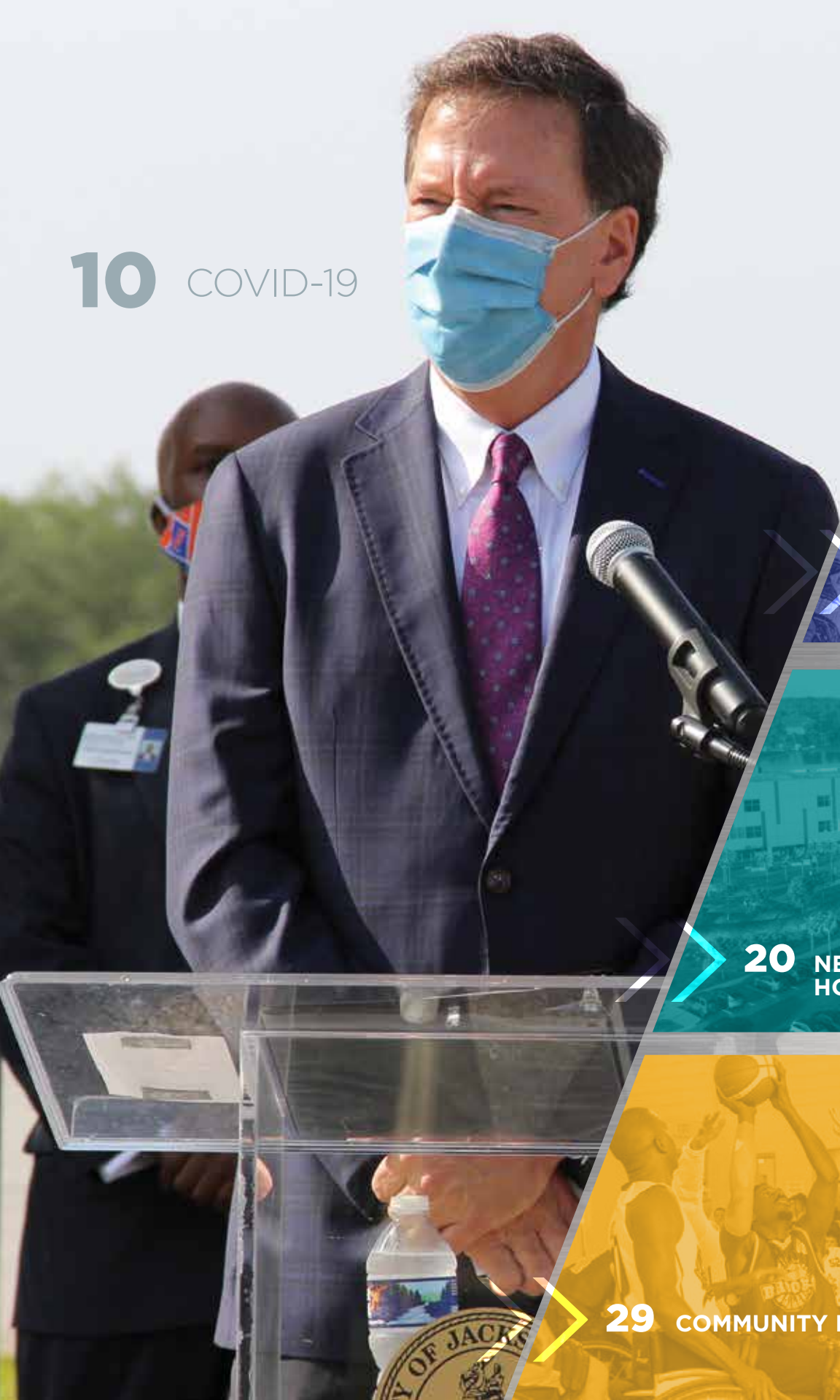


CELEBRATING
50 YEARS
OF EXCELLENCE

2020

10 COVID-19



16 50TH ANNIVERSARY



20 NEW INPATIENT HOSPITAL



29 COMMUNITY IMPACT

TABLE OF contents

BROOKS[®]
Rehabilitation

3599 University Blvd. S.
Jacksonville, FL 32216

BOARD OF DIRECTORS:

Douglas M. Baer
President & Chief Executive Officer

Bruce M. Johnson
Chairman

Howard C. Serkin
Vice Chairman

Ernest N. Brodsky
Hospital Chairman

Thomas Brott, MD
Stanley W. Carter
Pamela S. Chally, PhD, RN

Tim Cost
Lee Lomax

Eric K. Mann

Lisa Palmer

Lynn Pappas

Gary W. Sneed

Forrest Travis

Brooks Rehabilitation Beyond
is published twice a year in the
spring and fall.

Managing Editor: Kathy
Barbour

Editor: Jill Matejcek

Design: Rebecca Russo

Photography: Tracy Davis

Contributors: Kathy Barbour,
Candy Bowen, Christa Espino,
Rick Graf, Jill Matejcek, Robert
McIver, Catherine Paez

Material in Brooks Rehabilitation
Beyond may not be reproduced
without prior consent and
proper credit.

**Address all correspondence
to:**

Brooks Rehabilitation Corporate
Marketing Department

3599 University Blvd. S.
Jacksonville, FL 32216 or email
BrooksBeyond@BrooksRehab.org.

BrooksRehab.org
#WeAreBrooks



- 04** **Letter from the President & CEO**
Doug Baer
- 05** **System of Care**
About Brooks
- 06** **Promotions**
People on the Move
- 08** **Meet Our Physicians**
Brooks Rehabilitation Medical Group
- 09** **Q&A**
Jorge Perez Lopez, MD
- 14** **Technology Highlight**
Advances in
Rehabilitation Technology
- 15** **Research Highlight**
Use of Technology
- 22** **Employees Who Make a Difference**
Michael Braun
- 23** **Stroke Patient Story**
Judge Calvin Washington
- 24** **Program Highlight**
Home Health and Custom Care
- 26** **Brain Injury Patient Story**
Glen Allen
- 28** **FHCA Nurse of the Year**
Valencia Henderson, RN
- 29** **Community Impact**
2019 Report



Doug Baer



Brooks Rehabilitation was presented with a mayoral proclamation honoring 50 years as a comprehensive source for physical rehabilitation services.

Left to right: Doug Baer, Jacksonville, Fla. Mayor Lenny Curry and Trevor Paris, MD.

Little did we know that our company's 50-year anniversary would occur during a global pandemic that has disrupted our lives in many ways. As we have learned this year, sometimes things come at us "out of left field" both in our professional and personal lives. This is what many of our patients and families experience when they suffer a devastating injury or illness or in dealing with an aging family member. Brooks is here to help people achieve their highest level of recovery and participation in life.

I am so proud of how our dedicated team of professionals handled the unrepresented challenges of the pandemic. Some team members whose operations were reduced were redeployed and contributed to our mission in any way that was needed to continue to serve our patients and families. The pandemic accelerated innovations in the use of virtual technology to keep family members connected to their loved ones if they could not visit in person, provided therapy services, connected staff members with COVID-19 patients safely and allowed remote work for those who could perform

their responsibilities from home. Just like so many of our patients, our organization has overcome obstacles and continued to progress beyond any limitations.

As we reflect on our 50 years of serving the needs of our patients and community, we are more determined than ever to continue to enhance our programs and services and to be the leader in our industry. We will continue to build on the principles of compassion, service, innovation and servant leadership our founder, Dr. J. Brooks Brown, instilled in our culture. We will also prepare for the future and our next 50 years as a company. In the words of Dr. Brown, "Change is constant and essential...Blessed are they that look to the future... the past is history, the present is fleeting...the future presents the opportunity."

About Brooks

BROOKS REHABILITATION

SYSTEM OF CARE



ADAPTIVE SPORTS & RECREATION • APHASIA CENTERS • BRAIN INJURY DAY TREATMENT PROGRAM • BRAIN INJURY CLUBHOUSE
 CONTRACT THERAPY SERVICES • HELEN'S HOUSE • INSTITUTE OF HIGHER LEARNING • NEURO RECOVERY CENTERS • PEDIATRIC RECREATION
 RESEARCH • SCHOOL RE-ENTRY PROGRAM • SPINAL CORD INJURY DAY TREATMENT PROGRAM • SUPPORT GROUPS • WELLNESS

“Patients are at the center of all we do at Brooks Rehabilitation. Through our coordinated system of care, not only can we provide seamless transitions for our patients between levels of care, we can also effectively treat patients in the right setting for their individual needs resulting in the best possible outcomes.”

