

BROOKS[®] Rehabilitation

Brooks Rehabilitation Hospital is part of the Brooks Rehabilitation system of care, a post-acute provider of neuro-rehabilitation for over 45 years. Our 160-bed acute, inpatient rehabilitation hospital offers a full continuum of services, including physical medicine rehabilitation nursing, neuropsychology, occupational therapy, physical therapy, speech therapy, cognitive rehabilitation, and recreation therapy. Our onsite innovative Neuro Recovery Center, aquatic program, and wheelchair clinic with pressure mapping technology ensures the latest evidence-based treatments. We treat a wide range of injuries, and illnesses, including; stroke, mild to catastrophic brain injuries, spinal cord injuries, neurological disorders, amputation, chronic pain, and orthopedic conditions. A hospital level of care is available for pediatric, adolescent, and adult patients. Recovery and treatment at Brooks beyond the hospital may include skilled nursing care, home care, outpatient therapy, day treatment, vocational rehabilitation, adaptive sports and recreation, assisted living/memory care and community wellness programs.

Brooks Rehabilitation offers an extensive range of specialized services to reduce impairment and disability and improve the quality of life. Our programmatic structure includes CARF-accredited specialty units for stroke, brain injury, pediatrics, pain, and general rehabilitation.

Each year we treat over 3,000 inpatients and over 28,000 outpatients throughout the region, making us one of the larger providers of physical medicine and rehabilitation in the country.

CARF Accredited Programs

- Inpatient Rehabilitation Program
- Stroke Specialty Program
- Brain Injury Specialty Program
- Interdisciplinary Pain Program
- Brain Injury and Spinal Cord Outpatient Medical Rehabilitation Program
- Spinal Cord Specialty Program

General Medical Rehabilitation Outcomes Report 2018

Brooks Rehabilitation Hospital focuses on comprehensive, patient-centered care. Private rooms foster family participation in treatment, care, and education. We provide a full continuum of specialized care to treat the emotional, medical, and physical consequences of a life-altering injury or illness. Services include hospital level care and rehabilitation medicine, Helen's House for family accommodations, support groups, wheelchair clinic, home care, outpatient therapy, neuro recovery gym, research, wellness programs, adaptive sports and recreation, aphasia center, and BI Clubhouse.

Within the hospital, patients receive 24-hour medical care with daily physician oversight and nursing care. They receive a minimum of three hours of therapy, five days a week, including physical, occupational, and speech therapies. Cognitive rehabilitation, neuropsychology, psychology, and recreation therapy are provided as appropriate to meet patient and family needs.

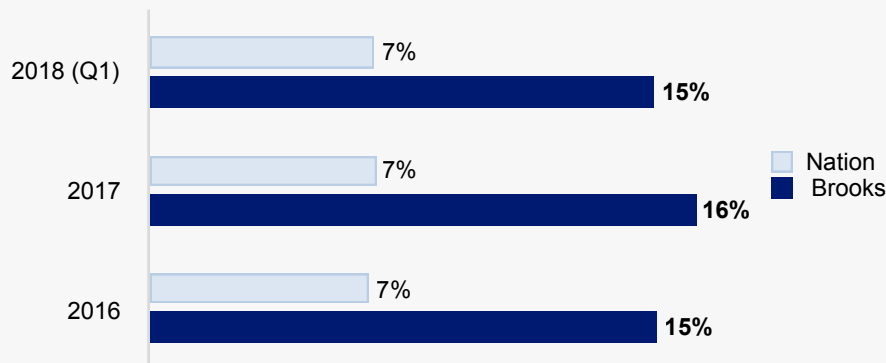
General Medical Rehab

		2016	2017	2018 (Q1)
Case Mix Index	BROOKS	1.64	1.65	1.69
	Nation	1.34	1.36	1.37
Functional Score at Admission	BROOKS	49.44	47.39	46.46
Functional Score at Discharge	BROOKS	69.56	66.95	68.89
Average Age	BROOKS	64	64	64
Male	BROOKS	57%	56%	56%
	Nation	49%	50%	50%
Female	BROOKS	43%	44%	44%
	Nation	51%	50%	50%

