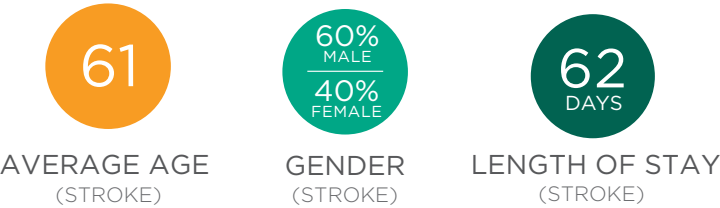


STROKE

We work individually with our persons served and their families to improve quality of life and obtain the greatest level of functional independence.

What special programs does On With Life have for individuals who have sustained a stroke?

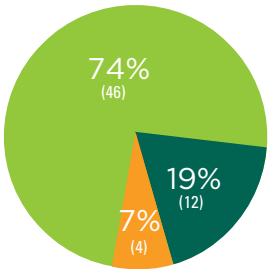
On With Life embraces a rehabilitation philosophy emphasizing personalized care that is high-frequency and high-intensity in nature. The program is designed to return the individual to prior roles and responsibilities (to the greatest extent possible) and achieve the highest possible quality of life and personal independence. Our approach is holistic and transdisciplinary with our team, addressing physical, medical, social, cognitive and psychological issues as they arise.



RETURN TO WORK, SCHOOL AND THE COMMUNITY

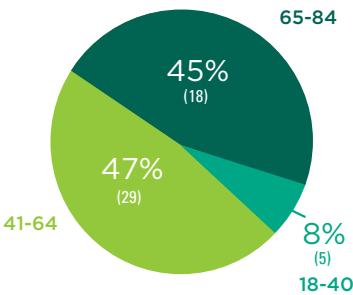
(STROKE)
(n) = 62

Home Skilled Nursing Other



AGES SERVED

(STROKE)
(n) = 62



No stroke persons served were admitted under the age of 18.

Why Us?



ON WITH LIFE
BRAIN INJURY + STROKE + NEURO

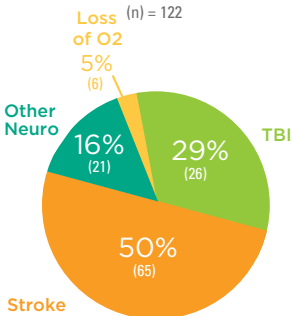
As a CARF accredited program, we at On With Life hold ourselves to extensive and challenging quality outcome measures. Our Post-Acute Inpatient Rehabilitation program is the only program outside of a hospital in the world that is CARF accredited as a “Comprehensive Integrated Inpatient Rehabilitation Program” for both adults and children with brain injury and stroke. The following measures were captured from fiscal year 2021 (July 1, 2020 - June 30, 2021).



OUR PERSONS SERVED

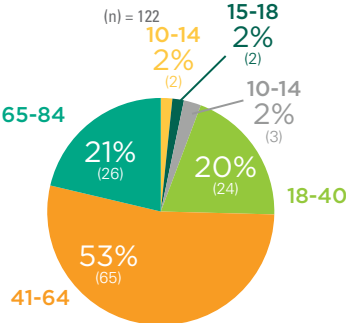
In FY 21, On With Life served 122 individuals, ranging in age from 12-84, in our Post-Acute Inpatient Rehabilitation program.

TYPE OF INJURY



AGES SERVED

(n) = 122



53

AVERAGE AGE

4

STATES SERVED



GENDER

70 DAYS

LENGTH OF STAY



ANKENY CAMPUS

715 SW ANKENY ROAD
ANKENY, IA 50023

P. (515) 289-9600
P. (800) 728-0645

F. (515) 964-0567 (admission)
F. (515) 289-9615 (general)

ONWITHLIFE.ORG



INTENSIVE REHABILITATION SERVICES

Persons served at On With Life receive core therapy services (physical, occupational and speech therapy) an average of three hours per day, five or more days per week, with evening and weekend therapy available most days. In addition to core therapy services, the category of all therapy includes music therapy, therapeutic recreation, clinical counseling, peer mentoring and neuropsychology.

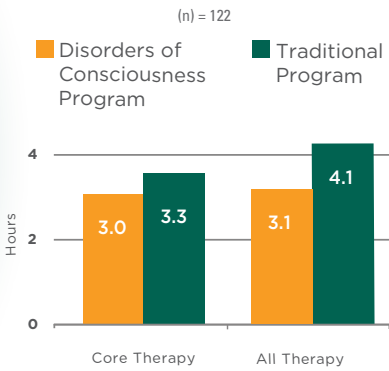


NURSING HOURS PER PERSON PER DAY

7.2
HOURS

Because of the severity of the injuries we see at On With Life (our medical acuity is 1.42 more than 42% higher than skilled facilities in Iowa), our nursing ratio far exceeds the state and national averages when compared to traditional skilled facilities. FY21, On With Life had 18 unplanned transfers to acute care.

THERAPY DELIVERED PER DAY



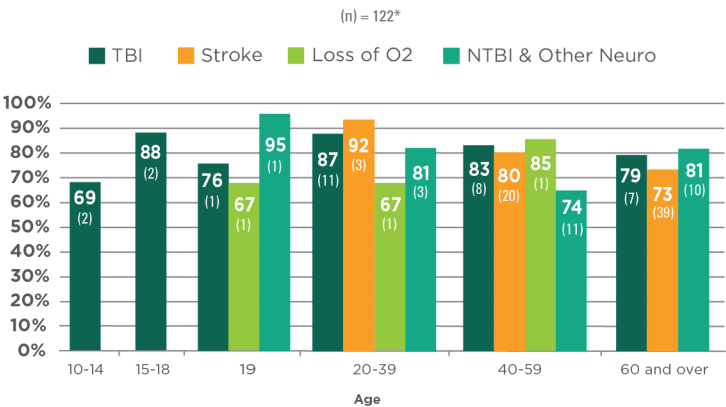
What is the difference between the traditional rehabilitation program and the Disorders of Consciousness (DoC) program?