- Doug Baer, President & CEO

People on the Move

A major part of providing exceptional rehabilitation care is ensuring that our best people are in the right positions to do the most good and meet the needs of our growing organization. We're excited to report the following promotions as an expansion of our executive leadership team.



TREVOR PARIS, MD

Dr. Paris is now our Chief Medical Officer for the entire Brooks Rehabilitation system of care, including the Brooks Clinical Research Center and the Brooks Medical Group (physician practice). Dr. Paris has been with Brooks for 14 years, serving in various Medical Director roles. Dr. Paris is board certified by both the American Board of Physical Medicine & Rehabilitation and the American Board of Independent Medical Examiners. He received his medical degree from the Medical University of South Carolina.



Kris Roberts, RHIA, is our new Chief Operating Officer for the Inpatient and Home Health divisions. Ms. Roberts has been with Brooks for 17 years in various roles, most recently as Senior Vice President of the Home Health division. In 2015, she led the integration for the AmeriCare Home Health acquisition, which increased Brooks' service area to 23 counties in Northeast Florida.



Victor DeRienzo, PT, is now Chief Operating Officer for the Aging Services and Outpatient divisions. Mr. DeRienzo most recently served as Vice President of Outpatient, which under his leadership grew to more than 40 locations throughout Florida, all while expanding service specialties and programs. (Additional outpatient clinics are due to open in the Orlando area.) Mr. DeRienzo joined Brooks Rehabilitation in October 2004.



Kerry Maher, MD, PT, is now Senior Vice President, Physical Medicine and Rehabilitation Consulting and Education. Her duties include overseeing the admissions team for all inpatient settings of care, the Worker's Compensation group and the Institute for Higher Learning. She started as a consulting physician with Brooks 16 years ago. Dr. Maher earned her medical degree and bachelor's degree in physical therapy at the Medical College of Georgia.

These promotions created additional leadership positions and new roles for other talented individuals within Brooks:



Stephanie Hoover, LPN, has been promoted to Administrator for Bartram Lakes and the Green House® Residences. Ms. Hoover has more than five years of experience in the skilled nursing setting, including nurse manager for Brooks Bartram Lakes and the Green House® Residences.



Maria Interiano, NHA, MHSA, has been promoted to Vice President of our Aging Services division. In her new position, Ms. Interiano will oversee the operations of Brooks Bartram Crossing and Lakes, Green House® Residences, University Crossing and Helen's House. She joined Brooks in 2012.



Lisa M. Kempf, SPHR, SHRM-SCP, recently joined Brooks as Vice President, Human Resources. Ms. Kempf has more than 25 years' experience in human resources in various industries including banking, education and health insurance. She is a graduate of the University of North Florida.



Ann Leinenwever, PT, MPT, is now our Vice President of the Outpatient division. Ms. Leinenwever joined Brooks in 2002 as a staff physical therapist and steadily advanced her career as a center manager, regional manager and Director of the Outpatient division.



Cassandra List, MD, has been promoted to Stroke program Medical Director. She will continue to provide medical leadership for our spasticity management program while also taking on additional Stroke program leadership responsibilities. Dr. List joined Brooks a year ago after completing her fellowship in Neurorehabilitation and Spasticity management.



Wesley L. Marsh, Jr., MBA, NHA, FACHE, has been promoted to Administrator for Bartram Crossing. Mr. Marsh has been with Brooks since 2016 as System Manager and Safety Officer. He previously served as an assistant administrator for a 179-bed skilled nursing and assisted living facility.



Kenneth Ngo, MD, has been promoted to Medical Director of Brooks Rehabilitation Hospital. He will continue to serve as Brain Injury Medical Director, where he has led his team in the development of new programs and community outreach. Dr. Ngo has been with the Brooks organization for 10 years.



Amanda Osborne, PT, MBA, is now the Vice President of Hospital Operations and Administrator for Brooks Rehabilitation Hospital. Ms. Osborne joined Brooks in 2001 as a staff physical therapist and steadily advanced her career as a center manager, regional manager and Director of the Outpatient division.



Joshua Schuette, DPT, MBA, M.E.S.S., CFCE, has been promoted to Executive Director of National Worker's Compensation Sales and Account Management. Mr. Schuette has been with Brooks for 12 years and remains clinically active performing Functional Capacity Evaluations for many injured workers.



Parag Shah, MD, now serves as Medical Director of our new Bartram inpatient rehabilitation facility. He will continue his position as Medical Director for Data Solutions. Dr. Shah has been with Brooks for four years and has served in various medical leadership roles.



Bethany Stevenson, OTR/L, has been promoted to Regional Director of Operations within Aging Services. Ms. Stevenson has been with Brooks for more than seven years in the therapy department, where she standardized the University Crossing and Bartram Crossing therapy departments.



Howard Weiss, DO, who currently serves as Medical Director of the Orthopedic/Trauma program, has additionally assumed the position of Medical Director of the Amputee program. Dr. Weiss built and managed a successful outpatient interdisciplinary amputee clinic for several years.



Mabel Caban, MD
Staff Physiatrist



Meghan Cochrane, DO
Staff Physiatrist



Charles Dempsey, MD
Medical Director
Rehabilitation Services at
Bartram Crossing



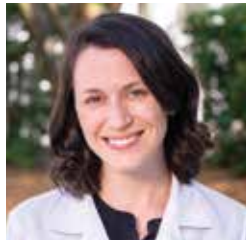
Virgilio de Padua, MD
Internal Medicine



Jantzen Fowler, MD
Internal Medicine



Ivy Garcia, MD
Staff Physiatrist



Katelyn Jordan, OD
Low Vision Optometrist
and Center Manager



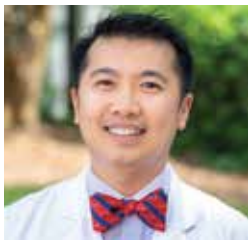
Cassandra List, MD
Medical Director, Stroke
Program and Spasticity
Management Program



Jorge Perez Lopez, MD
Medical Director, Center for
Inpatient Rehabilitation



Kerry Maher, MD
Senior Vice President, Physical
Medicine and Rehabilitation
(PM&R) Consulting and
Education



Kenneth Ngo, MD
Medical Director, Brooks
Rehabilitation Hospital at
University Campus



Trevor Paris, MD
System Chief Medical Officer



Parag Shah, MD
Medical Director, Brooks
Rehabilitation Hospital at
Bartram Campus and
Data Solutions



Keisha Smith, MD
Staff Physiatrist



Sarala Srinivasa, MD
Staff Physiatrist



Geneva Tonuzi, MD
Medical Director, Brooks Spinal
Cord Injury Program



Marla Trapp, MD
Family Medicine Physician



Howard Weiss, DO
Medical Director,
Orthopedic/Trauma Program
and Amputee Program

The Brooks Rehabilitation Medical Group consists of 17 employed physicians and one optometrist, along with physician assistants and advanced nurse practitioners, to **care for our patients in all settings.**

QA

Jorge Perez Lopez, MD

Jorge Perez Lopez, MD, is the Medical Director of the Halifax Health | Brooks Rehabilitation Center for Inpatient Rehabilitation within Halifax Health Medical Center of Daytona Beach, Fla. Certified in Physical Medicine & Rehabilitation (PM&R), Dr. Lopez graduated from San Juan Bautista School of Medicine in Caguas, Puerto Rico, and completed his residency at Baylor College of Medicine/ University of Texas Medical School in Houston, Texas. Dr. Lopez belongs to the American Academy of Physical Medicine and Rehabilitation, the American College of Sports Medicine, the American Medical Association as well as the Medical Association of Puerto Rico.

Formed in 2013, the Halifax Health | Brooks Rehabilitation partnership today includes the Center for Inpatient Rehabilitation, a 40-bed acute inpatient rehabilitation unit, and seven outpatient clinics located throughout Central Florida.