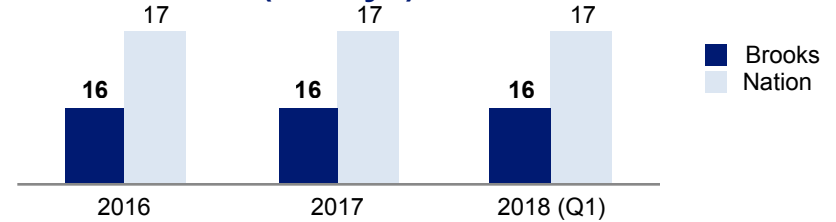
Functional Outcomes

At discharge, patients who suffer from a severe injury or illness usually can complete activities of daily living, including getting dressed, walking, and getting in and out of bed with moderate assistance. The level of assistance required will vary by person depending on the severity of the injury or dysfunction and any other existing medical conditions.

Percent of Highly Complex Patients



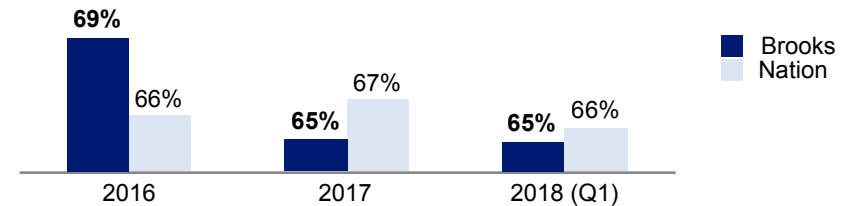
Average Length of Stay (In Days)



Discharge

Most patients who receive intensive, inpatient therapy in our hospital are admitted from a trauma center or acute care hospital. Others come from skilled nursing facilities or home. Prior to their injury, most survivors were living at home, driving, working or actively enjoying their community. Following discharge, patients are returned to home/ community, skilled nursing care, or readmitted to acute care due to complications or other factors.

Discharge to Home



Patient Experience

Out of 100	2016	2017	2018 (Q1)
Customer Service Rating	92	91.2	91.8
Likelihood of recommending Brooks to others	95.4	93.1	94.5

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Brain Injury Program Outcomes Report 2018

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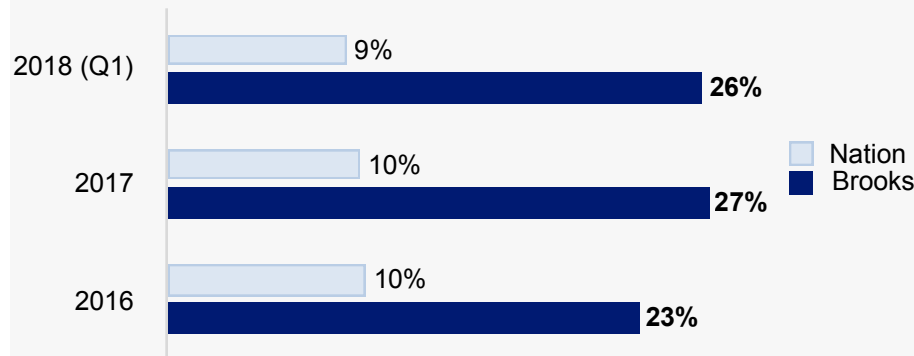
Brain Injury

		2016	2017	2018 (Q1)
Case Mix Index	BROOKS	1.73	1.74	1.78
	Nation	1.40	1.39	1.39
Functional Score at Admission	BROOKS	42.64	41.37	40.57
Functional Score at Discharge	BROOKS	63.55	61.54	63.07
Average Age	BROOKS	58	57	56
Male	BROOKS	63%	64%	64%
	Nation	57%	57%	57%
Female	BROOKS	37%	36%	36%
	Nation	43%	43%	43%

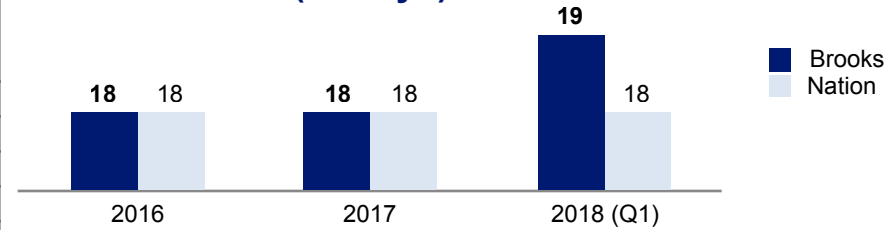
Functional Outcomes

At discharge, patients who suffer from a brain injury or illness usually can complete activities of daily living, including getting dressed, walking, and getting in and out of bed with moderate assistance. The level of assistance required will vary by person depending on the severity of the brain injury or dysfunction and any other existing medical conditions.

