

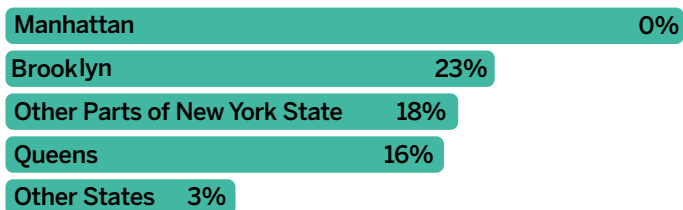
STROKE PROGRAM

OUTCOMES JAN-DEC 2019

How much experience does Rusk have treating individuals who have had a stroke?

- During 2019, we served 216 adult patients with stroke in our inpatient stroke program.
- The average age of a stroke patient was 65. Of these patients, 34% were 75 years or older, 24% between 65 and 74 years, 26% between 45 and 64 years, and 16% between 18 and 44 years. Most (61%) were males.
- The patients who come to our program have limitations in at least one of the following areas: communication (understanding and speaking), moving around, performing daily self care activities, engaging in activities of domestic life (doing housework, preparing meals) and participating in community activities.
- Our stroke specialty program includes a highly skilled, interdisciplinary team of professionals with specialized training in the medical, nursing, and therapeutic care of individuals who have had a stroke. Your physician is also a specialist in treating persons who have had a stroke.

Where do patients come from?



How much therapy will I receive?

- Last year, our patients received an average of 3.5 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist or practitioner.

How often will I see a doctor?

- You will be seen regularly by your physiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if I get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, seven days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 11% of our patients with stroke were transferred to acute care hospitals. 93% of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will my family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, education and training sessions. Emotional support and additional informational resources are also available to family members.





How long will I be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 19 days for patients in the stroke program.

What kinds of improvements can I expect?

- While results vary, at discharge most persons with strokes were able to care for themselves and walk or get around with a wheelchair with some help from their family members, an aide or a friend.
- Many patients who are discharged from the stroke program continue to receive therapy services as an outpatient and/or in the home.
- Last year, about 68% were able to return directly to a community setting, such as home or assisted living, after their inpatient rehabilitation stay. Some (23%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- Most (94%) patients who were discharged to community settings had achieved their self-stated goals.

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as an Inpatient Stroke Rehabilitation Specialty Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2019, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?

- 92% of our patients rated the overall care at Rusk as “very good” or “good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (88%) and in the community (88%).

STROKE COMMENT LIST

“All of the nurses were top-notch; I truly appreciated their ability to care, explain, and be patient.”

“PT was excellent she was VERY devoted and caring and very helpful describing methods to use once I get home to further improve my condition.”

“My OT was great at helping to restore strength that was declining and bringing me back to baseline. He was helpful describing methods to use once I get home to further improve my condition.”

“My OT was great at helping to restore strength that was declining and bringing me back to baseline. He was compassionate and understanding, while being strong and clear with what the goals were. The assistants were great as well.”

“I enjoyed painting, horticulture & animal therapy, all of which improved my frame of mind.”

“The psychologist was professional and addressed my personal concerns. I feel more optimistic about my future.”

“Speech therapy was wonderful. She talked to me about my interests and tailored my lessons to those interests. She was warm, and engaging, at all times was encouraging.”

“The doctor & resident were very attentive to my needs and explained all aspects of my test results and pain management they were available to answer my questions regarding medications and expectations for recovery.”

SATISFACTION WITH SERVICES

Physical Therapy	96%
Occupational Therapy	96%
Speech/Language	93%
Nursing	90%
Doctor	88%
Therapeutic Recreation	87%
Psychology	86%

For questions about inpatient admissions, call the Rusk Admitting Department at 212-263-6034. For any other information, call 855-NYU-RUSK.

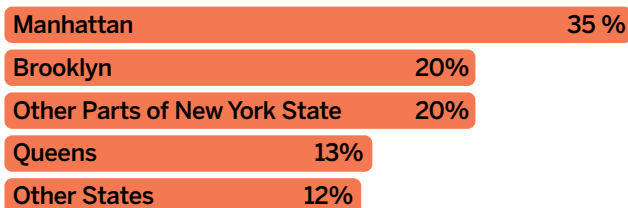
BRAIN INJURY REHABILITATION

OUTCOMES JAN-DEC 2019

How much experience does Rusk have treating individuals with brain injuries?