WHEN DID YOU FIRST THINK ABOUT BECOMING A PHYSICIAN?

Probably when I was a teenager. I played a lot of sports and suffered some injuries. I became fascinated with sports medicine and the rehabilitation afterward.

IS THAT WHY YOU ULTIMATELY CHOSE PHYSIATRY?

I had thought of orthopedics first, but my personality was more in tune with PM&R. In rehabilitation, you have to focus on everything – a patient's issues may all be interconnected. I enjoy helping patients become independent and getting back to their lives and communities.

HOW DID YOU GET CONNECTED TO HALIFAX HEALTH | BROOKS REHABILITATION?

In 2013, I was finishing my third year of residency at Baylor College of Medicine in Houston. I'm originally from Puerto Rico, so I was looking for something closer to home. One of my fellow residents told me about this new Halifax/Brooks unit opening in Daytona Beach. I did my research on Brooks and the area, and it was the only place I applied.



CENTER FOR INPATIENT REHABILITATION

WHAT WAS IT LIKE TO HELP START UP A NEW FACILITY?

It was a little nerve wracking at first, going from being a resident to helping run a new practice. The original Halifax/Brooks Medical Director was a mentor and a monumental influence for me. It was great to have the framework of the Brooks organization yet still grow something from the beginning with your own ideas.

HALIFAX HEALTH | BROOKS REHABILITATION IS NOW IN ITS SEVENTH YEAR. HOW IS IT GOING?

Very well. Our 40-bed inpatient unit is consistently filled at 36 to 38 patients and is often at full capacity. We may look to add 10 more beds – there is certainly a need. As our partner, we've traditionally drawn a large majority of our patients from Halifax Health Medical Center. Now, with the opening of the Halifax Health | UF Health Medical Center in Deltona, we could see more referrals. We're also seeing growing referrals from other providers throughout the area. In 2018, Halifax/Brooks opened five outpatient rehabilitation clinics in our Volusia county and neighboring Flagler county, and we're actively seeking a physician to help grow the clinics.

WHEN DECIDING ON WHERE TO GO FOR REHABILITATION, WHAT SETS HALIFAX HEALTH | BROOKS REHABILITATION APART?

When we opened, I believe we immediately became the best option in the area and still are today. As an inpatient, you'll see a PM&R doctor every day. Our therapy sessions – at three hours a day – are longer and more intense than you'll get elsewhere. And, if you were or still are a Daytona Beach Halifax Health Medical Center patient, your other doctors are literally steps away. We employ cutting-edge technology and are experts at treating the most complex cases. We have a dedicated staff of therapists who are all committed to Brooks. It's a great team.



As a health system, our first priority will always be employee and patient safety. We are also committed to meeting the needs of our referral partners and the community. I'm so proud of our employees who were able to come together to uncover creative and new ways to meet the needs of all who rely upon us.



COVID-19

Thoughtful Decisions with Quick Actions Are Getting Us Through

“The COVID-19 outbreak is evolving rapidly, and we would like to provide an update on actions we are implementing to address this unprecedented situation. These changes are being made to keep our patients, residents and employees as safe as possible while providing the best care.”

With these words in mid-March, Brooks President & CEO Doug Baer convened a system-wide incident command team and began a series of communications addressing the coronavirus situation. Given the diversity of offerings within the Brooks Rehabilitation healthcare system, the pandemic created different challenges at various times for each division. Here’s a look at what we did.

OUR STAFF

One of the first things we wanted to know was what our employees needed the most, which we accomplished through an online survey in mid-March. With the possibility of furloughs looming, we loosened our paid leave policies, ensured the availability of our Brooks Cares Team Fund (that supports employees in a state of emergency) and offered childcare suggestions.

As select non-clinical employees transitioned to work-from-home, daily screenings and temperature checks became the norm for those coming to our facilities. Our staff worked hard to conserve personal protective equipment (PPE) while ensuring safety; and received enhanced training on infection control. The Brooks Psychology Team stepped up to launch Brooks4Brooks – support services for employees feeling overwhelmed.

Most notably, Brooks redeployed personnel from areas experiencing steep volume declines and those in non-clinical roles to assist in our inpatient care settings with temperature checks, health screenings and virtual visitation. This pivot – and the dedication of our staff – meant there were no layoffs or furloughs.

BROOKS REHABILITATION HOSPITAL

At first, the Brooks Rehabilitation Hospital was not admitting any COVID-19 positive patients and limited visitors to patients’ immediate family members or a significant other. Of course, we conducted active screening and temperature checks for anyone entering the hospital building. As a rehabilitation hospital handling serious medical events like stroke or spine injury, we were not affected by the halting of elective surgeries, as was the case with other health systems. Brooks Rehabilitation Hospital continued to operate at about 92 percent of its pre-pandemic volume.

We recognized, however, that there were those suffering from the damaging effects of the virus in addition to their rehabilitation needs. So, in April the hospital opened a new unit dedicated to COVID-19 patients needing rehabilitation. Everything about the eight-bed unit was designed with isolating the virus in mind. Rooms are shut off from the rest of the floor by a newly constructed wall; there was a transition area where staff could change into hospital-issued scrubs and change back before going home; and the staff remains on the unit for their entire shift. There is even a dedicated elevator just for the unit.



Our Hospital Leadership dressed as Gold Champs to celebrate Brooks' 50th and boost employee morale.

“Patients are going through devastating emotional and psychological challenges in addition to their physical issues. Once they reach Brooks in their recovery, we want them to focus on the future, not their diagnosis.”

Corinne Romano, RN, DNP, CRRN, CENP, VP of Nursing for Brooks Rehabilitation Hospital



OUTPATIENT REHABILITATION

Our outpatient-based services are a core part of our overall system, and we worked hard to continue providing the necessary care to our patients. In mid-March Outpatient Rehabilitation began daily screenings and temperature checks of employees and patients, as well as diligently disinfecting and cleaning all high-touch areas of the clinics and equipment before and after each use. We also assessed outpatients for temporary alternatives to clinic-based therapies, such as in-home therapy or telehealth visits.

Our Outpatient division, though, is where we felt the elective surgeries; physician practices closing or limiting their schedules; and people foregoing therapy to shelter in place. Our outpatient volumes fell by 50 to 60 percent. A portion of our outpatient team was redeployed to inpatient settings, so no one was furloughed or laid off. Volumes rebounded as the months progressed and all the outpatient locations were open by June.

HOME HEALTH

For Home Health, clinicians began screening patients when appointments were made and confirmed, and the team began seeing patients with COVID-19 in April. The Home Health experience is best relayed through Brooks' Tammy Williams, RN, who was one of the first employees to treat a COVID-19 positive patient. We first reported her story online back in April:

"I was a nurse for a long time, but this is all new... Brooks provided extra training specific to PPE, and I had all the supplies I needed. I was covered from head to toe," said Williams. The patient she was caring for had a less intense form of COVID, but her family still wasn't allowed to see her.



Home Health nurse, Tammy Williams, dons her PPE.

"The first day I saw her she was crying. She was pretty upset about the whole thing. By the end of that visit, I knew it was going to be fine," said Williams. "It feels good to be able to help. She needs us. The virus wasn't her fault, and she should get the care she needs just like anyone else. We just take extra precautions and do what we are here to do."

