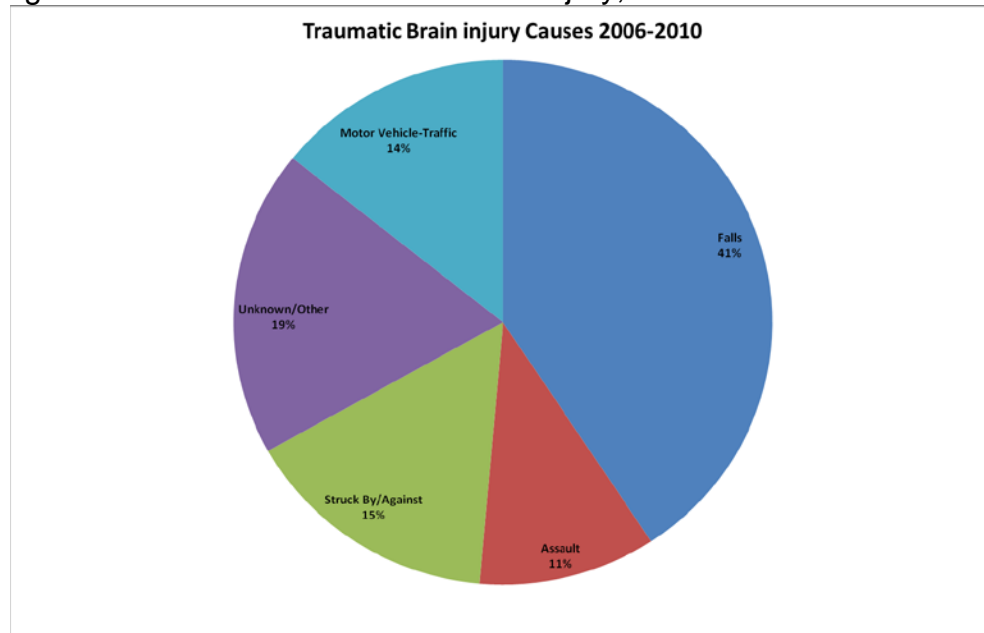
Source: *Florida Injury Facts: Hip Fracture Hospitalizations Ages 65 Years and Older*. Agency for Health Care Administration, Hospital Discharge Data. 2014. Web. 25 Oct. 2016.

13.8 percent of St. Catherine'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, 60.7% of traumatic brain injuries are caused by falls (“Traumatic Brain Injury in the United States”). Figure 16 below shows the causes of traumatic brain injury among adults 65 years and older and compares 2010 with 2006.

Figure 16: Causes of Traumatic Brain Injury, Adults 65 Years and Older



Source: “Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2006-2010.” Centers for Disease Control and Prevention. 2010. 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”).

Almost 3% (2.6%) of St. Catherine’s patients had traumatic brain injury.

Access to Health Care

Rehabilitation Beds

Miami-Dade County has 358 rehabilitation beds. St. Catherine's represents 17.3% of the available rehabilitation beds in the county.

Table 3: Number of Rehabilitation Hospital Beds
in Miami-Dade County by Facility

Facility Name	# Rehab Beds
Baptist Hospital of Miami, Inc.	23
HealthSouth Rehabilitation Hospital of Miami	60
Jackson Memorial Hospital	80
Jackson North Medical Center	12
Mercy Hospital, A Campus of Plantation General Hospital	15
Mount Sinai Medical Center	46
St. Catherine's Rehabilitation Hospital	22
St. Catherine's West Rehabilitation Hospital	40
West Gables Rehabilitation Hospital	60
TOTAL	358

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

There are 2,502 rehabilitation beds across the state of Florida. Miami-Dade County has the largest number of beds of any county in the state, with 14.3% of the rehabilitation beds in Florida ("Hospital Beds and Services List").

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

- St. Catherine'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. Catherine's facilities (together with sister organization St. Anthony's 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. Catherine's provides a substantial amount of charitable care to those in need regardless of the intensity of their service needs.

- St. Catherine'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. Catherine's provides primarily private rooms to enhance privacy and minimize distraction to promote a tranquil, healing environment.
-
- St. Catherine's houses the first post-graduate residency training program in geriatric physical therapy credentialed by the American Physical Therapy Association. As a result, the organization has more therapists who are Board certified in Geriatric Physical Therapy than any other single facility in the United States.
 - St. Catherine's offers indoor, climate controlled aquatic rehabilitation programs on both campuses for both inpatients and outpatients.
 - St. Catherine's offers hospital-based wound care centers.
 - St. Catherine's is affiliated with the University of Miami School of Medicine, offering medical outpatient clinics with world-renowned experts in amyotrophic lateral sclerosis (ALS), endocrinology (bone metabolism) for osteoporosis/fracture prevention, and Parkinson's disease. The Parkinson's disease clinic is a part of the University of Miami Movement Disorders Center of Excellence recognized by the National Parkinson's Foundation.