Our DoC program addresses the unique needs of adolescents and adults with severe brain injury who present with low levels of consciousness, providing intensive therapy, rehabilitation nursing and specialized physical interventions to address body positioning, muscle tone and medical stability. Our team also provides environmental stimuli, monitors for signs of arousal/awareness and adjusts the stimuli in order to maximize the survivor's improvement.

INDIVIDUALIZED, FUNCTIONAL THERAPY

Our therapists are experts in eliciting effort and engagement from our persons served with individualized therapy plans that address their needs while appealing to their vocational and leisure interests.

LONG-TERM GOALS MET BY AGE AND INJURY



* 6 persons served experienced unexpectedly short lengths of stay; therefore, their long-term goals were unable to be accurately tabulated.

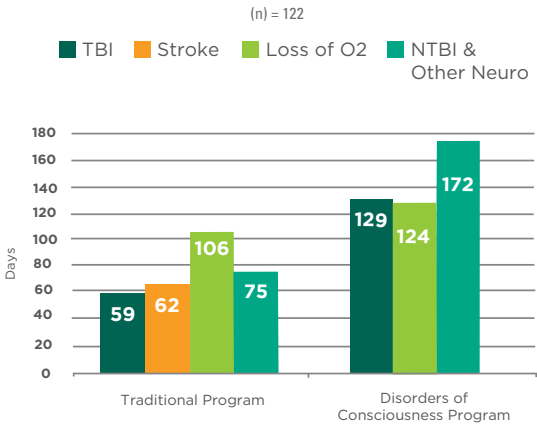
How are long-term goals set?

Long-term goals are developed through a collaborative process between each person served, their family and the rehabilitation team. Every treatment plan is individualized at On With Life and targets are based upon specific needs and interests of each person served. Goals are established within core areas of function (medical, nutritional, mobility, self-care, cognition, communication, safety, leisure, vocational, educational and psychosocial well-being) and are tailored to return persons served as fully as possible to their pre-injury roles.

COLLABORATIVE CARE

As specialists in brain injury rehabilitation, we know that each brain injury survivor is unique, with specific needs, capabilities and potential, and deserves a treatment plan that is highly specialized. The comprehensive rehabilitation team at On With Life includes persons served and their families and collaboratively develops a treatment plan that meets their personal, cultural and spiritual goals and preferences. The length of stay for those we serve varies greatly depending on personal goals, family support, response to treatment and medical needs.

AVERAGE LENGTH OF STAY (IN DAYS)



ADMISSION TO DISCHARGE IMPROVEMENT

54%

SHOWED
SIGNIFICANT
OR ROBUST
IMPROVEMENT

(n) = 105

85%

SOME
IMPROVEMENT

(n) = 105

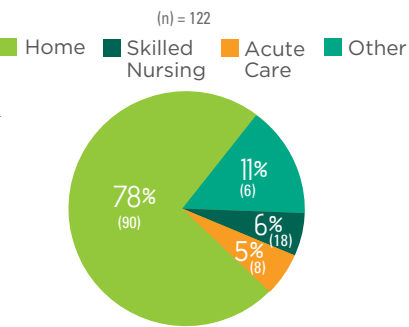
MAYO-PORTLAND ADAPTABILITY INVENTORY (MPAI-4)

The Mayo-Portland Adaptability Inventory (MPAI-4) items represent the range of physical, cognitive, emotional, behavioral, and social problems that people may encounter after acquired brain injury. MPAI-4 items also provide an assessment of major obstacles to community integration which may result directly from ABI as well as problems in the social and physical environment. This outcome measure which has been in use for several years at On With Life has given us the ability to start to look at trends and condition specific results.

RETURN TO WORK, SCHOOL AND THE COMMUNITY

Our Case Management team closely monitors the person served throughout the rehabilitation process, maintaining consistent contact with family members and external case managers to communicate information, address critical issues and coordinate discharge planning. Rehabilitation does not end when a person leaves our inpatient program. Our staff understands these challenges and continues to offer support to individuals and their families after discharge.

DISCHARGE LOCATION



SATISFACTION

97%

INCLUSION OF
GOALS IN PROGRAM

(n) = 36

95%

SATISFACTION WITH
OUTCOMES ACHIEVED

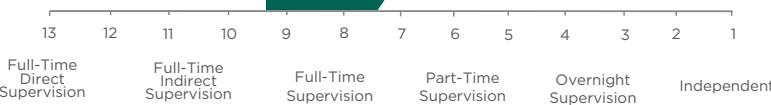
(n) = 35

95%

OVERALL NURSING CARE
& RESPONSIVENESS

(n) = 36

On average,
each person
served demonstrated
2 pt improvement
on the SRS



SUPERVISORY RATING SCALE (SRS)

The Supervisory Rating Scale (SRS) measures the level of supervision that a person served receives from caregivers. The SRS is widely used in Brain Injury rehabilitation and allows us a more in-depth view of the 78% of our persons served who are discharging to a home setting. It not only allows us to measure change to supervision needed for caregiving from admit to discharge, but also allows our therapists provide better transition to the home environment based on the level of support needed.