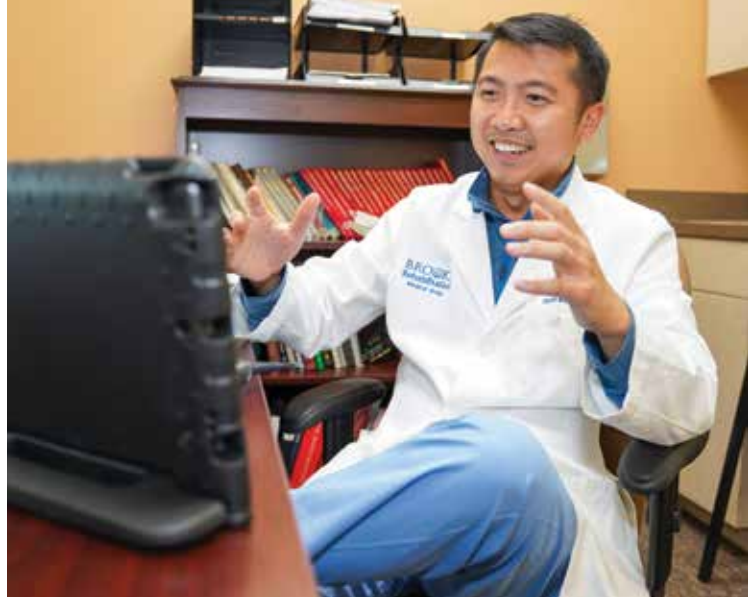
AGING SERVICES

As skilled nursing or assisted living facilities, Bartram Crossing, Bartram Lakes, The Green House® Residences and University Crossing underwent different government mandates at different times. From the outset no one other than staff was allowed inside, except in extremely limited circumstances. The state prohibited the admission of any COVID-19 positive patients using strict screening processes for these settings. All staff were tested for COVID-19 bi-weekly and patients/residents were tested if exposed or showing symptoms. Patients/residents were also encouraged to use telehealth appointments with external clinicians to avoid unnecessary exposure.

To overcome the visitation hardship, redeployed staff helped patients and families connect with loved ones via video conference appointments or window visits. Our activities department created socially-distanced activities to keep the patients and residents engaged.

COMMUNITY PROGRAMS

With COVID-19 making in-person meetings basically impossible, Brooks Rehabilitation's community programs adapted and moved to virtual programming. Between live sessions and recorded content, classes were available daily.



- Adaptive Sports and Recreation, the Neuro Recovery Centers and the Wellness programs offered virtual and recorded content including yoga, exercise and balance, as well as a social hour each day.
- The Brain Injury Clubhouse offered cognitive games and financial planning.
- The Aphasia Center offered five different virtual groups each week. Members and former members from across the country were able to participate.
- The Pediatric Recreation team was also hosting daily activities, with virtual programming Monday through Saturday and a special, virtual Bullsharks (the Brooks Junior Wheelchair Basketball team) practice on Sundays.

Many of the programs began reopening in-person in June, with limited participation, masks and social distancing requirements in place. However, virtual programming has become so popular that many of the groups plan to continue it even after the COVID-19 threat has passed.

RESEARCH

The Brooks Clinical Research Center closed for in-person visits or activities, per the guidance of local and government authorities and research institutions. Although in-person research visits have been on hold, many other projects have continued to progress. Making the best of the situation, a team of our researchers and IT leadership worked with teams from other rehab health systems to create a survey study related to the use and impact of telehealth/virtual care during the pandemic. This survey is being distributed to clinicians working within these systems during the pandemic and patients who received care in any setting during the pandemic. It represents the first time these members of the consortium of rehab hospitals have come together to conduct a collaborative research project across systems.

Brooks Rehabilitation was able to keep every one of their employees on board, even as the coronavirus pandemic rocked the healthcare industry and several lines of Brooks' business.

Jacksonville Business Journal
May 27, 2020

Advances in Rehabilitation Technology



Technologies Driving Better Outcomes



There are exciting new advances in rehabilitation technology happening today, and Brooks Rehabilitation is committed to implementing the newest innovations. Many times, our expertise in evidence-based rehabilitation helps develop these emerging technologies and gets them into wide-spread use sooner. “We see technology not as a tool, but as a resource to help our clinicians achieve higher quality outcomes during a patient’s rehabilitation,” said

Robert McIver, PT, DPT, NCS, Director of Clinical Technology and Wellness Programming at Brooks Rehabilitation. Here are three of the latest resources our clinicians are using:

ROBOTICS

Exoskeletons such as Indego and the Hybrid Assisted Limb (HAL) help patients exercise in ways that they otherwise would not be able to. These two devices not only help patients, but they also assist our clinicians in better understanding a patient’s recovery and progress. HAL, in particular, provides real time data so therapists can see and adjust settings and movements to produce the desired result.

VIRTUAL REALITY (VR)

VR is an area we are growing rapidly. We use an immersive environment to assess a patient’s function, and then provide appropriate activities to enhance their recovery. VR uses include balance, visual and mobility issues. We are currently developing our own VR applications, which our therapists will control to provide functional tasks for each patient.

ASSISTIVE TECHNOLOGY

As the name implies, this covers a broad spectrum of new ways to give patients more functional independence in their lives. We train patients and caregivers to use new innovations to help with everyday activities – even simple tasks like eating a meal or getting in the front door. Assistive technology can move a patient from very dependent to more self-sufficient, creating a better quality of life.

“Whether the technology is part of our community programs to promote socialization or in our rehabilitation settings to promote greater function, we know that ultimately the latest technologies will help drive better outcomes for our patients. We’re dedicated to always being on the forefront of ‘what’s next,’” said McIver.

Use of Innovative Technology in Brooks Research

One area of focus for the Brooks Clinical Research Center (BRCRC) is to test the use of innovative technology to improve rehabilitation care and optimize patient outcomes. This theme is woven throughout the Brooks Research program and is evident in a number of studies exploring technological advances in wearable sensors, virtual reality and devices that may enhance rehabilitation for people with spinal cord injury. At the BRCRC, we believe rehabilitation technology should be more than a new tool to help us do the same things better. Instead, rehabilitation technology should open doors to new ways of practice that were previously not possible and expand our ability to empower patients to achieve the highest level of recovery.

WEARABLE TECHNOLOGY

Advancements in wearable sensors have resulted in greater feasibility for using this technology in rehabilitation practice. “The application of wearable sensors to movement tracking has emerged as a promising paradigm to enhance the care provided to patients with neurological or musculoskeletal conditions.” (Porciuncula et al., 2018)

Over the last few years, Brooks research has led and partnered with research organizations, as well as industry leaders, to develop and investigate the application of these technologies into rehabilitation. In 2018, Brooks clinicians and researchers conducted a study to examine patient satisfaction and acceptability of a wearable step counter to monitor patient activity as they transition home from a Brooks Rehabilitation facility. Now, in 2020, another project aims to validate and assess the feasibility of using a wearable GPS/activity monitor to quantify number and location of steps in the home versus in the community in stroke survivors.

In addition to using wearable technology to measure walking activity, Brooks researchers and clinicians are exploring the use of wearable sensors to provide clinicians and patients with accurate motion tracking and real-time measurement data during therapy sessions. Furthermore, these technologies provide clinicians with access to information previously not available using traditional assessment methods. Understanding how this information

may be used to provide better patient care and improve outcomes is an important step in advancing the field of rehabilitation.

VIRTUAL REALITY

Virtual Reality, commonly referred to as “VR,” is a common buzz word in the clinical research space. Virtual reality has quickly emerged as a tool that can be used to help promote patient engagement, motor learning and neuroplasticity for a variety of therapy needs. Along with the rest of the rehabilitation research community, this remains a topic of interest for Brooks as the research department has now conducted and participated in two studies examining the use of “tele-rehab” to administer therapy virtually, increasing access to rehabilitation services for individuals who may otherwise have limited access to care.

DEVICES/ROBOTICS FOR SPINAL CORD INJURY

Spinal Cord Injury (SCI) research is a fundamental component of Brooks Rehabilitation and in recent years, has gained national attention due to the groundbreaking interventions and mechanisms that are involved in these studies. Examples of these cutting-

edge technologies, which are being used in conjunction with innovative rehabilitation approaches, include: Cyberdyne’s Hybrid Assistive Limb (HAL), the Multi-Modal Tongue Drive System (mTDS) to operate power wheelchairs, a Soterix stimulator that delivers non-invasive stimulation to excite spinal neurons and the Go to Altitude®’s Hypoxicator which can adjust the amount of oxygen in the air that a person with SCI breathes. Comprehensively, the ultimate goals of these studies are to improve the health and mobility of individuals with catastrophic injuries. These devices and interventions are considered novel in the research world and can be seen in action right here at Brooks.

Rehabilitation technology is advancing rapidly. Brooks researchers and clinicians are working to ensure patients receive the optimal benefits from these advancements.”