The rehabilitation programs at St. Catherine's have consistently been in the top 10-20% of rehabilitation hospitals for the last 6 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.

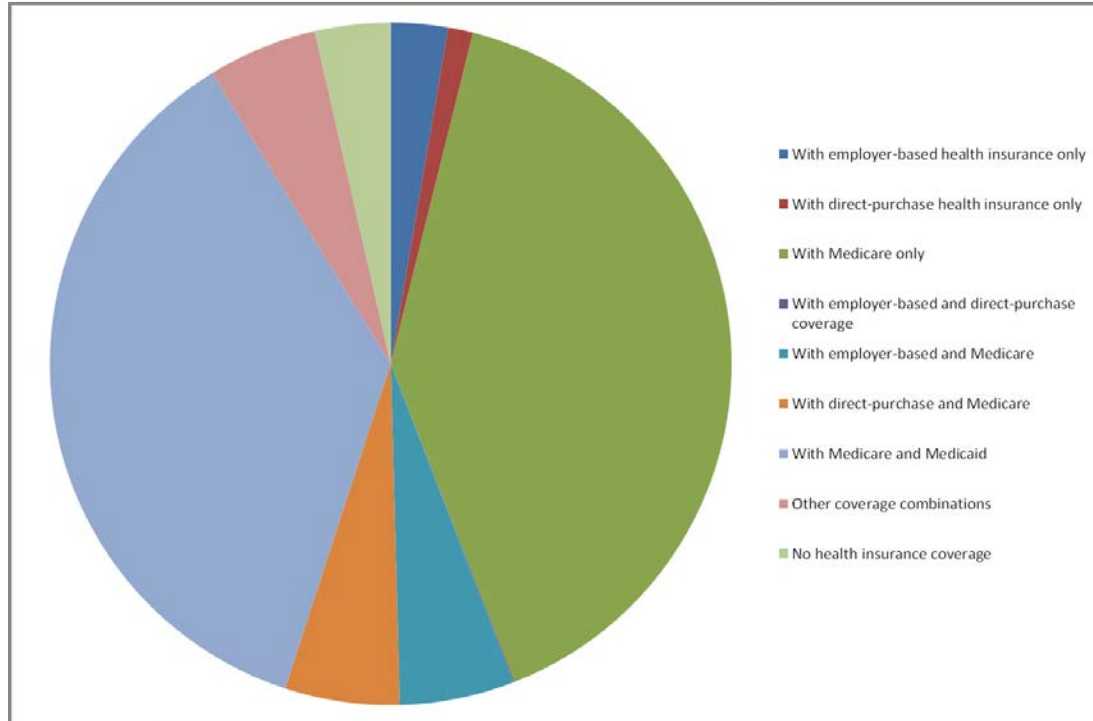
	2010	2011	2012	2013	2014	2015
PEM Percentile	94%	97%	82%	88%	87%	91%

Insurance

There are 50 million people nationwide without insurance. The percentage of uninsured tends to decrease by age. In 2015, 95% of adults age 65 and older had some form of insurance in Miami-Dade County ("Types of Health Insurance Coverage by Age").

5% of individuals over age 65 were uninsured in 2015 in Miami-Dade County ("Types of Health Insurance Coverage by Age"). Figure 17 below shows the health insurance coverage of the elderly population in Miami-Dade County.

Figure 17: Types of Health Insurance, Population over Age 65, Miami-Dade County



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

In Miami-Dade County in 2015, over 85% 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 Miami-Dade County, 55% 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 Miami-Dade 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 Miami-Dade County. Survey data was collected in August 2016 and September 2016.

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

The leadership of these organizations completed a paper survey. These individuals were given a return address envelope in case they preferred to keep responses anonymous and mail back to St. Catherine's.