Percent of Highly Complex Brain Injury Patients



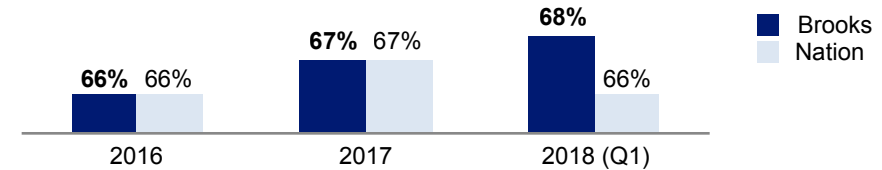
Average Length of Stay (In Days)



Discharge

Most patients who receive intensive, inpatient therapy in our BI program are admitted from a trauma center or acute care hospital. Others come from skilled nursing facilities or home. Prior to their injury, most survivors were living at home, driving and working or actively enjoying their community. Following discharge, patients are returned to home/ community, skilled nursing care, or readmitted to acute care due to complications or other factors.

Discharge to Home



Patient Experience

Out of 100	2016	2017	2018 (Q1)
Customer Service Rating	91.3	90.4	92.1
Likelihood of recommending Brooks to others	94.3	91.2	93.9

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Stroke Program Outcomes Report 2018

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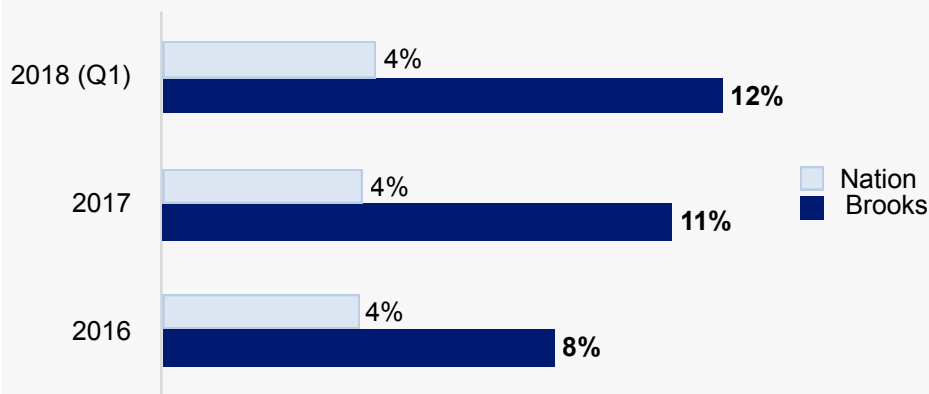
Stroke

		2016	2017	2018 (Q1)
Case Mix Index	BROOKS	1.80	1.86	1.83
	Nation	1.55	1.56	1.58
Functional Score at Admission	BROOKS	44.38	41.61	42.92
Functional Score at Discharge	BROOKS	65.03	60.52	66.81
Average Age	BROOKS	68	68	66
Male	BROOKS	52%	51%	54%
	Nation	52%	52%	52%
Female	BROOKS	48%	49%	46%
	Nation	48%	48%	48%

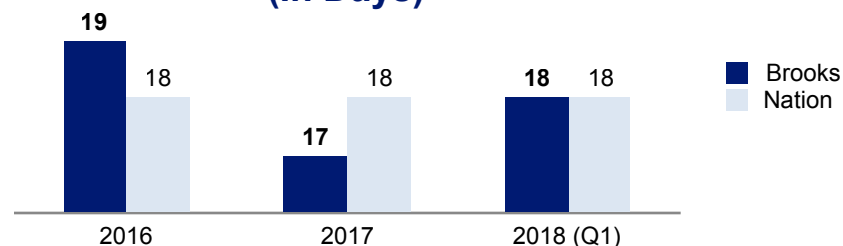
Functional Outcomes

At discharge, patients who suffer from a stroke usually can complete activities of daily living, including getting dressed, walking and getting in and out of bed with moderate assistance. The level of assistance required will vary by person depending on the severity of the stroke and dysfunction and any other existing medical conditions.