BROOKS REHABILITATION

CELEBRATES 50 YEARS

Honoring Health Care Visionary J. Brooks Brown, MD

Brooks Rehabilitation, a national leader and comprehensive source for physical rehabilitation services, is celebrating 50 years in 2020. As a nonprofit organization headquartered in Jacksonville, Fla., Brooks cares for more than 55,000 patients annually. The tremendous growth and excellent care it provides began with a vision from its namesake, J. Brooks Brown, MD.

Transformational leader Dr. Brown was a risk taker, an innovator, a civic leader and philanthropist who was committed to improving North Florida's quality of life. He was a general and thoracic surgeon by trade. A growing population and a shortage of hospital beds in Jacksonville was the catalyst for him and fellow physicians to construct Memorial Hospital in 1969. In the early 1980s, Dr. Brown identified the need and acquired bed licenses from Cathedral Rehabilitation, formed in 1970. He was passionate about advancing health care and led an effort to build a freestanding, nonprofit rehabilitation hospital that opened in 1994, ultimately named Brooks Rehabilitation in honor of Dr. Brown. He served as its president and CEO through 2002 and on its board through 2005.

Dr. Brown's vision and values continue to influence Brooks today. As a strategic thinker, he believed change was the only constant, and in turn, inspired others to embrace new ideas and innovation. Understanding the importance of testing new treatment options, a commitment to research and technology and successfully thriving in a changing market, his efforts directly influenced Brooks' commitment to patient care. Brooks Rehabilitation demonstrates excellence in patient care through innovation, integrity, high-level patient experiences and outcomes, compassion, teamwork, accountability and continuous learning.

This comprehensive approach to care is fundamental to the Brooks organization today. Its post-acute healthcare services include: one of the nation's largest and busiest inpatient rehabilitation hospitals in the U.S. with 160 beds, one of the

region's largest home healthcare agencies, more than 40 outpatient therapy clinics, a Center for Inpatient Rehabilitation in partnership with Halifax Health in Daytona Beach, a medical group, two skilled nursing facilities, assisted living, memory care and research. Development is underway for an additional, state-of-the-art, 60-bed inpatient rehabilitation hospital that will open in 2022 in the Jacksonville area.

As a nonprofit system, Brooks is dedicated to meeting the needs and improving the health of the entire community by providing charity care, research, community health programs and supporting the education of health care professionals. Through partnerships with area nonprofit community and health organizations, Brooks increases extraordinary care options for adults and children with physical disabilities.

"We have invested in and grown our community programs that are as robust as any in the country. These include our Neuro Recovery Centers, the Brain Injury Clubhouse, the Adaptive Sports and Recreation Program, the Aphasia Center, wellness programs, support groups and more. These keep people engaged – physically, psychologically and socially – and are all part of the whole system of care," said Doug Baer, Brooks Rehabilitation CEO. "The whole system of care is a theory derived by Dr. Brown from medicine for business. He believed that the 'system of care' a person needs should include prevention, recovery and rehabilitation."

Upon Dr. Brown's passing in 2018, Baer said, "Dr. Brown was a wonderful mentor and friend to me. He was always humble, a true servant leader and an inspiration to all who were privileged to know him. His commitment to advanced therapy and medical care, along with the compassion, motivation and hope still guide our organization. I know he is proud of the wonderful work we are doing here at Brooks. His vision will live on through all of us."





1982: J. Brooks Brown, MD, oversees Memorial's acquisition of bed licenses from Cathedral Rehabilitation, establishing the area's only hospital-based rehabilitation facility.



2002: Doug Baer becomes president and CEO after J. Brooks Brown, MD, retires.



2007: The Brooks Residency and Fellowship Program is implemented.

1994: Memorial Rehabilitation Center becomes Memorial Rehabilitation Hospital.

2005: Brooks Physicians Practice (now Brooks Medical Group) opens.

2008: Brooks begins offering home health as a service with the acquisition of Home Care Advantage.

1970: Cathedral Rehabilitation Hospital celebrates its grand opening in Jacksonville, Fla.

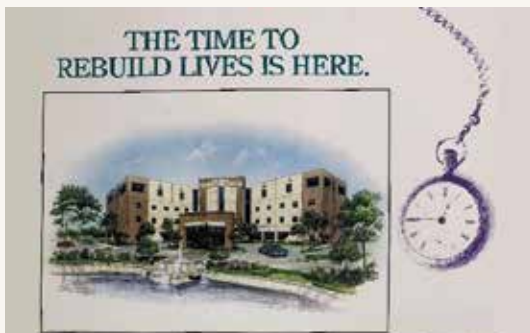
1999: Researchers from the University of Florida College of Public Health & Health Professions begin to research at Brooks.

2007: Adaptive Sports & Recreation launches.

1990: The first rehabilitation outpatient center is established within Memorial Healthcare Plaza.

2006: University of North Florida names College of Health after Brooks Rehabilitation.

2008: Brooks Brain Injury Clubhouse opens.





2010: The Brooks Rehabilitation Clinical Research Center is established.

2010: The first Brooks Neuro Recovery Center opens.

2016: Brooks Rehabilitation Hospital achieves Magnet Certification.

2015: The Brooks Rehabilitation Aphasia Center opens.

2015: Brooks home health services expand with the acquisition of Americare.

2019: The inpatient hospital celebrates 25 years of caring for patients.

2022: Brooks Rehabilitation Hospital at Bartram campus is scheduled to open.

2013: The Bartram Park campus opens.

2013: Halifax Health | Brooks Rehabilitation Center for Inpatient Rehabilitation opens.

2017: Helen's House, named in honor of Dr. Brooks Brown's wife Helen, opens to provide patient and family housing.

2016: University Crossing skilled nursing facility opens.

2015: Jacksonville University names College of Health Sciences after Brooks Rehabilitation.





Brooks Rehabilitation to Open Additional Inpatient Rehabilitation Hospital

CUTTING-EDGE FACILITY PLANNED TO MEET GROWING DEMAND FOR SERVICES

Brooks Rehabilitation is excited to announce the development of an additional, state-of-the-art inpatient rehabilitation hospital to meet the demands of a growing population. The new 60-bed hospital will be built on our existing 115-acre campus in the Bartram Park area of Jacksonville, Fla.

“Brooks has been a recognized leader in physical rehabilitation for 50 years. We’re committed to meeting the needs of this region now and for many years to come,” said Doug Baer, Brooks Rehabilitation President & CEO. “After a careful needs assessment, we determined a second hospital in Jacksonville will allow us to treat more patients with our specialized services to achieve the best possible outcomes. We will expand to add additional inpatient beds in the future, as necessary.”

Our original 160-bed rehabilitation hospital on University Blvd. is one of the busiest in the country, providing care for

Brooks has been a recognized leader in physical rehabilitation for 50 years. **We're committed to meeting the needs of this region now and for many years to come.**



*Top: Parag Shah, MD,
Medical Director*

*Bottom: Bryan Murphy,
MHA, RN, BSN, CRRN, Vice
President of Operations*



is passionate about improving the patient experience, being a trusted community partner with our acute care hospitals and building the Brooks brand and will be a tremendous asset as a member of the leadership team at Bartram.

Bryan Murphy, MHA, RN, BSN, CRRN, has been selected as our Vice President of Operations for the new hospital. Mr. Murphy has his Masters in Health Administration, BS in Nursing and is a Certified Rehabilitation Registered Nurse. Bryan started his career as a CNA at Brooks back in 2009 and has worked his way up to become a RN at the Hospital, an Employee Health Nurse, Nurse Liaison and most recently the Director of Inpatient Admissions and Ancillary Operations.

The Brooks Bartram campus currently includes a 100-bed skilled nursing facility, a three-story, 61-unit assisted living facility, and two Green House® 12-bed memory care homes to provide specialized services for the aging population. When it opened in 2013, the campus was planned to accommodate Brooks' future growth. Adding a rehabilitation hospital provides a continuum of post-acute services in this one location, making it a convenient option for patients, residents and guests.

Groundbreaking for the new hospital will begin in January 2021, with an expected opening during the first quarter of 2022. It is estimated that 150 new employees will be hired to staff the hospital once it is fully operational.

Gresham Smith was chosen as the designer. Perry McCall was chosen as the contractor.

more than 3,000 patients per year. Brooks also manages a 40-bed inpatient rehabilitation hospital in partnership with Halifax Health in Daytona Beach, Fla.