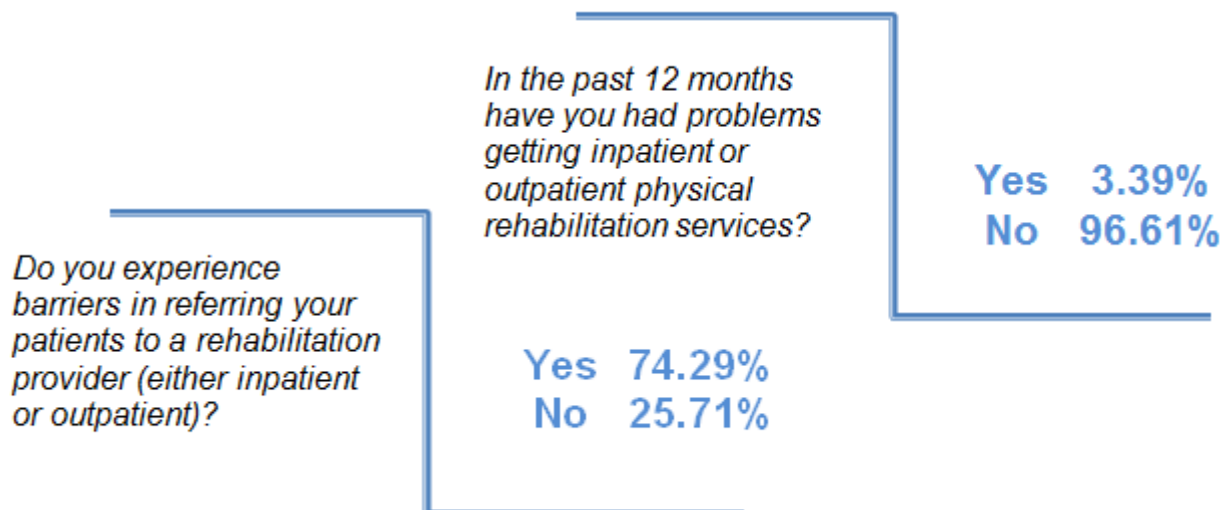
The receptionist at each of the St. Catherine's facilities distributed surveys as well to friends and family of current patients and these were collected at the lobby of the facilities.

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 efficiently.

Survey Results

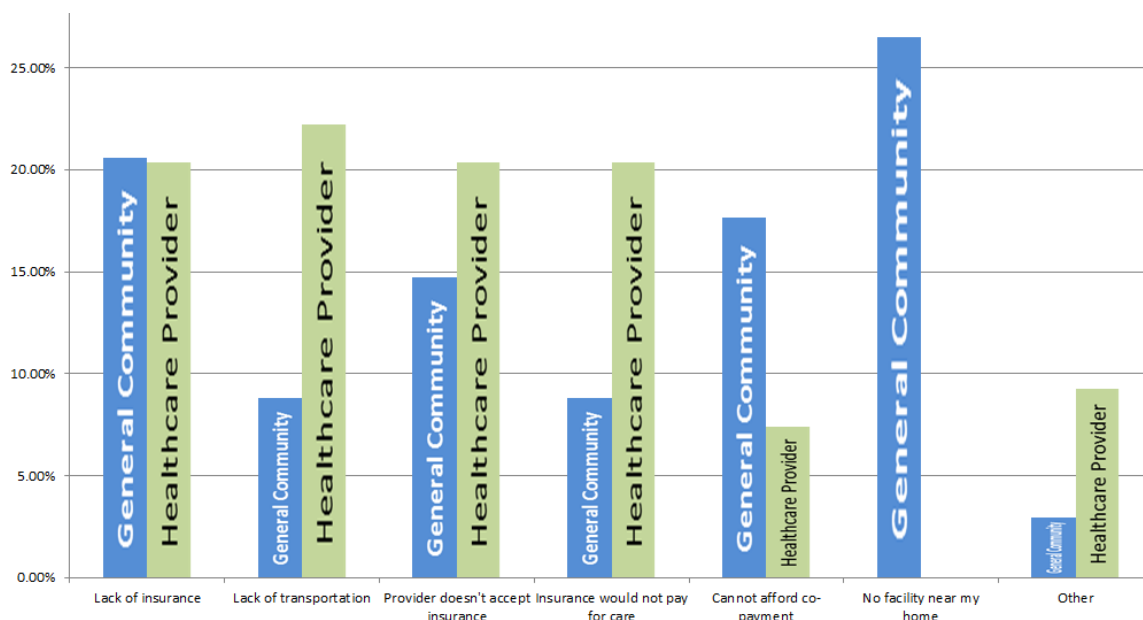
Access to Health Care

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



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.