- During 2019, we served 172 adult patients with brain injuries in our inpatient brain injury program.
- The majority (74%) had non-traumatic brain injury, such as an infection of the brain, a tumor, or an aneurysm. The remaining (26%) had injuries caused by trauma, such as car accident, fall, or sports collision.
- The average age of a brain injury patient in 2019 was 61. 21% were 75 years or older, 26% between 65 and 74 years, 34% between 45 and 64 years, and 19% between 18 and 44 years. Most (51%) were males.
- Our Brain Injury Specialty program includes a highly skilled, interdisciplinary team of professionals with specialized training in the medical, nursing, and therapeutic care of individuals who have had a brain injury. Your physician is also a specialist in treating persons who have had a brain injury.
- The patients who come to our program have limitations in at least one of the following areas: communication (understanding and speaking), moving around, performing daily self care activities, engaging in activities of domestic life (doing housework, preparing meals), and participating in community activities.

How much therapy will I receive?



How much therapy will I receive?

- Last year, our patients received an average of 3.5 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist.

How often will I see a doctor?

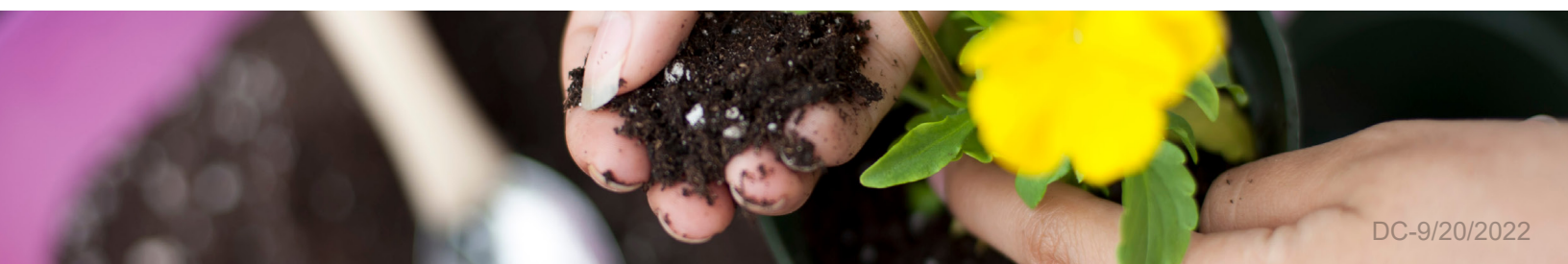
- You will be seen regularly by your physiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if I get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, seven days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 11% of our patients with brain injury were transferred to acute care hospitals. Most (93%) of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will my family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions.





How long will I be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 19 days for patients in the specialized brain injury program.

What kinds of improvements can I expect?

- While results vary, at discharge most persons with brain injury needed someone to supervise them when caring for themselves and walking or getting around with a wheelchair.
- Most patients who are discharged from the brain injury program continue to receive therapy services as an outpatient and/or in the home.
- Last year, most people (73%) were able to return to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (16%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- Most (94%) patients who were discharged to community settings had achieved their self-stated goals.

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as an Inpatient Brain Injury Rehabilitation Specialty Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2019, Rusk again received the highest accreditation possible – three years – with several commendations.

What do people say about their experience at Rusk?

- 92% of our patients rated the overall care at Rusk as “very good” or “good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (92%) and in the community (90%).

For questions about inpatient admissions, call the Rusk Admitting Department at 212-263-6034. For any other information, call 855-NYU-RUSK.

BRAIN INJURY COMMENT LIST

“The nurses were efficient, friendly & helpful.”

“It would be so wonderful to be able to express my unwavering gratitude to someone who may care to hear it. I am amazed by the NYU experience and cannot speak highly enough of it. NYU has saved my life many times.”

“All physical therapists were awesome, positive, encouraging & motivating people. I think they are doing a noble job.”