The new hospital on the Bartram campus will also care for patients after a brain injury, stroke, spinal cord injury or other disabling illness or injury. It will feature the innovative technology, clinical expertise and proven treatments synonymous with the Brooks organization.

Parag Shah, MD, who currently serves as Medical Director for both the Stroke program and Data Solutions, has been promoted to the position of Medical Director for the new Bartram hospital. He will retain the position of Medical Director for Data Solutions. Dr. Shah has been with Brooks for four years and has effectively served in multiple roles including medical leader of the stroke program, PMR consultant at Memorial Hospital, providing medical leadership in fostering the alliance with the transplant service at Mayo Clinic as well as serving as course director for the Vascular Neurology Fellow rehab rotation. Dr. Shah

Michael Braun



Assitive Technology Specialist

Ten years ago, Michael Braun, MSOT, OTR/L, BCPR, was literally chilling in Wisconsin when thoughts of Florida crossed his mind. It wasn't a path to warmer weather, beaches or spring break. It was a path to further his career helping people recuperate from illness or injury.

At the time, Braun was completing a master's degree in occupational therapy (OT). He learned about Brooks Rehabilitation's plan to start one of the few OT neuro residency/ fellowship programs in Northeast Florida, through Brooks' Institute of Higher Learning (IHL). Braun knew immediately this type of program was for him.

Upon graduation, Braun moved to Jacksonville and accepted a position at Brooks as an OT, working with patients in the Brooks Rehabilitation Hospital's Spinal Cord Injury Program. He also became one of the first individuals to complete IHL's OT neuro fellowship program. He also found his own special way of helping his patients - by using technology.

"I really enjoy helping patients find new ways to use their phone or the internet to communicate with family. Or it could be something we take for granted like controlling the TV or light switches. Or learning different ways to use a computer again to help them return to work," said Braun.

Braun's interest in technology generated new ways for his patients to overcome obstacles, while his fellowship training

gave him new skills in clinical practice, self-governance and community outreach.

The technology and fellowship training came together for Braun in two new career roles: Assitive Technology Specialist for Brooks and coordinator for IHL's Occupational Neurologic Fellowship program. In these roles, Braun studies technological advances, treats patients and helps train other clinicians on assistive technology. He also mentors and instructs OTs specializing in neuro rehabilitation.

To stay current in new technology, Braun communicates with other OT professionals who collaborate on best practices, breakthroughs and changes in the field. He also works with vendors in the development of new technology.

In a new project - and a first for Brooks - Braun is developing an assistive technology area for patients that will showcase all that's available to Brooks patients. The setting will be similar to a model smart home, so patients and their families can see and test tools available to assist in their independence at home.

"I love learning about advances we have within our reach to help our patients. The culture at Brooks is a great environment to nurture and grow our passion and interests," said Braun. "Assitive technology is an area to grow and help our patients develop, and Brooks is in support of that. Brooks seeks out ways to best serve and support our patients."

Judge Washington Finds His Voice Again After a Stroke

Judge Calvin Washington is the epitome of the American success story. He says he came from “humble beginnings” and worked hard to eventually become a Federal Administrative Law Judge. However, his biggest challenge came later in life.

Calvin, or Judge as he likes to be called, grew up on a farm in Chilton, Texas, along with six brothers and a sister. He picked cotton for hours each day, which he credits for helping him develop a strong work ethic. He attended college then joined the Army for two years before starting law school at Howard University in Washington, D.C. After graduating with honors, Judge worked as a lawyer for many years in D.C. and San Antonio, Texas. During that time, he was honored to law clerk for Clarence Thomas prior to his appointment as Associate Justice of the Supreme Court of the U.S.

After marrying his wife Nicole, Judge applied to become a Federal Judge. He began his work in Alabama then moved to Macon, Ga., where he served as a Chief Federal Administrative Law Judge hearing cases involving Social Security and disabilities. “I tried to be fair. I always listened to each individual to understand their hardships,” he said.

As fate would have it, Judge soon had a disabling stroke. On Feb. 10, 2019, he and Nicole were getting into their car when he started jumbling his words. Nicole recognized the signs and called 911. Judge had a left brain hemorrhagic stroke affecting a large section of his brain. He was treated within the Emory Healthcare system in Georgia and attended rehabilitation there as well. Physically, Judge made tremendous improvements, but had continued aphasia and struggled to find the right words or understand what others were saying to him.

His speech therapist at Emory researched Intensive Comprehensive Aphasia Programs (ICAP) and found Brooks Rehabilitation. Nicole and Judge moved to Jacksonville temporarily so he could attend the ICAP at the Brooks Rehabilitation Aphasia Center (BRAC) five days a week for six weeks. Judge had one-on-one sessions with JoEllen Gilbert, CCC-SLP, for five hours a day Monday - Thursday and then attended group sessions on Fridays to practice the skills and strategies he was working on in his individual sessions.

“The ICAP is designed to utilize evidence-based techniques and individualized therapy. We stimulate a client’s entire brain in therapy through verbal expression, auditory comprehension and processing, reading and writing. It’s a lot more than naming items. We hit a task from all angles,” said Gilbert.

Treatment is customized based on each client’s goals. Four to five benchmark goals are generally decided on with input from the client and their family. “We start by asking

what functional changes they want to make,” said Gilbert. Judge wanted to be able to: 1) produce noun + verb + object sentences such as “Nicole and I went to the store.” 2) Follow two-step instructions so that he could assist Nicole around the house 3) In addition to his legal responsibilities, Judge is also an ordained minister and author. He wanted to be able to read scripture and talk about it and 4) he wanted to be able to write sentences so he could text his children.



Judge was able to accomplish all of that and more. “On the Western Aphasia Battery, Judge improved his Aphasia Quotient score by 7.6 points and his Language Quotient score by 8.1 points. His combined reading score improved by 19 points and writing improved by 9 points. These are all significant gains,” said Gilbert. His homework each night was to keep a journal. At the start of the program, he could barely write a sentence, but by the end, he was writing two pages about his day.

“Being a minister, he loves to get up in front of a group. He had not done that with anyone other than family since his stroke. His last week of ICAP, we planned a talk for the other BRAC members. He developed a PowerPoint to anchor him, and I helped with visual cues so he could share his journey to becoming a judge. It gave him such confidence,” said Gilbert.

In his one month follow-up after completing the program, Judge was overjoyed to share that he was asked by another minister to co-lead a prayer group on coronavirus (COVID-19). Initially he wasn’t comfortable re-connecting with friends but being around others with aphasia eased his concerns. He realized it may not be the same as before, but it was possible.

“I’m so proud of him. That’s something that the intensity of this program allows. You truly get to know each person and can work on goals and projects that are most meaningful to them,” said Gilbert.

Home Health and Custom Care



Brooks Rehabilitation – Bringing Medical and Caregiving Services into Your Home

Northeast and Central Floridians can see the physical presence of Brooks Rehabilitation’s rehabilitation hospital, skilled nursing/assisted living facilities or more than 40 outpatient clinics throughout our region. Yet, there is a less visible – but equally important – location where Brooks health professionals deliver care: inside thousands of homes. Brooks Rehabilitation Home Health serves more than 8,500 patients a year, while Brooks Rehabilitation’s Custom Care division provides more than 134,000 hours of personal and companion care services annually.

For those not completely familiar with the services, terms like “home care,” “home health” and “in-home medical care” can be confusing, especially given that there are no set definitions and some organizations use the words interchangeably. By setting up two specialty divisions, Brooks has eliminated the confusion while providing a continuum of care and range of services unmatched in the industry.

HOME HEALTH – “DOCTOR’S ORDERS”

“Brooks Rehabilitation Home Health provides a wide gamut of skilled, professional medical services performed in a patient’s home under the order and direction of a physician,” said Adam Hoffman, director of rehabilitation for Brooks Rehabilitation Home Health division. Hoffman has a master’s degree in physical therapy and his COS-C, a certification on the rules and regulations for Medicare patients admitted to home health. “Brooks Home Health medical services include those performed by registered nurses (RNs), licensed practical nurses (LPNs) and certified nursing assistants (CNAs) as well as those from licensed therapists – physical, respiratory, speech and occupational. Home Health can also include social workers as necessary.”