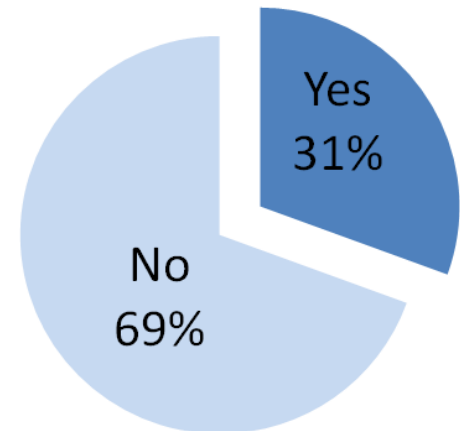
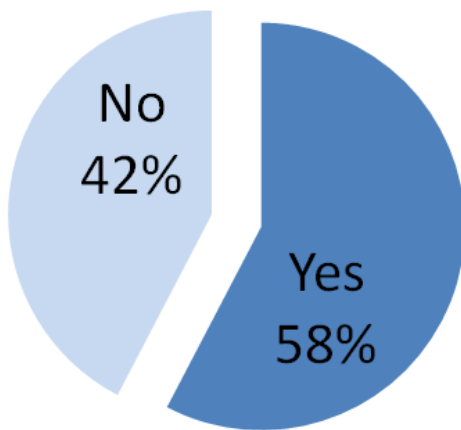
Figure 18: Survey results: Barriers to Receiving/Referring Rehabilitation Services



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?



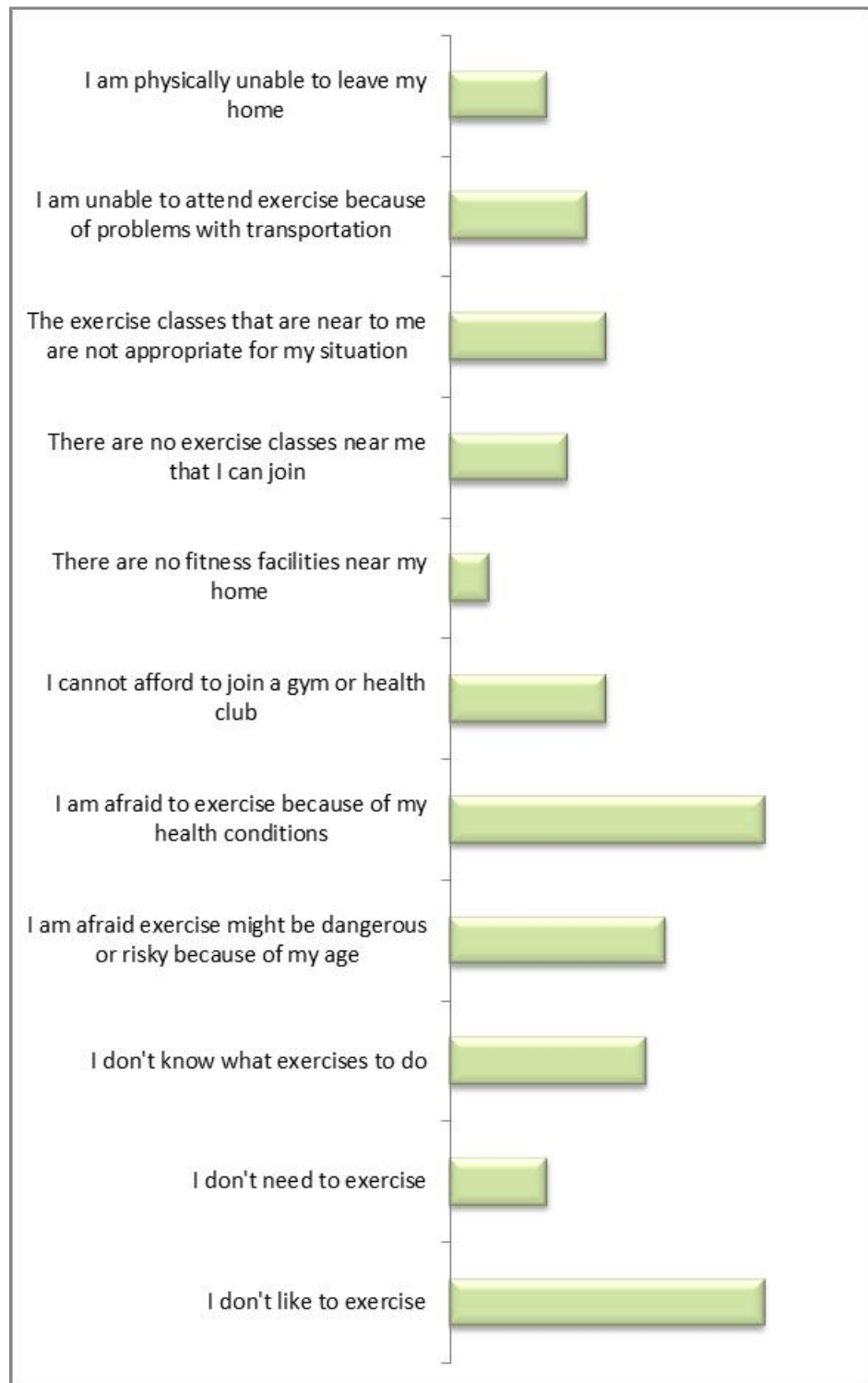
Do you participate in any regular physical exercise or activity?