“When I got home, many of the things I worked on with Occupational Therapist made my life easier and safer.”

“I participated in art and planting a few times. Both recreational and art therapist were very helpful and fun. They also were both very accommodating and tried to plan activities for when my children came to visit”

“My psychologist was the corner stone in my recovery process. She was thoughtful and fearless while always listening well.”

“Speech was fantastic. She helped me strengthen my throat & tongue muscles and also helped me with my cognitive issues. She is incredibly professional, kind and hardworking while having a gentle energy.”

“The doctor and his residents were professional, courteous and kept me informed re: my treatment w/progress. Great MDs.”

SATISFACTION WITH SERVICES

Occupational Therapy	97%
Physical Therapy	96%
Speech/Language	96%
Therapeutic Recreation	93%
Doctor	93%
Psychology	91%
Nursing	88%

LIMB LOSS PROGRAM

OUTCOMES JAN-DEC 2019

How much experience does Rusk have treating individuals with limb loss?

- During 2019, we served 45 adult patients with limb loss in our inpatient Limb Loss Program.
- The average age of these patients was 64%. Of these patients, 23% were 75 years or older, 21% between 65 and 74 years, 47% between 45 and 64 years, and 9% between 18 and 44 years. Most (60%) were males.
- In our Limb Loss program we use a team approach to identify where the patient is having difficulty and work together to develop a treatment plan. The patients who come to our program have limitations in at least one of the following areas: performing daily self-care activities, moving around, sensation (ability to feel), vision (ability to see), engaging in activities of domestic life (doing housework, preparing meals), care of residual (remaining) limb, putting on and taking off the artificial limb (prosthesis) and participating in community activities.
- Our Limb Loss program includes a highly skilled, interdisciplinary team of professionals with specialized training in the medical, nursing, and therapeutic care of individuals who have had a limb loss. Your physician is also a specialist in treating persons who have had a limb loss.

Where do patients come from?

Other Parts of New York State	29%
Manhattan	26%
Brooklyn	21%
Queens	18%
Other States	6%

How much therapy will I receive?

- Last year, our patients received an average of 3.3 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist or practitioner.

How often will I see a doctor?

- You will be seen regularly by your physiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if I get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, 7 days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 15% of our patients with limb loss were transferred to acute care hospitals. Most (80%) of these were planned.

How will my family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, education and training sessions. Emotional support and additional informational resources are also available to family members.





How long will I be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 17 days for patients in the limb loss program.

What kinds of improvements can I expect?

- While results vary, at discharge most persons with limb loss were able to care for themselves and walk or get around with some help from their family members.
- Many patients who are discharged from the limb loss program continue to receive therapy services as an outpatient and/or in the home.
- Last year, about 56% were able to return directly to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (29%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- All (100%) patients who were discharged to community settings had achieved their self-stated goals.

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) a Comprehensive Integrated Inpatient Rehabilitation Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2019, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?

- 90% of our patients rated the overall care at Rusk as “very good” or “good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehabilitation stay prepared them to function at home (87%) and in the community (84%).

BRAIN INJURY COMMENT LIST

“I can’t thank the nursing staff enough for their outstanding care of me.”

“My PT was absolutely amazing. She explained all therapy, gave such great words of confidence and challenge me. Terrific therapy!!! Such a lovely individual.”

“The care my OT gave me was amazing. She helped me learn how to care for myself. She was so very considerate of my needs. It was a pleasure working with her. Excellent.”

“Art therapy was so much fun, making jewelry and candles. She also gave me a coloring book for the weekend.”

“The psychologist was extremely enlightening. She is very easy to talk to and trust. She identified my anxiety about leaving the hospital and was very reassuring and helpful.”

“My rehab doctors were wonderful, they kept me up-to-date on my progress and they really cared about how I was feeling.”