Because it is ordered by a physician, Brooks Home Health is generally covered under employer-provided or private insurance plans, as well as most Medicare plans. Hoffman reiterates the points of medical necessity and physician’s direction. “It’s a

misconception that home health services are provided because a patient is 'unmotivated' or that it's inconvenient for them to get to an office or outpatient site," said Hoffman. "The goal throughout the medical industry is to get patients out of hospitals and skilled nursing facilities and back to their homes as soon as it is feasible. However, these patients may still have medical conditions and/or safety issues that keep them homebound and make getting to regular appointments or treatments almost impossible. For example, a person is well enough to go home from the hospital but needs physical therapy due to being a serious fall risk. You don't want that person falling – and ending up back in the hospital – by the mere act of trying to get to their physical therapy.

The physician understands this and orders home health therapy. Used in this way, Brooks Home Health is also less expensive than remaining at a facility and safer than traveling for care."

Hoffman stresses the safety factor when providing home health. "Are there allergens in the home of a respiratory patient? Are there stairs in the home of a patient receiving physical therapy for balance? Our professionals get to see the home environments our patients are dealing with in their day-to-day lives. We can adjust therapy and make other recommendations to help ensure the best possible recovery."

Hoffman notes that while most people may think of Home Health as being for the elderly, this is not the case. "We see the whole spectrum of patients and needs," said Hoffman. "Young construction workers injured on the job; people of any age who have suffered strokes or brain injuries; those needing wound care; seniors with Parkinson's disease or other chronic conditions. A differentiator for our Home Health is Brooks' commitment to highly-educated and experienced medical providers using innovative technology. We're able to handle it all."

CUSTOM CARE - "PEACE OF MIND"

"Brooks Rehabilitation Custom Care offers high-quality, non-medical caregiving services that give needed assistance and peace of mind to patients and their families," said Kelly Wells, Director of Operations for Brooks Rehabilitation Custom Care division. "Our care services include assistance with personal hygiene and daily living needs; medication reminders; meal preparation; movement and mobility; light housekeeping and laundry; transportation, family respite care; and – often most importantly – companionship and just having someone there."

While such caregiving services may be recommended by a physician, they are not covered under insurance as a physician's



order. Therefore, this type of care is usually paid for out-of-pocket by the patient or the patient's family. (There are specific opportunities for coverage through the U.S. Department of Veterans Affairs (VA) and from Medicaid waivers, and many long-term care policies will reimburse the policy holder.) Even with out-of-pocket being the norm, Wells explains some important differences in pricing between Brooks and other caregiving providers. "Most other organizations will charge different rates for different types of services and require minimum daily and/or weekly shift hours," said Wells. "Brooks Custom Care rates are competitive and there are no minimum shift requirements. If you only need us there one hour a week, we can accommodate you."

Brooks caregivers are all either certified nursing assistants (CNAs), who undergo coursework, testing and licensing, or home health aides (HHAs), who undergo coursework and a certification process. "Our caregivers have specialized training, receive continuing education and are constantly supervised," said Wells. All Brooks CNAs and HHAs are employees, another important difference from some other organizations, notes Wells. "As Brooks employees, our CNAs and HHAs are covered under our bonding, insurance, supervision and quality assurance. You know you're getting a dedicated and compassionate caregiver."

HOME HEALTH AND CUSTOM CARE - A SPECIAL RESPONSIBILITY

It's not unusual for a patient to use both Home Health and Custom Care, either concurrently or as needs shift and change. Both Adam Hoffman of Home Health and Kelly Wells of Custom Care say that serving in the homes of patients is a special responsibility, one in which bonds – even friendships – form between the professionals and their patients. "When I need to inform one of our patients that their CNA is ill or otherwise unavailable for a shift, and offer a replacement, they are often much more concerned about the CNA than themselves," said Wells. "They'll tell me, 'Don't send anyone else, just tell her to get better and I'll see her next time.' This, sometimes more than anything, tells me that the match of caregiver and patient is strong and working well." Hoffmann agrees. "We are guests in their homes," said Hoffman. "We get to know them – understand how they live, hear their stories, see the pictures on the wall – and we often become 'part of the family.' It is a real privilege."

Brooks Rehabilitation Home Health and Brooks Rehabilitation Custom Care are American Health Care Association (AHCA) Certified Agencies, and are licensed, bonded and insured.

Glen Allen's Recovery from Anoxic Brain Injury



Glen Allen was doing yardwork like he did most every Saturday. After about two minutes using the weed eater, he walked in the house and called for his wife Amanda. Amanda found him unresponsive on their couch.

Glen wasn't breathing so Amanda frantically called 911. She did CPR until the fire department, who were first on the scene, arrived seven minutes later. After 20 minutes, an ambulance arrived and the EMTs were able to stabilize him and get him to the emergency room.

"His chart said initially that he had a heart attack, but after testing, there were no signs of that or a stroke. They think he inhaled something or had an allergic reaction to something that caused a bronchial spasm which stopped his breathing and his heart," said Amanda.

While the cause may be unclear, the result was an anoxic brain injury, a lack of oxygen to the brain. Amanda was able to be with Glen in the ER, but when they moved him to the Cardiac Care Unit (CCU), there were no visitors allowed due to COVID-19. Amanda could only have calls and video

chats with her husband for the three weeks he was in CCU. This was a challenging task considering he was only able to blink. Amanda and his care team kept looking for little signs of awareness. One night on video, it looked like Glen winked at Amanda so she began to tease him, "Are you flirting with me? Was that a wink I just saw?" Glen then winked again with purpose. It was the first sign that Glen was still there.

Their favorite nurse pushed to get Glen transferred to inpatient rehabilitation for intense therapies. Amanda had two options - a facility in Atlanta or Brooks Rehabilitation in Jacksonville. She asked the nurse which she should choose and was told whichever one could get him in the fastest. When both had a bed available on the same day, Amanda chose Brooks because, "Brooks felt more familial. The nurse liaison who assessed Glen wasn't pushy at all. They gave me the impression that they really wanted to help us. We wouldn't be just another patient to them."

Once Glen was transferred to Brooks, Amanda was finally able to stay in his hospital room with him. On his first day of therapies, it took four people to get him from the bed to

a wheelchair. He had issues with his vision and he was not able to make any new memories.

Kenneth Ngo, MD, the Brooks Rehabilitation Hospital Medical Director, was his attending physician at Brooks and led his rehabilitation team. Dr. Ngo recalled, "The injury to Glen's brain was quite severe. At the time of his arrival to Brooks, he was in a confused, agitated stage, and did not even realize that Amanda was his wife. He had difficulty understanding and talking." Glen's therapy team was able to get him talking and increasing his mobility soon after his arrival.

Due to the severity of injury to Glen's brain, the team questioned his ability to see. Katelyn W. Jordan, OD, manager of the Brooks Center for Low Vision, evaluated Glen and she was able to determine that Glen had better than 20/20 vision, but that his brain was having a difficult time interpreting the signals. They worked to improve that.

Glen also worked to improve his cognitive abilities. "Most people have a linear timeline for memories. Right now Glen just has a bucket of memories. He can pull things out but not recall when they happened," said Amanda. Glen's hospital room was filled with visual clues to help him remember where he lived, where he worked and where Amanda might be.

When asked about his therapies, Glen said, "they were as hard as they should be." He and Amanda both agreed that the confidence the staff have instills a sense of peace in the patient and family. "I feel totally prepared to care for Glen at home now. They helped me feel confident too. There was so much communication between the doctors, therapists and nurses that everyone always knew what was going on with Glen," said Amanda.

Despite the COVID-19 pandemic, having Amanda by Glen's side was pivotal to his recovery. "Witnessing Amanda's support by Glen's side warms my heart. They are the representation of a beautiful marriage, truly modeling their vows of 'in sickness and in health.' In healthcare, oftentimes the attention is solely on the patient, but at Brooks, we care for the patient as well as the whole family. Helping Amanda through the coping stages and providing her with tips to stay healthy was crucial to Glen's recovery," said Dr. Ngo.