Percent of Highly Complex Stroke Patients



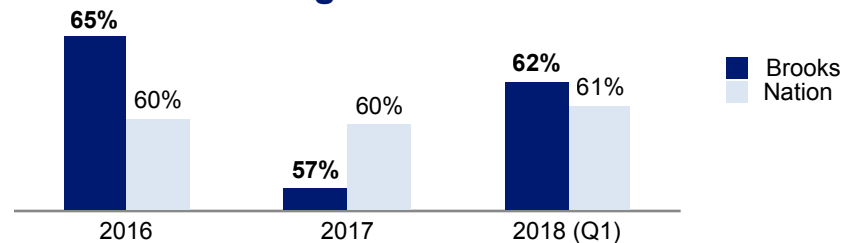
Average Length of Stay (In Days)



Discharge

Most patients who receive intensive, inpatient therapy in our stroke program are admitted from a trauma center or acute care hospital. Others come from skilled nursing facilities or home. Prior to their injury, most survivors were living at home, driving and working or actively enjoying their community. Following discharge, patients are returned to home/community, skilled nursing care, or readmitted to acute care due to complications or other factors.

Discharge to Home



Patient Experience

Out of 100	2016	2017	2018 (Q1)
Customer Service Rating	92.3	92.3	89.5
Likelihood of recommending Brooks to others	95.2	95	93.4

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Spinal Cord Injury Program Outcomes Report 2018

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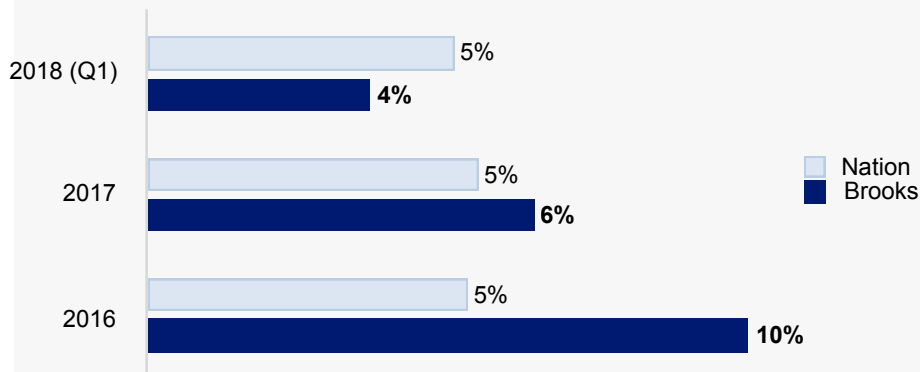
Spinal Cord

		2016	2017	2018 (Q1)
Case Mix Index	BROOKS	1.91	1.84	1.81
	Nation	1.59	1.61	1.59
Functional Score at Admission	BROOKS	51.71	51.21	51.49
Functional Score at Discharge	BROOKS	71.38	71.52	72.61
Average Age	BROOKS	60	60	63
Male	BROOKS	59%	58%	52%
	Nation	59%	58%	60%
Female	BROOKS	41%	42%	48%
	Nation	41%	42%	40%

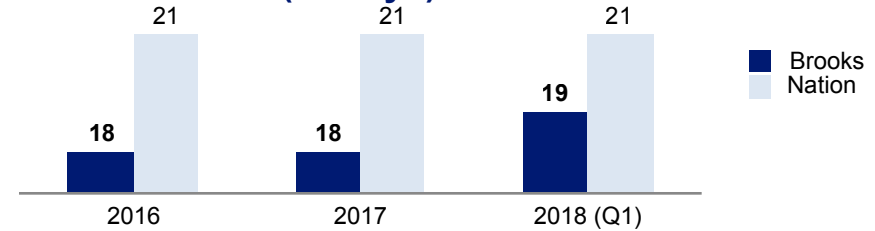
Functional Outcomes

At discharge, patients who suffer from a spinal cord injury or illness usually can complete activities of daily living, including getting dressed, walking, and getting in and out of bed with moderate assistance. The level of assistance required will vary by person depending on the severity of the spinal cord injury or dysfunction and any other existing medical conditions.