SATISFACTION WITH SERVICES

Therapeutic Recreation	98%
Occupational Therapy	98%
Physical Therapy	96%
Psychology	91%
Speech/Language	90%
Doctor	89%
Nursing	88%

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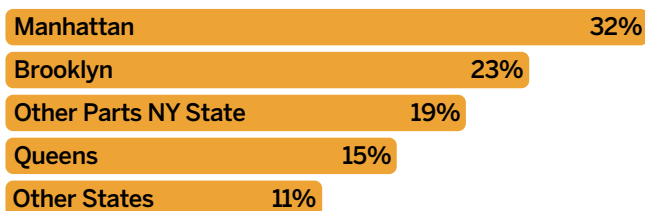
COMPREHENSIVE INTEGRATED INPATIENT REHABILITATION PROGRAM (CIIRP)

OUTCOMES JAN-DEC 2019

How much experience does Rusk have treating individuals who need acute inpatient rehabilitation?

- During 2019, we served 766 adult patients with various conditions in our CIIRP. (We also served an additional 617 patients in stroke, brain injury, limb loss, and pediatric specialty programs, described elsewhere.)
- The average age of persons in CIIRP was 67. Of these patients, 32% were 75 years and older, 30% between 65 and 74 years, 29% between 45 and 64 years, and 9% between 18 and 44 years. Most (51%) were males.
- The patients who come to our program have difficulties in performing at least one of the following: moving around, taking care of themselves (self-care), engaging in activities of domestic life (doing housework, preparing meals) and participating in community activities. In addition, some of our patients have difficulty communicating (understanding and speaking).
- The CIIRP unit includes nurses and therapists who have special training and expertise in treating individuals with various conditions. Your physician is also a specialist in treating various conditions requiring acute inpatient rehabilitation.

Where do patients come from?



How much therapy will I receive?

- Last year, our patients received an average of 3.3 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist or practitioner.

How often will I see a doctor?

- You will be seen regularly by your physiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if I get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, seven days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 11% of our patients in the CIIRP were transferred to acute care hospitals. 90% of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will my family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions. Emotional support and additional informational resources are also available to family members.





How long will I be an inpatient at Rusk?

- The amount of time you stay varies from a few days to several weeks, based on your individual needs and the progress being made. Last year, the average patient stay was 13 days in the CIIRP.

What kinds of improvements can I expect?

- At discharge, most persons were able to care for themselves and walk or get around with a wheelchair with some help from family members.
- Many patients who are discharged from the CIIRP continue to receive therapy services as an outpatient and/or in the home.
- Last year, most people (75%) were able to return to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (12%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- Most (94%) patients who were discharged to community settings achieved their self-stated goals.

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as a Comprehensive Integrated Inpatient Rehabilitation Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2019, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?

- 91% of our patients rated the overall care at Rusk as “very good” or “good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (89%) and in the community (85%).

For questions about inpatient admissions, call the Rusk Admitting Department at 212-263-6034. For any other information, call 855-NYU-RUSK.

CIIRP COMMENT LIST

“The nurses were wonderful. They are a true asset to Rusk. Caring and compassionate.”

“I can’t say enough good things about my PT. They were so supportive, kind & they pushed me to meet my goals.”

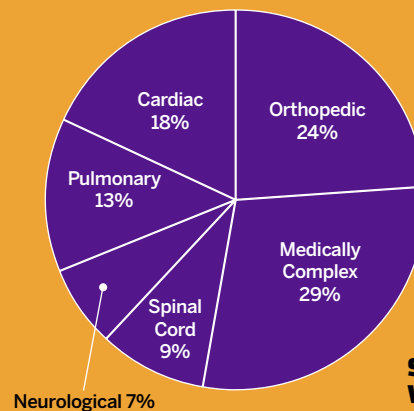
“My Occupational therapists helped me to learn how to dress and wash myself as well as help me with my arms and legs to strengthen them.”

“It was nice to know that there was other recreational activities (art, music, and horticulture) available to help in my getting better.”

“The psychologists was a healing source while I stayed at the hospital. She is very compassionate about my health fears.”

“The MD did a great job, answered my questions, and modified my meds as necessary.”

ACUTE PATIENT CONDITIONS



SATISFACTION WITH SERVICES

Occupational Therapy	97%
Physical Therapy	96%
Therapeutic Recreation	95%
Speech/Language	92%
Psychology	92%
Nursing	89%
Doctor	88%