After six weeks at Brooks, Glen got to return home to Savannah and his two dogs. While it used to take four people to get him out of bed, he now pops right up and walks himself. Through the many weeks of hospitals and therapies, Glen never lost his personality, sense of humor or love and support from Amanda. Their journey of recovery will continue on to the Brooks' outpatient Brain Injury Day Treatment Program.



"Witnessing Amanda's support by Glen's side warms my heart. They are the representation of a beautiful marriage, truly modeling their vows of 'in sickness and in health.'"

- Kenneth Ngo, MD

FHCA Nurse of the Year



The Florida Health Care Association (FHCA) named Valencia Henderson, RN, as their Nurse of the Year for 2020.

The awards recognize nurse leaders who show professional excellence in their day-to-day performance; acknowledge the value of the nursing profession; demonstrate the contributions that nurses make to quality care; and promote long-term care nursing as a specialty.

Ms. Henderson has worked in long-term care for 16 years and is currently the Assistant Director of Nursing (ADON) for one of Brooks Rehabilitation's skilled nursing facilities, University Crossing. "Valencia's passion is caring for those who need help and she loves to see her patient leave feeling better than when they arrived," said Andy Andre, Administrator for University Crossing. "Valencia helps the patients create a sense of peace and routine. She is able to learn about them as individuals and create a bond with them and their families. She is truly dedicated to the people she serves and is a great asset to our team."

Ms. Henderson has been instrumental in reducing falls, re-hospitalization and in-house acquired pressure ulcers at University Crossing. Educating the nursing staff was her top priority in an effort to reduce falls with and without major injury. Last year, University Crossing reduced their fall index significantly by 75 percent through educating and re-educating nursing staff on proper procedures for low/high risk patients. Ms. Henderson took her time to meet with the nursing staff to identify barriers towards compliance and took a coaching approach to fall reduction compliance.

Ms. Henderson is on a committee that focuses on reducing in-house acquired pressure ulcers. Her involvement helped the facility reduce ulcers by 80 percent this year. Ms. Henderson also established a weekly meeting with the medical director to identify the causes of re-hospitalizations and work to avoid future similar causes.

These efforts led to the facility's recognition and qualification for AHCA National Quality Award and Joint Commission Accreditation.

CONGRATULATIONS VALENCIA!

Community Impact Report 2019

The Brooks Health Foundation supports the mission of Brooks Rehabilitation by investing in community activities that prevent disabilities and meet the needs for persons living with a differing ability. Through research, education, charity care, and community based programming, the Brooks Health Foundation facilitates positive change in our community so that recovery after a traumatic injury or illness is possible.

Thanks to our community partners and the generosity of supporters like you, we are able to provide low to no cost community programming to meet the growing physical, social and mental health needs of those living with differing ability in our community. Your support continues to enable us to empower people to achieve their highest level of recovery so that they can continue to live their lives to the fullest.

BROOKS SCHOOL RE-ENTRY PROGRAM (BSRP)

- 155 Individuals served
- 43 School districts served

The program includes education for classmates, school professionals and families to ensure a child's successful transition back to school. In 2019, after recognizing the impact poverty and inadequate funding was having on area students and schools, School Re-entry launched its first annual School Supply Drive. Thanks to the generosity of Brooks' staff, patients and families, and community members, BSRP collected nearly 1,400 items which were given to two Title 1 schools in Duval and Clay counties in Florida.



PEDIATRIC RECREATION

- 193 Individuals served

Pediatric Recreation added several new programs for children with mobility, intellectual, developmental and sensory impairments in 2019, thanks in large part to the new partnerships formed with Hope Haven, Horse Sense and Sensibility, Growing Together Behavioral Center, the Jacksonville School for Autism and the First Coast YMCA.

Pediatric Recreation received a grant from the Christopher and Dana Reeve Foundation to expand its reach down to Daytona with Aquatic programming starting in 2020. Additionally, the grant provides support in Jr. Wheelchair Basketball and Sled Hockey in order to give children ongoing opportunities year-round to participate in competitive and recreational sports.

BROOKS ADAPTIVE SPORTS AND RECREATION (BASR)

- 765 Participants served in Jacksonville and Daytona
- 9,178 Total visits
- 159 Unique bus riders
- 2,499 Total bus rides

One of the most comprehensive adaptive sports programs in the country, providing fun and fitness for individuals living with physical disabilities. Brooks Adaptive Sports and Recreation was awarded an Expanded Effect Quality of Life grant from the Christopher and Dana Reeve Foundation in order to allow us to expand our services to include a veteran specific cohort to serve those veterans and members of the armed services living with a disability in our community.



BROOKS REHABILITATION APHASIA CENTER (BRAC)

- 84 Total participants served (69 individuals served in Jacksonville; 15 individuals served in St. Augustine)
- 38 W.H.E.E.L Scholarships

Intensive Comprehensive Aphasia Program (ICAP) – 12 (inclusive of 2 international patients)

Offering both a community (social language group) and a six-week Intensive Comprehensive Aphasia Program (ICAP).

In 2019, the BRAC presented and provided information and data at three national conferences: Aphasia Access in Baltimore, Clinical Aphasiology Conference in Montana and American Speech Hearing Association in Orlando.

NEURO RECOVERY CENTERS (NRC)

- 372 Individuals served
- 26,225 Visits in the NRC Independent Program
- 73 W.H.E.E.L Scholarships

The Neuro Recovery Centers offer specialized equipment for customized rehabilitation during both formal therapy and after traditional therapy has been completed.

In December, the NRC revamped their gym structure to be able to serve more individuals within their inter-departmental referral system of physical therapy, Independent Program and Cyberdyne.



BROOKS BRAIN INJURY CLUBHOUSE

- 88 Individuals served
- 33 Placements
- 4 Vocational rehabs
- 1 Employment network placement
- 20 Volunteers
- 8 Internships
- 29 W.H.E.E.L Scholarships

A day program that provides a bridge between medical rehabilitation and successful community and vocational reintegration for individuals with an acquired brain injury.

The Clubhouse continues to gain the support of community members such as the Tony Meduri TBI Fund Inc. and the John R. Pettengill Ability Fund, a donor advised fund under the auspices of The Able Trust, to provide scholarships for individuals who would otherwise not be able to attend the Clubhouse.



MOTION ANALYSIS CENTER (MAC)

- 200 Patients served

The Brooks Motion Analysis Center (MAC) is a specialized clinical and research assessment facility focused on gait and movement impairments in people of all ages. Through the use of innovative technology, clinical examination and biomechanical analysis, our purpose is to advance rehabilitation science and clinical practice leading to improved recovery and performance in individuals with neurologic and orthopedic impairments.

RESEARCH

- 156 Newly enrolled participants
- 740 Individual study visits at BRCRC
- 36 Active studies
- 45 State/National presentations by Brooks personnel
- 27 Publications by Brooks personnel
- 55 Brooks personnel involved in research

The Brooks Clinical Research Center is devoted to conducting innovative research studies that will expand the knowledge and science of recovery. Please see article on page 15 for more information about research studies at Brooks.

WELLNESS

- 333 Individuals served
- 14,016 Visits and 93 orientations

In 2019, the Wellness programs celebrated their 10-year anniversary. In collaboration with local YMCAs, the Brooks Wellness programs have expanded into eight locations throughout Northeast Florida with 12 different programs specializing in serving populations such as stroke, Parkinson's disease, multiple sclerosis and brain injury.

STEPPING ON FALLS PREVENTION PROGRAM

- 65 Participants served
- Completed 4 Stepping On workshop series in Duval, St Johns, and Flagler counties in Fla.

The Stepping On falls prevention program received an \$11,000 award from the I.E. Bowen and Katherine H. Bowen Fund and Grady C. and Rebecca T. Parker Endowment of the Community Foundation of Northeast Florida. This grant will support the expansion of its network of affiliate partners and provide more Stepping On programming to community-dwelling older adults in Florida.

Non Profit
U.S. Postage
PAID
PERMIT #1634
Jacksonville, FL

AVAILABLE ON YOUR FAVORITE
PODCAST APP



COVERING TOPICS OF:

- Aphasia • Concussion • Low Vision • Outpatient • Wellness • Cyberdyne
- Adaptive Sports & Recreation • Crowdsourcing • Physical Medicine & Rehabilitation

Connect With Us On Social Media



#WeAreBrooks