Percent of Highly Complex Spinal Cord Patients



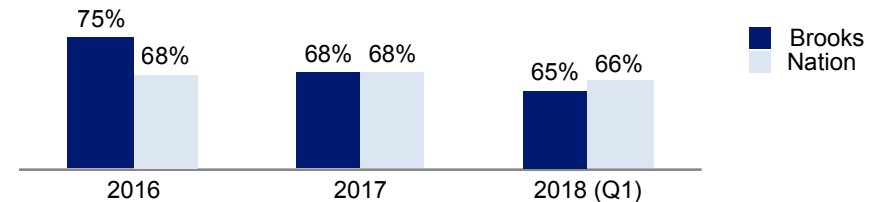
Average Length of Stay (In Days)



Discharge

Most patients who receive intensive, inpatient therapy in our SCI program are admitted from a trauma center or acute care hospital. Others come from skilled nursing facilities or home. Prior to their injury, most survivors were living at home, driving and working or actively enjoying their community. Following discharge, patients are returned to home/ community, skilled nursing care, or readmitted to acute care due to complications or other factors.

Discharge to Home



Patient Experience

Out of 100	2016	2017	2018 (Q1)
Customer Service Rating	93.6	92.7	95
Likelihood of recommending Brooks to others	96.8	96.6	96.3

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Program for Adolescents and Children Outcomes Report 2018

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Within the hospital, children receive 24-hour medical care with daily physician oversight and nursing care. They receive a minimum of three hours of therapy, five days a week, including physical, occupational, and speech therapies. Cognitive rehabilitation, neuropsychology, psychology, and recreation therapy are provided as appropriate to meet patient and family needs.

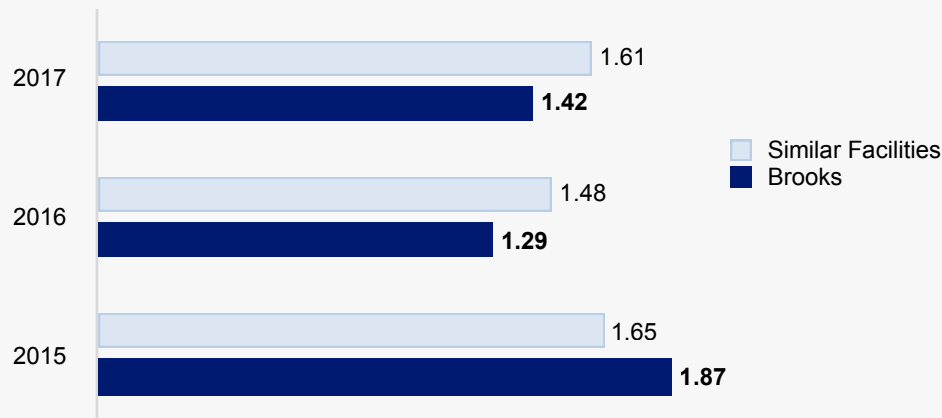
Adolescents and Children

		2015	2016	2017	
Functional Score at Admission	BROOKS	41.5	42.3	46.9	
Functional Score at Discharge	BROOKS	62.5	58.8	65.6	
Age Groups	0 to 3	BROOKS	6%	16%	10%
	3+ to 5	BROOKS	9%	13%	6%
	5+ to 7	BROOKS	8%	4%	12%
	7+ to 10	BROOKS	12%	7%	12%
	Older than 10	BROOKS	65%	60%	61%

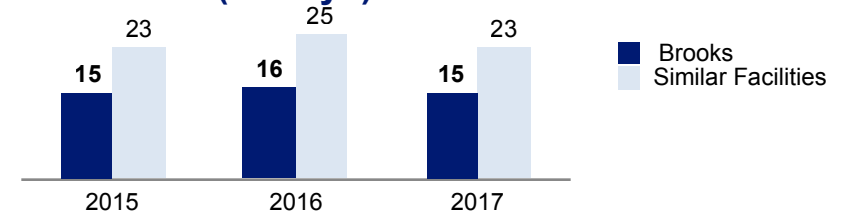
Functional Outcomes

At discharge, children who suffer a debilitating injury or illness usually can complete activities of daily living, including getting dressed, walking, and getting in and out of bed with moderate assistance. The level of assistance required will vary by person depending on the severity of the illness or injury and any other existing medical conditions.