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 118 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
1	A decline in the ability to care for yourself
3	A fracture (broken bone)
2	Increased difficulty with speech, communication, or swallowing
30	Increased difficulty with walking

Observations

The question displayed above which indicates that 21% 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. Catherine'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. Catherine'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. Catherine'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. Catherine's goals. St. Catherine's will address this need through community fall risk reduction programs (STEADI), and provision of osteoporosis/fracture prevention services via medical outpatient clinics.
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. Catherine's. Other neurological illnesses/injuries also rank high among disabling conditions and those treated by St. Catherine'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. Catherine's Current Programs to Address Health Needs

As an organization, St. Catherine'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. Catherine's, has been approved by CMS to be a community based health care transition provider. This program has the goal of preventing re-admissions to acute care hospitals. St. Catherine'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. Catherine'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. Catherine's has identified an on-going need for such programs and therefore intends to develop new programs to address these needs.

Continuation of Programs

St. Catherine's will adopt 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. Catherine's plans to continue this program beginning in its fiscal year starting October 1, 2016. The program involves using a toolkit 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. Catherine'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 community-based community care hospitals' staff and physicians will be expanded to independent living facilities and assisted living facilities within the community in order to reach a broad group of individuals.

Finally, the organization will manage a neurorehabilitation follow-up clinic for all patients admitted to St. Catherine'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 15 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.

Jaime Gonzalez, MBA-HA is a foreign-trained physician who also holds a master's degree in business with an emphasis in health care management. He has over 15 years of experience as an MD abroad and an additional 15 years in post-acute care administration and management in the US.

Anthony Bencomo, has a Masters in Occupational Therapy and has 15 years of experience in the post-acute settings. He is currently the Director of Rehabilitation at St. Catherine's Rehabilitation Hospitals. He is currently pursuing a MBA at Florida International University.

Dr. Manish M Patel, MD is a physician who is board certified in physical Medicine and Rehabilitation and in Pain Medicine as well. Dr. Patel has 19 years of experience working as a Physiatrist in different hospital settings, SNFs and private office practice including doing EMGs and IMEs. He is now medical director at St. Catherine's Rehabilitation Hospital.

Joi McMillon, RN, BSN, MBA, CCRN, WCC, CIC is a graduate of Broward College and has been in the nursing field for over 25 years. She is a certified rehabilitation nurse (CRRN), a certified wound care nurse (WCC), certified in infection control and prevention (CIC), certified joint commission practitioner (CJCP), and a certified CPR instructor through the American Heart Association. Joi is currently the Director of Nursing & Assistant Administrator at St. Catherine's Rehabilitation Hospitals and is involved in facility and corporate-wide initiatives on compliance, accreditation, certification, provision of care, environment of care, infection control, and community access.

Gloria Hasbun, BS holds a bachelor's degree from Universidad del Norte in Barranquilla, Colombia and has 11 years of experience in case management and discharge planning in post-acute care settings. She has comprehensive knowledge of the community resources available throughout Miami-Dade County patients with post-acute care and rehabilitation needs.

Yessenia Alonso, BS holds a bachelor's degree from Florida International University and has over 10 years of experience in customer service as well as admissions and triaging patients for post-acute care services in Miami-Dade County.

Lujuana Morales, BSW, RN holds bachelor's degree in Social Work from the University of Puerto Rico and 30 years of experience in clinical social work care and triaging patients for post-acute care in Broward and Miami-Dade. Ms. Morales also pursued a Nursing degree at Azure College of Nursing, obtaining her license as a RN in the state of Florida.