

DISORDERS OF CONSCIOUSNESS

Our Disorders of Consciousness (DoC) program focuses on the unique rehabilitation needs of adolescents and adults who present with altered levels of consciousness due to severe acquired brain injury. Our team provides a combination of targeted interventions including medical oversight, rehabilitation nursing and specialized cognitive and physical interventions to address the unique rehabilitation needs of this special population.

Our team also provides an individually tailored sensory environment, monitors for signs of arousal/awareness, and adjusts stimuli to maximize the individual's progress. Historically, more than 75% of persons served have transitioned out of our DoC program and into our traditional rehabilitation program.



Individuals with disorders of consciousness benefit from a comprehensive rehabilitation team that includes physical, occupational, and speech therapy in addition to recreation and music therapy. Peer mentoring, clinical counseling, and neuropsychological services are also available if appropriate.



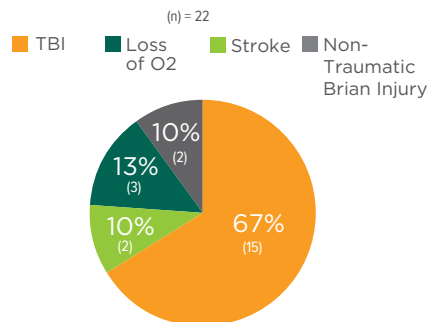
ON WITH LIFE
BRAIN INJURY + STROKE + NEURO

Note: Below is a summary of results averaged from persons served who admitted into On With Life's DoC program over a period of many years and may include more recent results than FY22. Program analytics do not predict the individual outcomes a person served will achieve. Each individual with brain injury presents unique opportunities and challenges that cannot be predicted by numbers and statistics. The analysis below is designed to provide context and description of our DoC program outcomes.

DEMOGRAPHICS AND LENGTH OF STAY

On With Life admitted 22 persons into its DoC program since September 2019. The average length of stay for individuals in the program is 132 days. Length of stay is dependent on a variety of factors such as injury type/severity, medical acuity, and insurance authorization. Average therapy hours provided in the DoC program was 3.2 hours per day (all disciplines) which can include individual, group and co-treatment sessions of physical therapy, occupational therapy, speech therapy, recreation therapy and music therapy. The following is the breakdown of the primary diagnosis (n=22).

PRIMARY DIAGNOSIS



35

AVERAGE AGE

3.2
HOURS

THERAPY
PER DAY

22

PERSONS SERVED

132
DAYS

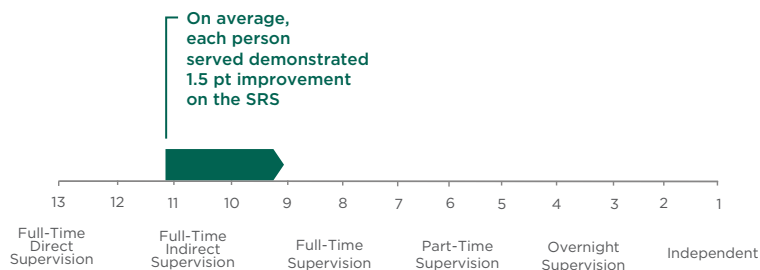
LENGTH
OF STAY

ADMISSION TO DISCHARGE OUTCOMES

On With Life utilizes a variety of outcome measures to ensure quality services are being provided. Outcome measures are indicators of how a person served has improved in ability or function from admission to discharge. The primary outcome measures used by the Post-Acute Inpatient Rehabilitation program for our Disorders of Consciousness program are the Supervisory Rating Scale, discharge location, the Mayo-Portland Adaptability Inventory (MPAI-4), and the Rancho Los Amigos scale.

SUPERVISORY RATING SCALE¹

The Supervisory Rating Scale (SRS) measures the level of supervision that a person served receives from caregivers. The SRS rates levels of supervision on a 13-point ordinal scale ranging from Independent to Full-Time Direct Supervision levels. For the DoC persons served where SRS data was collected (n=19), overall there was an average improvement of 1.5 points, and 42% of our DoC persons served averaged a 2-point or more improvement in their SRS score.



MAYO-PORTLAND ADAPTABILITY INVENTORY (MPAI-4)³

The Mayo Portland Adaptability Inventory (MPAI-4) is a nationally recognized assessment used to measure the progress of individuals with brain injury as they move through rehabilitation. MPAI-4 scores represent a range of physical, cognitive, emotional, behavioral, and social scenarios that people may encounter after brain injury. In addition, the MPAI assesses brain injury related social, physical and community integration challenges. The scale rates progress in Ability, Adjustment, and Participation, as well as an overall score (represented in the graph below).

The MPAI-4 results for the DoC program* are listed below, with a **decrease in score indicating improved function**.

Results of the MPAI-4 are grouped into several categories that measure change:

- Robust change (greater than an 8-point decrease)
- Significant Change (or Minimal Clinical Important Difference, 5–8-point decrease)
- Minimal or No Change (0–4-point decrease)
- Loss of function (point increase)

*It is important to note the overall obstacles which a DoC person served faces, on average in each of the subscales, will be more significant than in our traditional rehabilitation program overall even after discharge improvement

78%

SHOWED
SIGNIFICANT
OR ROBUST
IMPROVEMENT

(n) = 14

61%

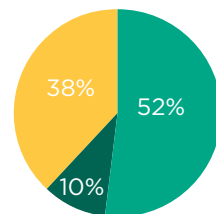
ROBUST
IMPROVEMENT

(n) = 14

DISCHARGE LOCATION²

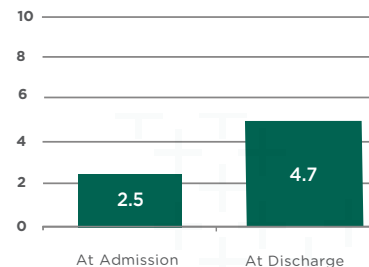
On With Life's team partners with persons served and families to return each person served to the location of their choosing at discharge. 52% of persons served who admitted into On With Life's DoC program discharged to a home setting with support. For the remaining individuals, 10% were discharged to the hospital and 38% were discharged to another skilled, residential, or long-term facility.

■ Home ■ Hospital ■ Long-term care



RANCHOS LOS AMIGOS SCALE⁴

The Rancho Los Amigos Scale is used to characterize an individual's cognitive functioning on an ordinal scale of 1-10 as they improve after brain injury. Lower scores on the scale are indicative of DoC. Mid-range scores may show confusion, agitation and impulsiveness. Higher range scores indicate more appropriate cognitive functioning. For individuals in the DoC program, the average admission Rancho score is 2.5 (with the lowest admission being 1) and discharge scores average 4.7 (with the highest discharge being 7).



Footnotes: 1 Supervisory Rating Scale Syllabus (<https://www.tbims.org/srs/srssyl.html>) 2 Malec JF, Lezak MD. Manual for the Mayo-Portland Adaptability Inventory (MPAI-4) for Adults, Children and Adolescents. Center for Outcome Measurement in Brain Injury (COMBI); 2008 (<http://www.tbims.org/mpai/manual.pdf>) 3 Malec JF, Kean J, Monahan PO. The Minimal Clinically Important Difference for the Mayo-Portland Adaptability Inventory. J Head Trauma Rehabil 2017;32(4):E47-E54 (<https://pubmed.ncbi.nlm.nih.gov/28489702/>) 4 Ranchos Los Amigos - <https://www.ncbi.nlm.nih.gov/books/NBK448151/>