Length of Stay Efficiency



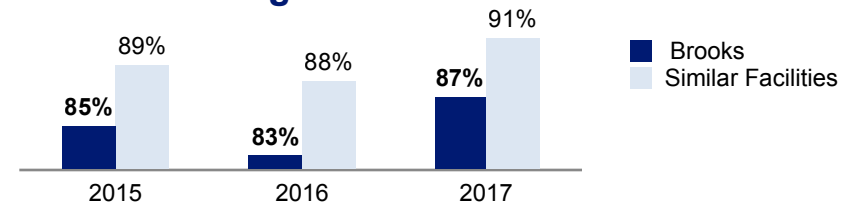
Average Length of Stay (In Days)



Discharge

Most patients who receive intensive, inpatient therapy in our pediatrics program are admitted from a trauma center or acute care hospital. Others come from skilled nursing facilities or home. Prior to their injury, most children were living at home and enjoying their home environment. Following discharge, pediatric patients are returned to home/community or readmitted to acute care due to complications or other factors.

Discharge to Home



Patient Experience

Out of 100	2016	2017	2018 (Q1)
Customer Service Rating	92.9	86.2	100
Likelihood of recommending Brooks to others	92.7	86.5	100

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Pain Rehabilitation Program Outcomes Report 2018

For over 30 years, Brooks has offered a Pain Rehabilitation Program to treat patients suffering from chronic pain. This intensive day treatment program is staffed by an expert team including a physician, case manager, psychologist, and physical and biofeedback therapists. Common conditions that may result in chronic pain and might benefit from this program include arthritis, fibromyalgia, back pain, and neuropathic pain.

Pain Rehabilitation Program

**2015 - 2017
Average**

Average Patient Days	BROOKS	23
Average Age	BROOKS	47
Male	BROOKS	52%
Female	BROOKS	48%
Patients outside Jacksonville	BROOKS	68%
Patients outside Florida	BROOKS	47%

* We do not treat pediatric patients, although we do provide single services for children.

Participant Diagnoses

47%	Low Back
15%	Leg
13%	Arm
10%	Complex Regional Pain Syndrome
9%	Neck
3%	Fibromyalgia
3%	Other

Patient Experience

96% would recommend the pain rehabilitation program to others

Reduction in Opiate Use

Dealing with pain can often cause a reliance on opiates and medications. The Pain Rehabilitation Program teaches patients how to manage and reduce pain with decreased or eliminated use of narcotics and other medications.

Opioid use by Patients



Program Completion

Although intensive, the majority of people beginning the Pain Rehabilitation program successfully complete the entire curriculum. Only 3 patients in the past 15 years have had to be transferred to inpatient for non-pain related medical complications. 100% of patients are discharged to home.

Average Improvement by End of Program

79%	Decrease in Anger
64%	Decrease in Depression
57%	Decrease in Anxiety
40%	Decrease in Pain

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Outpatient Therapy Outcomes Report 2017

At Brooks Rehabilitation, we have 34 outpatient clinics serving the greater Jacksonville area and the Tampa and Orlando markets. These clinics offer physical, occupational, and speech therapy for a wide range of patients, including those experiencing everything from minor sprains to traumatic injuries. Brooks also serves specific populations through our specialty clinics, including the Center for Sports Therapy, Low Vision Center, Neuro Recovery Center, Balance Center, Motion Analysis Center, and Pediatric Centers.

Outpatient Therapy		2015	2016	2017
Average Visits	BROOKS	11	10	11
Average Age	BROOKS	51	50	52
Male	BROOKS	40%	42%	42%
Female	BROOKS	60%	58%	58%

Patient Experience

Our primary focus at Brooks is to provide the highest quality, personalized clinical care.

Patient Satisfaction – Overall: 94.2%

Patient Satisfaction – Likelihood to Recommend: 94.6%